

FY 2012 / FY 2013

# Pregnant and Parenting Adolescent Support Systems

## Request for Proposal

INDIANA STATE DEPARTMENT OF HEALTH  
Division of Maternal and Child Health

**APPLICATION DUE DATE**

April 15, 2011  
4:00 PM EST

*Please complete this  
document using the  
PPASS APPLICATION*

## PURPOSE

The purpose of this Request for Proposal (RFP) is to fund competitive grants to nonprofit organizations, hospitals, and local health departments within the State of Indiana for programs and services available to pregnant and parenting adolescents.

## SUBMISSION INFORMATION

To be considered for funding, applications must be received by ISDH no later than

**FRIDAY, APRIL 15, 2011 AT 4:00PM EST.**

Applicants are **strongly encouraged** to submit applications electronically. For electronic submission:

**SUBMIT APPLICATIONS VIA EMAIL TO MS. KATHERINE MCMANUS, MCH GRANTS  
MANAGER ADMINISTRATIVE ASSISTANT, AT: [KMcManus@isdh.in.gov](mailto:KMcManus@isdh.in.gov)**

**MAIL ALL SUPPLEMENTAL MATERIALS THAT ARE UNABLE TO BE SENT VIA EMAIL TO:**

Division of Maternal and Child Health  
c/o Katherine McManus, MCH Grants Manager Administrative Assistant  
2 N. Meridian St.  
Indianapolis, IN 46204

\*To ensure that your mailed supplemental materials are matched to your application, please write on the outside of the envelope your organization name, program name, and contact information.

Applicants may choose to submit all documents, including the PPASS APPLICATION and Supplemental Materials by mail, but the following additional guidelines must be followed:

- Submit the original packet in its entirety PLUS three complete copies (4 total packets)
- Do not bind or staple
- Single-sided printing
- Ensure the documents are received by ISDH by 4:00 PM EST ON FRIDAY, APRIL 15, 2011.

Applicants must use the **PREGNANT AND PARENTING ADOLESCENT SUPPORT SERVICES (PPASS) APPLICATION** document (please do not alter the format).

Application must include all required information in the checklist found in the **PPASS APPLICATION**.

## LETTER OF INTENT

Those organizations planning to apply for PPASS funding are strongly encouraged to submit a letter of intent to Kandace Jones at [KanJones@isdh.in.gov](mailto:KanJones@isdh.in.gov) no later than **5:00 PM EST on Friday, March 18, 2011.**

The letter of intent should provide a brief overview of the expected project. Note that applicants will not be held to the exact project they propose in their letter of intent. It is understood and expected that final project proposals will be refined and may vary slightly from the letter of intent.

The letter of intent must include the following:

- Project title
- Agency Name
- Collaborating partners
- Targeted counties
- Brief description of the targeted Additional Priority Area(s) and plans to achieve them
- Brief description of the plan to achieve PPASS Required Priority Areas
- Brief description of the target population
- Brief description of the evidence based or promising practice that will be modeled

Letters of Intent will be reviewed by the ISDH's MCH Division. Electronic feedback on partnerships, project ideas and performance measures may be provided by [PPASS Coordinators](#) to applicants who submit Letters of Intent, as deemed necessary.

## TECHNICAL ASSISTANCE WEBINAR

ISDH will provide a **grant application webinar** to provide technical assistance. The webinar will be available via the web no later than March 15<sup>th</sup>. It is strongly recommended for all prospective applicants to view the grant application webinar.

**\*NOTE: Applicants are strongly encouraged to discuss project ideas, development of project specific outcomes and performance measures with PPASS Coordinators before submitting application. Please see the list of [PPASS Coordinators](#) on page 42.**

## DESCRIPTION OF FUNDING OPPORTUNITY

The Indiana State Department of Health (ISDH)'s Maternal and Child Health (MCH) Division is requesting applications from local and statewide service providers and planning organizations (nonprofit organizations, hospitals, schools and local health departments) for competitive grant funding.

Funding must be used to develop and implement programs to assist parenting adolescents between the ages of 15 to 19 and/or pregnant adolescents between the ages of 15 to 19 who have made the decision to carry their pregnancy to term.

This is a new and competitive grant application and will be open to all projects proposing to use funding to:

- Support evidence-based models or promising practices
- Form *collaborative partnerships*\* between and among community organizations
- Supplement, not supplant\*\*, existing funding for proposed services
- Provide services in high-risk counties as identified in the [2011 Pregnant and Parenting MCH Needs Assessment](#)\*\*\*

All grant awards will be contingent upon availability of federal funding. Grant awards will not exceed one year (12 months). At the end of the grant period, contingent upon continued federal funding, ISDH will make available funds for continuation of grant projects for one additional year.

\*MCH defines collaborative partnerships as two or more organizations working together with a common goal and that both groups participate in some level of the 'decision making' for the project.

\*\*MCH defines supplant as the process of superseding or replacing existing federal or federal pass-through funding with requested federal or federal pass-through funding.

\*\*\*Applicants will not be required to provide services in high-risk counties as identified in the 2011 Pregnant and Parenting MCH Needs Assessment, but it is highly encouraged. Additional evaluation weight will be assigned to applicants that propose to provide services in high-risk counties.

## **BACKGROUND OF PREGNANT AND PARENTING ADOLESCENT SUPPORT SYSTEM FUNDING**

ISDH's MCH Division was awarded a grant with funds authorized by Sections 10211- 10214 of the Patient Protection and Affordable Care Act, Public Law 111-148, (Act).

The Act authorized the Secretary of Health and Human Services, in collaboration and coordination with the Secretary of Education (as appropriate), to establish and administer a Pregnancy Assistance Fund (PAF). The goal of the PAF is to "develop and implement programs to assist pregnant and parenting teens and women."

Indiana will use the funds to build infrastructure within the state to support pregnant and parenting teens, ages 15 to 19 years.

## IDENTIFIED PRIORITY AREAS

In response to the federal government's Request for Proposal, ISDH's MCH Division outlined four PPASS Grant Priority Areas for use of the Pregnancy Assistance Funds (Please see page 39 for a copy of the logic model). It is expected that all funded grantees will have activities in place to achieve all four required Grant Priority Areas. All grantees will be required to measure progress uniformly for all four required PPASS Grant Priority Areas. [Quarterly and annual reports will indicate success at expected vs. actual outcomes].

### REQUIRED PPASS GRANT PRIORITY AREAS

1. Strengthen infrastructure to assist pregnant and parenting 15 to 19 year-olds
2. Reduce subsequent pregnancies among 15 to 19 year-olds
3. Decrease school drop-out rates among pregnant and parenting 15 to 19 year-olds
4. Improve birth outcomes among pregnant and parenting 15 to 19 year-olds

In addition, MCH is aware that a number of factors are important to consider when developing an effective program that supports pregnant and parenting teens. Based on examination of current literature, a needs assessment conducted by MCH, and input from community organizations, MCH developed a list of additional priority areas. These priority areas are listed below. **It is expected that all funded grantees will have activities in place to achieve one or more of the additional priority areas.** Although measurable outcomes for each grantee's selected additional priority areas will *not* be uniform (i.e. each grantee can choose how to measure its success in achieving each additional priority area), it is expected that each grantee will submit quarterly and annual reports to indicate its success at expected vs. actual outcomes.

*(The Rest of This Page Left Blank Intentionally)*

## ADDITIONAL PPASS PRIORITY AREAS (RECOMMENDED, BUT NOT REQUIRED)

- Increase awareness and use of services available to pregnant and parenting 15 to 19 year-olds
- Increase number of teens with knowledge of appropriate parenting-skills
- Increase number of teens who report access to early and adequate prenatal care and up-to-date well child visits
- Increase support for pregnant and parenting 15 to 19 year-olds in interactions with the healthcare system
- Increase percent of teens who achieve appropriate weight gain during pregnancy
- Decrease percent of teens who smoke during pregnancy (and remain tobacco-free after pregnancy)
- Increase staff knowledge and skills in the implementation of evidence-based programs
- Increase involvement of teen fathers in programs that serve teen mothers
- Decrease barriers to care
- Increase inclusion of youth and community members in the development of programs
- Increase number of teens who enroll in secondary education
- Increase access to mental healthcare including substance abuse treatment programs
- Increase access to domestic violence support services
- Increase availability of and/or access to childcare

## AWARD INFORMATION

### Summary of Funding

Applicants should describe thoroughly the scope of the proposed project and justify the size of the budget request for each category of allowable services, for a total of no more than \$600,000 per fiscal year. Grant awards for year 1 will be contingent upon availability of federal funding. Grant awards will not exceed one year (12 months). At the end of the grant period, contingent upon continued federal funding, ISDH will make available funds for continuation of grant projects for one additional year. Funding for all approved budget periods is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of grant funds. The anticipated start date for grants awarded under this announcement is **September 1st, 2011**.

MCH is focused on building systems of care. Rather than funding isolated programs and services, MCH will only provide funds for organizations that collaborate and build integrated systems, especially those that enhance service capacity.

---

## ELIGIBILITY AND REQUIREMENTS

Applicant organization:

- Must be a non-profit entity (as defined by IRS Tax Determination), health department, or hospital
- Must form traditional and nontraditional collaborations between agencies or organizations
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the [Budget Section](#) on page 17
- Must address all PPASS Required Priority Areas as identified in the [PPASS Required Priority Areas Table](#) on page 27
- Must address one or more of the identified PPASS Additional Priority Areas as outlined in the [PPASS Additional Priority Areas Table](#) on page 32
- Must include model that is evidence based or a promising practice (refer to “[Resources for Evidence Based Practices and Developing Promising Practices](#)” on page 36)
- Must distribute text4baby (a free text messaging service which promotes maternal and child health) promotional materials which will be provided for free by MCH
- Must distribute Sunny Start (a program which supports a coordinated system of resources and supports for young children from birth through age five and their families) educational materials which will be provided for free by MCH

---

## APPLICATION AND REVIEW INFORMATION

Additional evaluation weight will be assigned to projects that:

- Provide services in high-risk counties as identified in the [2011 Pregnant and Parenting MCH Needs Assessment](#).
- Incorporate the [life course perspective](#) into planning
- Address more than one priority area as identified in the [PPASS Additional Priority Areas Table](#) on page 32
- Promote collaboration and building comprehensive systems of care

---

## EXPECTED REPORTING & PERFORMANCE CRITERIA

Applicants will be required to report quarterly and annually on specific performance criteria outlined in this RFP.

## APPLICATION INSTRUCTIONS

Please use the **PPASS APPLICATION** document for all required Application Information. The application, in its entirety including all supplemental information, cannot exceed 100 pages with one-inch margins, using an easily readable 12-point font. Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. [If you must recreate the **PPASS APPLICATION** document for any reason, it must be identical to the original.] If a hard copy is mailed, the application package should not be stapled or bound. The following outlines each Section that must be completed in the **PPASS APPLICATION** document:

Section	Section Heading
Section 1	<a href="#">Instructions</a>
Section 2	<a href="#">Completion Checklist</a>
Section 3	<a href="#">Application Cover Page</a>
Section 4	<a href="#">Summary</a>
Section 5	<a href="#">Application Narrative</a> 5-A: <a href="#">Org Capacity / Background</a> 5-B: <a href="#">Statement of Needs</a> 5-C: <a href="#">Goals/Objectives</a> 5-D: <a href="#">Evidence-Based Programming</a> 5-E: <a href="#">Activities</a> 5-F: <a href="#">Staffing Plan</a> 5-G: <a href="#">Resource Plan</a> 5-H: <a href="#">Evaluation Plan</a> 5-J: <a href="#">Sustainability Plan</a> 5-I: <a href="#">Literature Citations</a>
Section 6	<a href="#">Budget Information</a> 6-A: <a href="#">Budget Revenue FY2012</a> 6-B: <a href="#">Budget Narrative FY 2012</a>
Section 7	<a href="#">Required Attachments</a> 7-A: <a href="#">BioSketches</a> 7-B: <a href="#">Job Descriptions</a> 7-C: <a href="#">Timeline</a> 7-D: <a href="#">Action Plan Tables</a> 7-E: <a href="#">Outcome Forms</a>
Section 8	<a href="#">Additional Required Documents</a> 8-A: <a href="#">IRS Tax Determination Letter</a> 8-B: <a href="#">Org Chart &amp; Program Specific Org Chart</a> 8-C: <a href="#">Letters of Support / Agreement / MOUs</a>

## COMPLETION CHECKLIST

Please use the **PPASS APPLICATION** document, which includes the Completion Checklist in Section 2. This serves as guide to ensure that all appropriate and required materials are submitted with the **PPASS APPLICATION** document. Double click on each check box to indicate a “check mark” for completion.

## APPLICATION COVER PAGE

Please use the **PPASS APPLICATION** document, which includes the Cover Page in Section 3. Please list Name, Title, and signature\* of the following individuals within the applicant agency:

- Authorized Executive Official
- Project Director
- Person Authorized to make legal and contractual agreements

## SUMMARY

Please use the **PPASS APPLICATION** document, which includes the Summary in Section 4. This summary will provide the reviewer a succinct and clear overview of the proposed project. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Briefly describe the targeted Additional Priority Area(s), measurable objectives to achieve accomplishments in Additional Priority Areas, and include a description of how you plan achieve the outlined PPASS Required Priority Areas and performance measures.
- Briefly describe the target population (e.g. race, ethnicity, age, socioeconomic status, geography) and its needs and discuss why the specific interventions proposed are expected to have a substantial positive impact on the appropriate performance measure(s).

## APPLICATION NARRATIVE

Please use the **PPASS APPLICATION** document, which includes the Narrative in Section 3. All required headings are listed with respective character limitations. Please do not alter the format of the document.

**Applicants are strongly encouraged to discuss project idea, development of project-specific outcomes and performance measures with the PPASS COORDINATORS before submitting application. Please see list of [PPASS COORDINATORS](#) on page 42.**

---

**SECTION 5-A: ORG BACKGROUND/ CAPACITY (2000 CHARACTER LIMIT)**

Please use the **PPASS APPLICATION** document. This section will enable the reviewers to gain a clear understanding of your organization and its ability to carry out the proposed project—in collaboration with local partners.

- Discuss the history, capability, experiences, and major accomplishments of the applicant organization.
- Discuss the history, capability, experiences, and major accomplishments of the partnering organizations as they relate to your proposed project.

---

**SECTION 5-B: STATEMENT OF NEED (4000 CHARACTER LIMIT)**

This section must describe need for and significance of the project in the specific community or population as it relates to the goals and your selected priority area(s). It is intended to help reviewers understand the need for the specific proposed strategies within the context of the community in which the strategies will be implemented. With respect to the primary purpose and goals of the grant program, please:

- Describe and justify the *population* of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, geography must be provided).
- Describe and justify the *geographic area(s)* to be served.

Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population(s) of focus.

- Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Cite all references (do not include copies of sources).
- Describe how the needs were identified.
- Describe resources currently available to pregnant and parenting teens and identify gaps in service

Documentation of need may come from a variety of reliable and valid sources including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data (e.g. from state needs assessment), and/or national data.

---

**SECTION 5-C: GOALS/OBJECTIVES (2000 CHARACTER LIMIT)**

This section must describe how your program intends to achieve outlined PPASS required priority areas. It should clearly describe each selected additional priority area and objectives for achieving each priority area goal. Provide the priority area goal(s) and SMART objectives.

- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.
- Describe and provide a rationale for the anticipated impact the proposed project will have on the community.

- Describe how achievement of the required priority areas and additional priority area(s) will produce meaningful and relevant results (e.g. increase access, availability, prevention, awareness, support, and build infrastructure).
- Ensure that Section 5-C Goals and Objects relate directly to Action Plan Tables in Section 7-C.

Please be sure that your Goals/Objectives are outlined for each of the four Required PPASS Priority Areas and at least one of the Additional Priority Areas.

---

**SECTION 5-D: EVIDENCE BASED PROGRAMMING (2000 CHARACTER LIMIT)**

Identify the *evidence based service(s) or promising practice(s)* that you propose to implement and discuss how it addresses the purpose, goals and objectives of your proposed project. Please cite the sources of your information.

- Briefly describe the needs assessment your organization conducted and how the information from the needs assessment guided you to the selection of risk and protective factors that will be addressed by this practice.
- A program is considered evidence based once it has been evaluated using a rigorous research design (e.g. using an experimental or quasi-experimental evaluation design). Show support that this practice is evidence based and discuss why it will be effective with your population(s) of focus. Please see the table below for characteristics of an evidence based practice.
- If the evidence is limited or non-existent for the population(s) of focus, provide other information to support your selection of the intervention(s) for the population(s). Identify and justify any modifications or adaptations you will need to make (or have already made) to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.
- If a practice is not evidence based, it must be a promising practice. A promising practice is one that has not been evaluated formally, but has most of the characteristics of programs shown to be effective. Below are 17 characteristics of promising practices as developed by Douglas Kirby.
- Please see the [Additional Resources](#) on page 36 for a list of resources for evidence based practices and promising practices.

## EVIDENCED BASED PRACTICE

Research has shown effectiveness in changing one or more of the following behaviors:

- Increase interconception spacing
- Decreased number or rate of teenage pregnancy/birth
- Improved health outcomes among young mothers
- Improved health outcomes among children
- Reduced abuse and neglect among children
- Increased educational attainment among young mothers
- Increased employment outcomes
- Reduced reliance on public assistance

The program was evaluated using a rigorous research design, including:

- An experimental or quasi-experimental evaluation design
- Measurement of knowledge, attitude and behavior
- Having an adequate sample size
- Collecting data from both groups at three months or later after intervention
- Using sound research methods and processes
- Replicating in different locations and finding similar evaluation results
- Publishing results in a peer-reviewed journal

*(The Rest of This Page Left Blank Intentionally)*

## 17 CHARACTERISTICS OF PROMISING PRACTICES

1. Involves a multi-disciplinary team with experience in health behavior theory, research and education
2. Use of needs assessments.
3. Use of logic models.
4. Activities are designed to be consistent with community values and available resources.
5. Pilot testing when developing curricula.
6. Focus on clear public health goals (e.g. pregnancy prevention)
7. Focus on behaviors that lead to identified goals.
8. Addresses multiple risk and protective factors that affect behaviors
9. Creates a safe social environment for those participating in the practice.
10. Includes multiple activities to change each of the identified target risk and protective factors.
11. Uses instructionally sound teaching methods.
12. Employs activities and messages appropriate for culture, developmental age and sexual experience.
13. Covers topics in a logical sequence.
14. Secures support from the appropriate authorities or stake holders.
15. Uses educators with desired characteristics, trains and provides monitoring supervision and support.
16. Recruits and retains youth and overcomes any barriers to their involvement.
17. Implemented with fidelity.

*(The Rest of This Page Left Blank Intentionally)*

---

### SECTION 5-E ACTIVITIES (6000 CHARACTER LIMIT)

This section must describe the *activities* of the project. These must relate to the objectives to be achieved.

- Describe how the proposed service(s) or practice(s) will be implemented.
- Describe how you will identify, recruit, and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms and values, and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreach, engaging, and delivering programs to this population, e.g. collaborating with community gatekeepers.
- Describe how you will ensure the input of youth and families in assessing, planning and implementing your project.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project.
- Show that the necessary groundwork (e.g. planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery begin as soon as possible and no later than four (4) months after the grant award.
- Describe potential barriers to successful implementation of the proposed project and how you will overcome them.
- Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.
- Describe how you will create a broader awareness of your program in the targeted population.

---

### SECTION 5-F: STAFFING PLAN (4000 CHARACTER LIMIT)

This section must describe the *staff currently available* and *staff to be hired* to conduct the project activities.

- List and describe the staff positions for the project (within the applicant agency and its partner organizations), including the Project Director and other key personnel, showing the role of each and their level of effort or full-time equivalency (FTE) and qualifications.
- Regardless of whether a position is filled or to be announced, please discuss how key staff have/will have experience working with the proposed population; appropriate qualifications to serve the population(s) of focus and familiarity with cultures and languages of the proposed populations.
- For positions already filled, provide a brief BioSketch, found in the **PPASS APPLICATION** document Section 7-A for up to five key personnel (note: more than five may be listed, but please include only five BioSketches).
- For positions to be announced and positions currently filled, please provide a brief Job Description, found in the **PPASS APPLICATION** document Section 7-B for up to five key

personnel to be hired (note: more than five may be hired, but please include only five Job Descriptions).

- Demonstrate how the applicant agency and its partner organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

---

**SECTION 5-G: RESOURCE PLAN/FACILITIES (2000 CHARACTER LIMIT)**

This section must describe the *facilities* that will house the proposed services.

- Describe resources available (within the applicant agency and its partner organizations) and how they will be used for the proposed project (i.e., facilities, equipment).
- Provide evidence that services will be provided in a location that is adequate and accessible.
- Assure that project facilities will be smoke-free and tobacco-free at all times.
- Assure that hours of operation are posted and visible from outside the facilities.
- Explain how the facilities/equipment is compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus. If the ADA does not apply to your organization, explain why.

*(The Rest of This Page Left Blank Intentionally)*

**SECTION 5-H: PERFORMANCE MEASURES EVALUATION PLAN (6000 CHARACTER LIMIT)**

All applicants are required to collect *data for monitoring purposes*. This information must be reported quarterly and annually. In this section, applicant organization must document its ability to collect and report on the required performance measures as specified in the Outcome Forms of Section 7-E of the **PPASS APPLICATION** document.

<b>Performance Measures Evaluation (for each bullet below, list responsible staff and frequency)</b>
Describe plan for data <i>collection</i> . Specify and justify all measures you intend to use for chosen additional priority areas. Specify and justify all instruments you plan to use for both PPASS required priority areas and additional priority areas.
Describe plan for data <i>management</i> .
Describe plan for data <i>analysis</i> .
Describe plan for data <i>reporting</i> .
Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities can include: chart audits, client surveys, presentation evaluations, observations).
Describe how information of process outcomes will be communicated to program staff.
Describe plan for protection of clients / project participants.
<b>Objective Outcome Evaluation</b>
List specific measureable outcomes for each <i>additional priority area</i> in Sections 7-D (Action Plan Tables) and 7-E (Outcome Forms).
<b>Overall Outcome Evaluation</b>
Describe plan of action if process outcomes or objective outcomes are not on target during a quarterly or yearend evaluation—describe who is responsible for revisiting activities to make changes for improved outcomes.
Describe how new data as a result of program will be used to guide the project in the future.
Describe how process outcomes and objective outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.

Grantees are encouraged to share evaluation results with their collaborating partners and other PPASS funded grantees. In addition, ISDH will encourage grantees to present program results and significant findings at various local, state, and national conferences (of the grantees choosing) in order to share results and learning.

**SECTION 5-I: SUSTAINABILITY PLAN (2000 CHARACTER LIMIT)**

Outline a plan for how your organization and its partners will sustain program activities at the conclusion of PPASS funding. This could include:

- Contribution of monetary funds
- Plans to ensure dedicated staff after the conclusion of PPASS funding
- Plans to continue collaborating partnerships
- Contribution of resources such as time, location, tools, etc.

---

## SECTION 5-J: LITERATURE CITATIONS (2000 CHARACTER LIMIT)

In this section, please list complete citations for all references cited, including (APA Style is recommended):

- Document title
- Author
- Agency
- Year
- Website (if applicable)

Example:

Sagarin, B. J., & Lawler-Sagarin, K. A. (2005). Critically evaluating competing theories: An exercise based on the Kitty Genovese murder. *Teaching of Psychology*, 32(3), 167–169

## BUDGET INFORMATION

Please use the **PPASS APPLICATION** document, which includes formats for each of the required attachments listed below. For Budget-related questions, please contact Vanessa Daniels, Director of Business and Grant Management at [VDaniels@isdh.in.gov](mailto:VDaniels@isdh.in.gov) or (317) 233-1241.

---

### SECTION 6-A: BUDGET REVENUE FY 2012

Please use the **PPASS APPLICATION** document, Sections 6-A to fill out the required Budget Narrative information.

#### Sources of Anticipated Revenue

- List all anticipated revenue according to source. If the project was funded in previous years with Maternal and Child Health funds, estimate the cash you expect to have available from the previous year. If the estimated cash balance is negative, please list the estimate as \$0. All revenue used to support the project operations must be budgeted.

---

### SECTION 6-B: BUDGET NARRATIVE FY2012

Please use the **PPASS APPLICATION** document, Sections 6-C to fill out the required Budget Narrative information.

The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.40 per mile), and reason for travel. All travel reimbursement must be within ISDH travel policy (available on request). Please round all amounts to the nearest dollar.

**Schedule A:**

- For each individual staff, provide the name of the staff member and a brief description of their role in the project.
- If multiple staff are entered in one row (for instance, 111.400 Nurses) a single description may be provided if applicable.
- Each staff member must be listed by name. Calculations must be provided for each staff member in the Calculations column.
- This calculation should be in the form Salary = \$/hr; X hours per week, X weeks per year.
- Fringe may be calculated for all staff. If different fringe rates are used for different categories of staff, Fringe may be calculated by category.

**Schedule B:**

- List each contract, each piece of equipment, general categories of supplies (office supplies, medical supplies, etc.), travel by staff member, and significant categories in Other Expenditures (such as Indirect) in the appropriate column. Provide calculations as appropriate.
- Calculations are optional for Contractual Services.
- Travel must be calculated for each staff member who will be reimbursed and may not exceed \$0.40 per mile.

*(The Rest of This Page Left Blank Intentionally)*

**SCHEDULE A - CHART OF ACCOUNT CODES**

**111.000 PHYSICIANS**

Clinical Geneticist	OB/GYN
Family Practice Physician	Other Physician
General Family Physician	Pediatrician
Genetic Fellow	Resident/Intern
Medical Geneticist	Substitutes/Temporaries
Neonatologist	Volunteers

**111.150 DENTISTS/HYGIENISTS**

Dental Assistant	Substitutes/Temporaries
Dental Hygienist	Volunteers
Dentist	

**111.200 OTHER SERVICE PROVIDERS**

Audiologist	Outreach Worker
Child Development Specialist	Physical Therapist
Community Educator	Physician Assistant
Community Health Worker	Psychologist
Family Planning Counselor	Psychometrist
Genetic Counselor (M.S.)	Speech Pathologist
Health Educator/Teacher	Substitutes/Temporaries
Occupational Therapist	Volunteers

**111.350 CARE COORDINATION**

Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (B.S.W.)
Licensed Social Worker (L.S.W.)	Social Worker (M.S.W.)
Physician	Substitutes/Temporaries
Registered Dietitian	Volunteers
Registered Nurse	

**111.400 NURSES**

Clinic Coordinator	Other Nurse
Community Health Nurse	Other Nurse Practitioner
Family Planning Nurse Practitioner	Pediatric Nurse Practitioner
Family Practice Nurse Practitioner	Registered Nurse
Licensed Midwife	School Nurse Practitioner
Licensed Practical Nurse	Substitutes/Temporaries
OB/GYN Nurse Practitioner	Volunteers

**111.600 SOCIAL SERVICE PROVIDERS**

Caseworker	Social Worker (B.S.W.)
Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (M.S.W.)
Licensed Social Worker (L.S.W.)	Substitutes/Temporaries
Counselor	Volunteers
Counselor (M.S.)	

**SCHEDULE A - CHART OF ACCOUNT CODES (continue)**

**111.700 NUTRITIONISTS/DIETITIANS**

Dietitian (R.D. Eligible)	Registered Dietitian
Nutrition Educator	Substitutes/Temporaries
Nutritionist (Master Degree)	Volunteers

**111.800 MEDICAL/DENTAL/PROJECT DIRECTOR**

Dental Director	Project Director
Medical Director	

**111.825 PROJECT COORDINATOR**

**111.850 OTHER ADMINISTRATION**

Accountant/Finance/Bookkeeper	Laboratory Technician
Administrator/General Manager	Maintenance/Housekeeping
Clinic Aide	Nurse Aide
Clinic Coordinator (Administration)	Other Administration
Communications Coordinator	Programmer/Systems Analyst
Data Entry Clerk	Secretary/Clerk/Medical Record
Evaluator	Substitutes/Temporaries
Genetic Associate/Assistant	Volunteers
Laboratory Assistant	

**115.000 FRINGE BENEFITS**

**200.700 TRAVEL**

Conference Registrations	Out-of-State Staff Travel
In-State Staff Travel	

**200.800 RENTAL AND UTILITIES**

Janitorial Services	Rental of Space
Other Rentals	Utilities
Rental of Equipment and Furniture	

**200.850 COMMUNICATIONS**

Postage (including UPS)	Reports
Printing Costs	Subscriptions
Publications	Telephone

**200.900 OTHER EXPENDITURES**

Insurance and Bonding	Insurance premiums for fire, theft, liability, fidelity bonds, etc. Malpractice insurance premiums cannot be paid with grant funds.
Maintenance and Repair	Maintenance and repair services for equipment, furniture, vehicles, and/or facilities used by the project.
Other	Approved items not otherwise classified above.

---

#### **EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED**

The following may not be claimed as project cost for Maternal and Child Health projects and may not be paid for with MCH Funds:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Client travel; and
15. Legislative lobbying.

The following may be claimed as project cost for Maternal and Child Health projects and may only be paid for with specific permission from the Director of Maternal and Children's Special Healthcare:

1. Out-of-state travel; and
2. Dues to societies, organizations, or federations.

For further clarification on allowable expenditures please contact:

***Vanessa Daniels, Dir. of Business and Grant Management, MCH, [vdaniels@isdh.in.gov](mailto:vdaniels@isdh.in.gov) 317/233-1241***

## SECTION 7: REQUIRED ATTACHMENTS

### SECTION 7-A: BIOSKETCHES (INSTRUCTIONS)

Please use the **PPASS APPLICATION** document, Section 7-A to fill out the required BioSketch information. For position already filled, provide a brief BioSketch for five key personnel (note: more than five may be listed, but please include only five BioSketches).

### SECTION 7-B: JOB DESCRIPTIONS (INSTRUCTIONS)

Please use the **PPASS APPLICATION** document, Section 7-B to fill out the required Job Description information. For position to be announced and positions currently filled, please provide a brief Job Description for up to five key personnel to be hired (note: more than five may be hired, but please include only five Job Descriptions).

### SECTION 7-C: TIMELINE (INSTRUCTIONS)

Please use the **PPASS APPLICATION** document, Section 7-C to fill out the required Timeline information.

- List activities to occur within each of the Phases (Planning, Implementation, Evaluation)
- Indicate in which quarter(s) each activity will occur
- Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the activities narrative of **PPASS APPLICATION** document, Section 7-D.

### SECTION 7-D: ACTION PLAN TABLES (INSTRUCTIONS)

Please use the **PPASS APPLICATION** document, Section 7-D to fill out the required Action Plan Tables.

- An Action Plan Table for four required priority areas outlined by MCH is located in the **PPASS APPLICATION**. The table contains specific Required Priority Area Measures which must be reported on. Please review the [Required Priority Areas Table](#) (page 27) listed in this PPASS RFP for the recommendations of activities to achieve outlined goals.
- In addition to the Required Priority Areas Action Plan Table, Action Plan Tables for additional priority areas is available. This table has space for grantees to address multiple priority areas however, grantees are only required to address 1 additional priority area, and therefore are NOT required to fill out each line.
- Review the [Additional Priority Areas Table](#) (page 32) listed in this PPASS RFP and recommendations of (1) Additional Priority Area Measures; (2) Activities; and (3) Measurable Outcomes. Use this list as *recommendations* for the selected Priority Area(s) you choose to address.
- Please ensure that each Required Priority Areas and the Additional Priority Measures you wish to address, have at least three, but no more than five *major* Activities with associated Measurable Outcomes. (Additional activities can be conducted; however, please only list a maximum of five *major* Activities).
- This information provided in the Action Plan Tables must match the detailed information provided in the **PPASS APPLICATION** document, Section 7-D Outcome Forms.

## SECTION 7-E: OUTCOME FORMS (INSTRUCTIONS)

Please use the **PPASS APPLICATION** document, Section 7-E to fill out the required Outcome Forms.

- In the line, labeled “Priority Area,” insert the proposed project’s first Priority Area (as listed in Section 7-D Action Table Plan).
- Outcome Forms for the four outlined Required Priority Areas will have a line labeled “Required Priority Area” and the line will already be filled out.
- In the second line, labeled “Activity,” insert the first activity for the corresponding Required Priority Area or Additional Priority Area (this activity should match what is listed in Section 7-D Action Table Plan).
- In the rows labeled “Outcome 1, 2, 3, & 4,” insert measurable outcomes for each corresponding Activity. Each activity can have up to four measurable outcomes. If your activity has more than four, please select your top four outcomes.
- In the columns labeled by Quarter, please list the proposed project’s *Expected* quantitative outcome to be achieved for each Outcome. The *Actual* outcomes will be submitted following each previous quarter (on a quarterly basis).
  - The *Expected* results must be measurable and quantitative. These figures will serve as the success indicators for your project. Examples include: educate 100 women; disseminate 300 educational materials; increase percent of women with a child-spacing of 18 months or greater.

### EXAMPLE:

<b><i>Additional Priority Area:</i></b> Decrease the percent of pregnant 15 to 19 year-olds who smoke								
<b>ACTIVITY:</b> Smoking cessation education, counseling, referral and/or interventions to prevent use.	<b>1st Quarter</b>		<b>2nd Quarter</b>		<b>3rd Quarter</b>		<b>4th Quarter</b>	
	Expected	Actual	Expected	Actual	Expected	Actual	Expected	Actual
Outcome 1: # enrolled in program	0		75		90		100	
Outcome 2: # counseled / referred	0		75		90		100	
Outcome 3: # of women who quit smoking during pregnancy	0		20		25		30	
Outcome 4: # of teens who remained tobacco-free after pregnancy at follow up	0		N/A		N/A		10	

## **SECTION 8: ADDITIONAL REQUIRED DOCUMENTS**

If applicable, please include the following required documents in your application submission (no specific format required).

### **SECTION 8-A: IRS NONPROFIT TAX DETERMINATION LETTER (1 PAGE MAX)**

If applicable, please include with the submission of the **PPASS APPLICATION** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's IRS Nonprofit Tax Determination Letter. Please limit this attachment to 1 page total.

### **ATTACHMENT 8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART (2 PAGES MAX)**

Please include with the submission of the **PPASS APPLICATION** document, an attachment of an electronic copy (PDF recommended) of the applicant organization's overall organizational chart as well as the applicant organization's program-specific organization chart. The program specific-organization chart must include program partners, existing program staff, to-be-hired program staff, key personnel, etc. Please limit this attachment to 2 pages total.

### **ATTACHMENT 8-C: LETTERS OF SUPPORT/AGREEMENT/MOU'S (10 PAGES MAX)**

Please include with the submission of the **PPASS APPLICATION** document, an attachment of an electronic copy (PDF recommended) of letters of support, letters of agreement, and/or memoranda of understanding. The letters of support and/or agreement must include date, contact information of individual endorsing letter, and involvement with the project or organization. Please limit this attachment to 10 pages total.

*(The Rest of This Page Left Blank Intentionally)*

**Description of  
Priority Areas  
&  
Action Plan Recommendations**

## DESCRIPTIONS OF REQUIRED PRIORITY AREAS

### **Strengthen infrastructure**

MCH developed a survey to assess perceptions of stakeholders to identify community perceptions, partnerships, resources and challenges related to the population of pregnant and parenting adolescents. All 92 of Indiana's counties were represented in the responses. There were 197 respondents who began the survey and 137 who completed the survey. Results from the web-based survey supported that stakeholders felt many services available to pregnant and parenting teens were lacking or missing.

With the PPASS grant, ISDH's MCH division hopes to strengthen infrastructure in the state so comprehensive sets of services are available to pregnant and parenting teens. MCH has created a [Life Course Model](#) (please see page 39) for the PPASS Program that demonstrates the need to create systems of services involving both traditional and non-traditional partners. Accordingly, MCH will not fund applicants that propose single agency/organization solutions. Rather, MCH will challenge potential grantees to think creatively about ways to partner with other service agencies to wrap comprehensive services around a pregnant and/or parenting adolescent and his/her family.

### **Reduce subsequent pregnancies among participants**

In 2002, the latest year for which data is available, nearly one in four teen mothers had two or more births before turning 20 years old. According to a report by Manlove, Mariner, and Papillo, between 1988 and 1992, 29.7% of teen mothers under age 16; 26.7% of mothers age 16; and 22.2% of those age 17 had a second birth within 24 months. In other words, second and higher order births make up a substantial percent of pregnancies to teenagers.

In 2007, the Indiana teen birth rate was 45.2 per 1000 live births. According to national statistics, it can be posited that a substantial percentage of these birth were subsequent births to teen mothers. Several studies have supported that having a second child as a teenager makes it less likely that a teen mother will return to school, complete high school, or attain economic self-sufficiency. Through the PPASS Program, MCH expects potential grantees to develop programs that reduce the number of subsequent births to teen mothers in order to reduce their negative outcomes and to drive down the total number of teen births in Indiana. MCH encourages potential grantees to include family planning, which through evaluation studies has been supported to be effective in reducing repeat pregnancies, as part of the outlined activities.

### **Decrease school drop-out rates**

According to the National Campaign to Prevent Teen Pregnancy, in 2004 child bearing to teens 19 and younger cost tax payers an estimated \$195 million in Indiana. Between years 1994 and 2004 there were 157,100 teen births in Indiana which cost tax payers an estimated \$3.6 billion. A substantial portion of these costs were associated with public healthcare costs and lost tax revenue due to decreased earnings and spending.

Education is a major factor for economic self-sufficiency later in life. Without a high school diploma, individuals are not able to pursue higher education and are less likely to obtain jobs that pay well and

include quality health insurance benefits. In 2007, 60.7% of Indiana mothers between the ages of 15 and 19 did not have high school diplomas. The percentage of white teen mothers in Indiana without a diploma was 60.2% and the percentage for black teen mothers was 62.9%.

Through the PPASS Program, MCH hopes to create systems that support teen parents in their effort complete high school or obtain a GED. This may be done by offering flexible school hours for teen mothers and fathers, providing daycare, or offering a high school equivalency program. MCH understands that a lack of a high school diploma leads to worse future financial outcomes and higher rates of unemployment in teen mothers compared to non-teen mothers, and hopes that through this grant, infrastructure can be put in place to reduce such negative outcomes.

**Improve birth outcomes among pregnant and parenting 15 to 19 year-olds**

Research supports that teenagers are less likely than older mothers to receive prenatal care. Lack of prenatal care has been shown to result in a higher risk for low birthweight babies, premature labor, cesarean sections, gestational morbidity, preeclampsia, eclampsia, post neonatal death and other complications at birth. In addition, research suggests that teen mothers, when compared to older mothers, are at a higher risk for preterm labor and having low birthweight babies even when they do receive prenatal care. This is important because low birthweight has been linked to higher rates of infant mortality, neurological impairment, and developmental delays. MCH hopes with the PPASS Grant to increase accessibility for teen parents to the healthcare system in order to help improve birth outcomes.

<b>ACTION PLAN: PPASS REQUIRED PRIORITY AREAS</b>		
<b>Priority Area</b>	<b>Recommended Activities</b>	<b>Measurable Outcomes</b>
Strengthen infrastructure to assist pregnant and parenting 15 to 19 year-olds	<ul style="list-style-type: none"> <li>• Collaborative partnerships between existing community programs.</li> <li>• Resources (monetary or otherwise) contributed by partner</li> </ul>	<ul style="list-style-type: none"> <li>• Number of products jointly produced from collaboration</li> <li>• Number of programs developed or enhanced as a result of collaboration</li> <li>• Number of referrals between agencies</li> <li>• Number of teen parent’s reporting increased access and availability of needed programs</li> </ul>
Reduce subsequent pregnancies among participants	<ul style="list-style-type: none"> <li>• Encourage close relationships between pregnant teens and their mothers.</li> <li>• Hire personnel that have adequate training and ability to discuss sensitive topics with teens such as contraceptives, mental health issues, etc.</li> <li>• Provide family planning</li> </ul>	<ul style="list-style-type: none"> <li>• Number of teens self reporting increased communication and better relationships with their mothers</li> <li>• Number of discussion sessions held with personnel hired</li> <li>• Number of teens reporting increased knowledge as a result of discussion sessions</li> <li>• Number of teen moms living with family members who can provide</li> </ul>

	<p>education.</p> <ul style="list-style-type: none"> <li>• Encourage teen mothers to live at with family members who can provide economic and social support.</li> </ul>	<p>economic/social support</p> <ul style="list-style-type: none"> <li>• Number of teen parents that self report abstinence or effective and repeated use of contraceptives</li> <li>• Number of teen mothers with subsequent pregnancies</li> </ul>
<p>Decrease school drop-out rates among pregnant and parenting 15 to 19 year-olds</p>	<ul style="list-style-type: none"> <li>• Provide safe, adequate childcare</li> <li>• Offer high school equivalency program (GED)</li> <li>• Provide classroom instruction to support young parents in going back to high school</li> </ul>	<ul style="list-style-type: none"> <li>• Number of teen parents enrolling in high school/GED</li> <li>• Number of teen parents who enroll, but do not complete diploma/GED</li> <li>• Number of teen parents that receive high school diploma</li> <li>• Number of teen parents that receive GED</li> <li>• Number of teen parents that self report that achievement of a high school diploma or GED is accessible to them</li> </ul>
<p>Improve birth outcomes among pregnant and parenting 15 to 19 year-olds</p>	<ul style="list-style-type: none"> <li>• Provide or connect pregnant teens with a health educator, mental health provider, domestic violence center etc.</li> <li>• Assure pregnant teens are receiving prenatal care</li> <li>• Provide pregnant teens with smoking cessation and substance abuse programs</li> </ul>	<ul style="list-style-type: none"> <li>• Number of teens in contact with a health educator etc.</li> <li>• Number of low birthweight babies</li> <li>• Number of pregnant teens enrolled in prenatal care and trimester enrolled</li> <li>• Number of teens enrolled in smoking cessation and/or substance abuse programs and number who cease use before delivery</li> </ul>

## DESCRIPTIONS OF ADDITIONAL PRIORITY AREAS

### **Increase awareness of and use of available services**

Often services are available for pregnant and parenting teens, however they are offered in “silos.” This decreases the presence of the program and can make it difficult for teens to find available services. MCH wants funds from PPASS to be used by community organizations to partner to create, a more coordinated system of programs. In addition, community level programs should consider marketing plans to ensure the teens in the community are aware of the programs and resources available to them.

### **Increase knowledge of appropriate parenting-skills**

Research by Pogarsky has suggested that the issues teen mothers face can lead to parenting styles that are exemplified by “low affective ties, poor monitoring and harsh, inconsistent discipline.” This parenting style is thought to negatively impact children’s early language and cognitive development. Children of teen mothers are found to be less likely to perform in the normal range for intellectual-linguistic development, social-emotional functioning and adaptive behavior compared to the children of older mothers. Children of teenage mothers are also significantly more likely to perform poorly on measures of early language expression and comprehension than children of older mothers. In fact, significant differences in language ability can already be seen by age three. Research supports that by preschool and kindergarten, children of teen mothers are more likely to have higher rates of language and cognitive problems. These children perform worse on measures of math, reading, and general knowledge compared to children of older mothers. MCH expects community organizations will use PPASS funds to develop programs which support teen parents in developing appropriate parenting-skills in order to support their children’s healthy development.

### **Increased up-to-date well child visits**

Children of teen parents are more likely to experience poor health than children of older mothers. However, they are only half as likely to receive medical care and treatment. Children of teen parents visit a physician or other medical provider on average 2.3 times per year compared to the children of older mothers who see healthcare providers on average 4.8 times a year. With PPASS Program funds, MCH expects that each child will have a medical home where they will receive the recommended number of well child visits, immunizations, developmental screening and referrals for specialty care. This can be accomplished by a pediatrician, family medicine specialist, community health center or MCH Well Child clinic.

### **Increase support for pregnant and parenting 15 to 19 year-olds in interactions with the healthcare system**

Teen women are less likely to access prenatal care and evidence supports that healthy pregnancy outcomes are influenced by healthcare during pregnancy. MCH expects that potential sub-grantees will provide prenatal care coordination to assure that pregnant teens have all the assistance needed to access prenatal care, pay for care, follow-up on medical and nutritional recommendations, and access WIC services or Medicaid. It is also important that teen parents keep post-partum visits, seriously consider birth-spacing plans and identify a medical home for themselves. MCH expects that potential sub-grantees will develop activities to support teen parents in these efforts.

**Increase percent of pregnant mothers who achieve appropriate weight gain during pregnancy**

Evidence supports the importance of appropriate weight gain during pregnancy. Research has shown that women who gain below or above the recommended amount have worse pregnancy outcomes than women who gain the recommended amount of weight. Women who do not gain enough weight during pregnancy are at a higher risk for complications such as, a low birthweight baby, premature delivery, and a small for gestational age baby. Likewise, women who gain too much weight during pregnancy are at a higher risk for gestational diabetes, high blood pressure, and cesarean delivery. MCH hopes that with PPASS Program funds, organizations will implement programs that encourage healthy weight gain in pregnant adolescents.

**Decrease percent who smoke during pregnancy**

Maternal smoking during pregnancy is associated with many negative outcomes in offspring including, but not limited to, premature birth, low birthweight, and birth defects. In addition, smoking during pregnancy has been linked to higher risks of ectopic pregnancy, vaginal bleeding, placental abruption, placental previa, and stillbirth. In 2007, the percentage of white women in Indiana ages 15 to 19 smoking while pregnant was 29.7% and the percentage of black women ages 15 to 19 smoking while pregnant was 8.1%. With the exception of black teens, the teen rate of smoking is higher than that of all women in Indiana who smoked while pregnant. MCH expects for programs funded by the PPASS program to implement strategies to reduce smoking in pregnant adolescents.

**Increase staff knowledge and skills in the implementation of evidence-based programs**

At times, programs are implemented that are neither evidence-based nor promising practices. While these programs may be effective, it is important to implement programs with evaluated models or components that have been studied to lead to intended results. Staff must understand what constitutes evidence based or promising practice, for these practices are likely to produce results. MCH is requiring grantees implement an evidenced based program or promising practice. MCH also encourages that organizations train staff on evidence based and promising practices.

**Increase percent of programs which involve teen fathers**

Research supports that fathers' interactions with their children can promote and increase a positive influence on children's development. Children who have positive father involvement have been shown to have fewer behavior problems, higher levels of sociability, and perform better in school. In addition, teen fathers who drop out of high school, like teen mothers, are less likely to find stable employment. This can reduce the financial support they are able to provide their child. It is important for organizations to develop programs that include teen fathers. Programs should encourage positive interaction between teen fathers and their children; provide education on appropriate parenting skills, and support teen fathers in finishing high school and pursuing secondary education. According to the [2011 Pregnant and Parenting MCH Needs Assessment](#), only 34% of respondent programs were providing programs that included teen fathers.

**Increase inclusion of youth and community members in program development**

For any program to be effective, it must fit into the community and its proposed target population. Youth, parent, and community involvement will ensure that cultural competency is incorporated into all aspects of policy making, administration, practice, and service delivery. Parents and community

members should be asked for input on what they feel should be included in programs. If parents and family members do not support the program, it is likely that they will not encourage or even allow their teenager to be involved. In addition, pregnant and parenting teens are best equipped to describe their needs and how best to implement programs to address those needs. MCH encourages potential PPASS sub-grantees to ask for input from community members, parents and pregnant and parenting teens on what they want and need from programs.

#### **Increase number of teens who enroll in secondary education**

In the current economy, jobs often require that employees have secondary education. In order for teen parents to ensure stable and adequate income, higher education is almost a requirement. Programs should not only encourage pregnant and parenting teens to complete high school, but should also support them in pursuing higher education including 4-year college, community college or trade training. MCH encourages potential sub-grantees of PPASS funding to consider programs which assist teen parents in applying for higher education and financial aid. Additionally, programs are encouraged to think about the need for child care and tutoring for students pursuing secondary education.

#### **Increase access to mental healthcare including substance abuse treatment programs**

Teen mothers, as compared to non-teen mothers, are at an increased risk of being diagnosed with mental illness and substance abuse problems. According to the 2011 Pregnant and Parenting Needs Assessment conducted by ISDH's MCH Division, 93% of respondents agreed that drug abuse was a problem in Indiana's pregnant and parenting teen population. In addition, only 33% of respondents agreed that mental health services were readily accessible to pregnant and parenting teens. When forming collaborative partnerships, organizations should be mindful of the need for accessible mental health and substance abuse treatment services for pregnant and parenting teens.

#### **Increase access to domestic violence services**

According to the Family Violence Prevention Fund, nearly one in three high school students who reported being sexually active also report ever having experienced physical or sexual abuse from a partner. Teens who are victims of physical dating violence are more likely than their non-abused peers to smoke, use drugs, engage in unhealthy diet behaviors, engage in risky sexual behaviors and commit or attempt suicide. In addition, women who experience domestic violence while pregnant are at an increased risk of having serious health complications during pregnancy. Evidence has also supported that their newborns have more health complications. MCH encourages potential sub-grantees of the PPASS Program to consider ways to increase teens' access to domestic violence support services when developing programs.

#### **Increase availability of childcare**

According to community stakeholders, lack of child care is a barrier to teen parents completing high school, pursuing secondary education and working. According to the [2011 Pregnant and Parenting MCH Needs Assessment](#), only 19.7% of respondent programs were providing programs that included childcare. Due to the importance of education and working in teen parents' financial stability, MCH encourages potential sub-grantees of the PPASS Program to consider ways to increase the availability of child care to teen parents.

<b>RECOMMENDATIONS FOR ACTION PLAN: ADDITIONAL PRIORITY AREAS</b>		
<b>Priority Area</b>	<b>Recommended Activities</b>	<b>Recommended Measurable Outcomes</b>
Increase awareness of and use of services available to pregnant and parenting 15 to 19 year-olds	<ul style="list-style-type: none"> <li>• Collaborative partnerships between community organizations to create a coordinated system</li> <li>• Marketing plans to ensure pregnant and parenting teens are aware of the available resources (e.g. social media sites, interactive web pages, etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Self reports of availability of needed resources</li> <li>• Number of online users who have accessed websites that promote specific programs</li> <li>• Number of interactions with the healthcare system</li> </ul>
Increase percent of teens with knowledge of appropriate parenting-skills	<ul style="list-style-type: none"> <li>• Continuous educational group sessions</li> <li>• Continuous parenting education sessions or forums led by experienced teen parents</li> <li>• Continuous home-based one on one educational sessions</li> <li>• Mentoring programs between older, experienced mothers and teen mothers</li> </ul>	<ul style="list-style-type: none"> <li>• Test knowledge of appropriate parenting skills before and after class or mentoring program</li> <li>• Self report of how knowledge from parenting classes/groups has or has not been applied to parenting</li> </ul>
Increased up-to-date well child visits	<ul style="list-style-type: none"> <li>• Incentives for getting children to well child visits</li> <li>• Transportation to well child visits</li> <li>• Continuous education on the importance of well child visits</li> <li>• Increased access to well child visits</li> <li>• Assistance in applying for governmental funds to pay for well child visits</li> </ul>	<ul style="list-style-type: none"> <li>• Number of children who have been up-to-date on well child visits</li> <li>• Number of teen parents who take advantage of free transportation to get child to well child visits</li> <li>• Test knowledge of importance of well child visits before and after educational session</li> <li>• Self report before and after program of access to well child visits</li> <li>• Number before and after program of teens receiving governmental funds which assist in paying for well child visits</li> </ul>
Increase support for pregnant and parenting 15 to 19 year-olds in interactions with the healthcare system	<ul style="list-style-type: none"> <li>• Prenatal care coordination for pregnant teens</li> <li>• Transportation to prenatal visits, WIC appointments</li> <li>• Incentives for completing prenatal and postpartum visits</li> <li>• Education on family planning</li> </ul>	<ul style="list-style-type: none"> <li>• Track trimester that teen mother entered prenatal care</li> <li>• Track adequacy of prenatal visits</li> <li>• Track completion of post-partum visit</li> <li>• Monitor family planning “plans”</li> </ul>
Increase percent	<ul style="list-style-type: none"> <li>• Provide group classes on nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Number of pregnant teens who</li> </ul>

who achieve appropriate weight gain during pregnancy	<ul style="list-style-type: none"> <li>• Ensure accessibility to nutritious food (e.g. food pantries, WIC)</li> <li>• Provide transportation and/or information on available farmer's markets</li> <li>• Provide assistance in applying for WIC, food stamps</li> <li>• Hire health educators to provide continuous dietary counseling</li> <li>• Provide information on appropriate weight gain</li> </ul>	<p>gained appropriate amount of weight during pregnancy</p> <ul style="list-style-type: none"> <li>• Self report of nutritional knowledge before and after education</li> <li>• Self report of accessibility to nutritious food</li> <li>• Number of teens who participate in programs to purchase nutritious foods</li> </ul>
Decrease percent who smoke during pregnancy	<ul style="list-style-type: none"> <li>• Provide smoking cessation programs</li> <li>• Provide incentives for smoking cessation</li> </ul>	<ul style="list-style-type: none"> <li>• Number of teens who smoke (or do not smoke) during pregnancy before and after the program</li> <li>• Number of teens who report quitting smoking as a result of the smoking cessation program</li> </ul>
Increase staff knowledge and skills in the implementation of evidence-based programs	<ul style="list-style-type: none"> <li>• Provide staff with resources on evidence-based programs</li> <li>• Provide staff with trainings on evidence based programs</li> </ul>	<ul style="list-style-type: none"> <li>• Staff's ability to articulate the meaning of evidence-based programming</li> <li>• Self-report of confidence in carrying out the program (increase in skills)</li> </ul>
Increase percent of programs which involve teen fathers	<ul style="list-style-type: none"> <li>• Develop programs engaging teen fathers in parenting skills classes, family planning education, etc.</li> <li>• Develop and implement marketing plan specifically for teen fathers</li> <li>• Analyze the extent of engagement of teen fathers as evidenced by amount of time spent in program and services provided</li> </ul>	<ul style="list-style-type: none"> <li>• Number of teen fathers involved in the program</li> <li>• Number of teen fathers aware of the program</li> </ul>
Increase inclusion of youth and community members in the development and application of programs	<ul style="list-style-type: none"> <li>• Create a board to advise development of program that includes community members, parents and youth</li> <li>• Community activities (e.g. community baby shower)</li> <li>• Recruit community volunteers to assist in implementation of program (e.g. teacher offering tutoring services)</li> </ul>	<ul style="list-style-type: none"> <li>• Number of community member, parent and teens participating in the development of the program</li> <li>• Analyze engagement of community members (e.g. how many are participating in program activities, attending board meetings, feel comfortable contributing ideas)</li> </ul>
Increase number of teens who	<ul style="list-style-type: none"> <li>• Collaborate with community colleges to create a program where</li> </ul>	<ul style="list-style-type: none"> <li>• Number of teens who attend secondary education</li> </ul>

enroll in higher education	<p>pregnant teens can receive higher education or training in a trade</p> <ul style="list-style-type: none"> <li>• Provide child care and other support services to teen pursuing secondary education</li> <li>• Provide college readiness workshops which include assistance in applying for college and financial aid</li> </ul>	<ul style="list-style-type: none"> <li>• Number of teens who apply for secondary education</li> <li>• Number of teens who apply for financial aid</li> <li>• Number of teens who use provided child care and support services to enable them to attend secondary education</li> <li>• Number of teens who are accepted into a secondary education program</li> </ul>
Increase access to mental health services including substance abuse treatment programs	<ul style="list-style-type: none"> <li>• Form collaborative partnerships with organizations that offer such services</li> <li>• Put in place referral systems to aid the process of getting teens linked in with such services</li> </ul>	<ul style="list-style-type: none"> <li>• Number of pregnant and parenting teens who self report they feel mental health and substance abuse treatment services are accessible to them</li> <li>• Number of referrals made</li> <li>• Number of referrals kept</li> </ul>
Increase access to domestic violence services	<ul style="list-style-type: none"> <li>• Form collaborative partnerships with organizations that offer such services</li> <li>• Put in place referral systems to aid the process of getting teens linked in with such services</li> </ul>	<ul style="list-style-type: none"> <li>• Number of pregnant and parenting teens which self report that they feel domestic violence services are accessible to them</li> <li>• Number of referrals made</li> <li>• Number of referrals kept</li> </ul>
Increase availability of childcare	<ul style="list-style-type: none"> <li>• Form collaborative partnerships with organizations that offer such services</li> <li>• Provide affordable and quality child care to teens</li> </ul>	<ul style="list-style-type: none"> <li>• Number of children enrolled in childcare</li> <li>• Number of teens who self report quality childcare is affordable and accessible to them</li> <li>• Average number of months and hours per week that mothers used child care</li> </ul>

**Additional Resources**

## ADDITIONAL WEBSITES/RESOURCES

### RESOURCES FOR EVIDENCE BASED PRACTICES AND DEVELOPING PROMISING PRACTICES

#### Free Adolescent and Teen Specific Resources, Training Tools and Databases

- **Healthy Teen Network**  
[http://www.healthyteennetwork.org/index.asp?Type=B\\_BASIC&SEC={5E80FC23-E52F-4B64-8E81-C752F7FF3DB6}](http://www.healthyteennetwork.org/index.asp?Type=B_BASIC&SEC={5E80FC23-E52F-4B64-8E81-C752F7FF3DB6})  
Includes resources for all aspects of evidence-based practices, promising practices and tools and technical assistance for evaluation, implementing with fidelity etc.
- **Advocates for Youth**  
<http://www.advocatesforyouth.org/>  
Includes examples of programs that work with youth, a sexual education resource center, lesson plans and evaluated curricula and education programs.
- **The National Campaign to Prevent Teen and Unplanned Pregnancy**  
<http://www.thenationalcampaign.org/resources/programs.aspx>  
Includes a searchable database with evidence based interventions.
- **Find Youth Info**  
<http://www.findyouthinfo.gov/>  
Includes a searchable database with evidence based programs geared towards youth and a tool to locate existing federally funded youth support programs by zip code.
- **Another Chance: Preventing Additional Births to Teen Mothers**  
[http://www.thenationalcampaign.org/resources/pdf/pubs/AnotherChance\\_FINAL.pdf](http://www.thenationalcampaign.org/resources/pdf/pubs/AnotherChance_FINAL.pdf)  
Includes information on evaluated programs that have been supported to reduce subsequent pregnancies in teen mothers
- **Science and Success: Programs that Work to Prevent Subsequent Pregnancy Among Adolescent Mothers**  
<http://www.advocatesforyouth.org/storage/advfy/documents/sspregnancies.pdf>  
Includes information on evaluated programs that have been supported to reduce subsequent pregnancies in teen mothers
- **Diffusion of Effective Behavioral Interventions (DEBI)**  
<http://www.effectiveinterventions.org/en/home.aspx>  
Has information on science-based, community, group and individual-level HIV prevention

interventions and provides links to training resources

- **Promising Teen Fatherhood Programs: Initial Evidence Lessons from Evidence-Based Research**

<http://dcfs.co.la.ca.us/katieA/docs/PTFP.pdf>

Identifies ten characteristics of “model” and “promising” teen fatherhood programs

- **Father Friendliness: Program Assessment Tool**

[http://calswec.berkeley.edu/calswec/Fatherhood\\_AssessTool.pdf](http://calswec.berkeley.edu/calswec/Fatherhood_AssessTool.pdf)

Tool for organizations to assess their readiness to provide services to fathers

#### Free General Searchable Databases

- **The Community Guide**

[www.thecommunityguide.org](http://www.thecommunityguide.org)

Provides evidence-based recommendations for programs and policies.

- **The Cochrane Collaboration**

[www.cochrane.org](http://www.cochrane.org)

Provides systematic reviews on a number of different healthcare issues.

- **Public Health +**

[http://www.nccmt.ca/tools/public\\_health\\_plus-eng.html](http://www.nccmt.ca/tools/public_health_plus-eng.html)

Provides a searchable database for critically appraised medical and allied health journals.

- **The Promising Practices Network**

<http://www.promisingpractices.net/>

Provides summaries of programs that have been screened for quality and that have evidence of positive effects.

#### Additional Evidence Resources

- **The Campbell Collaboration**

[www.campbellcollaboration.org](http://www.campbellcollaboration.org)

Provides systematic reviews of the effectiveness of social interventions.

- **Effective Public Health Practice Project (EPHPP)**

[www.ehphp.ca/aboutus.htm](http://www.ehphp.ca/aboutus.htm)

Provides systematic reviews related to the effectiveness of public health programs and interventions

- **Public Health Reviews**

<http://old.hamilton.ca/phcs/ephpp/ReviewsPortal.asp>

Provides summaries and reviews of effective public health interventions

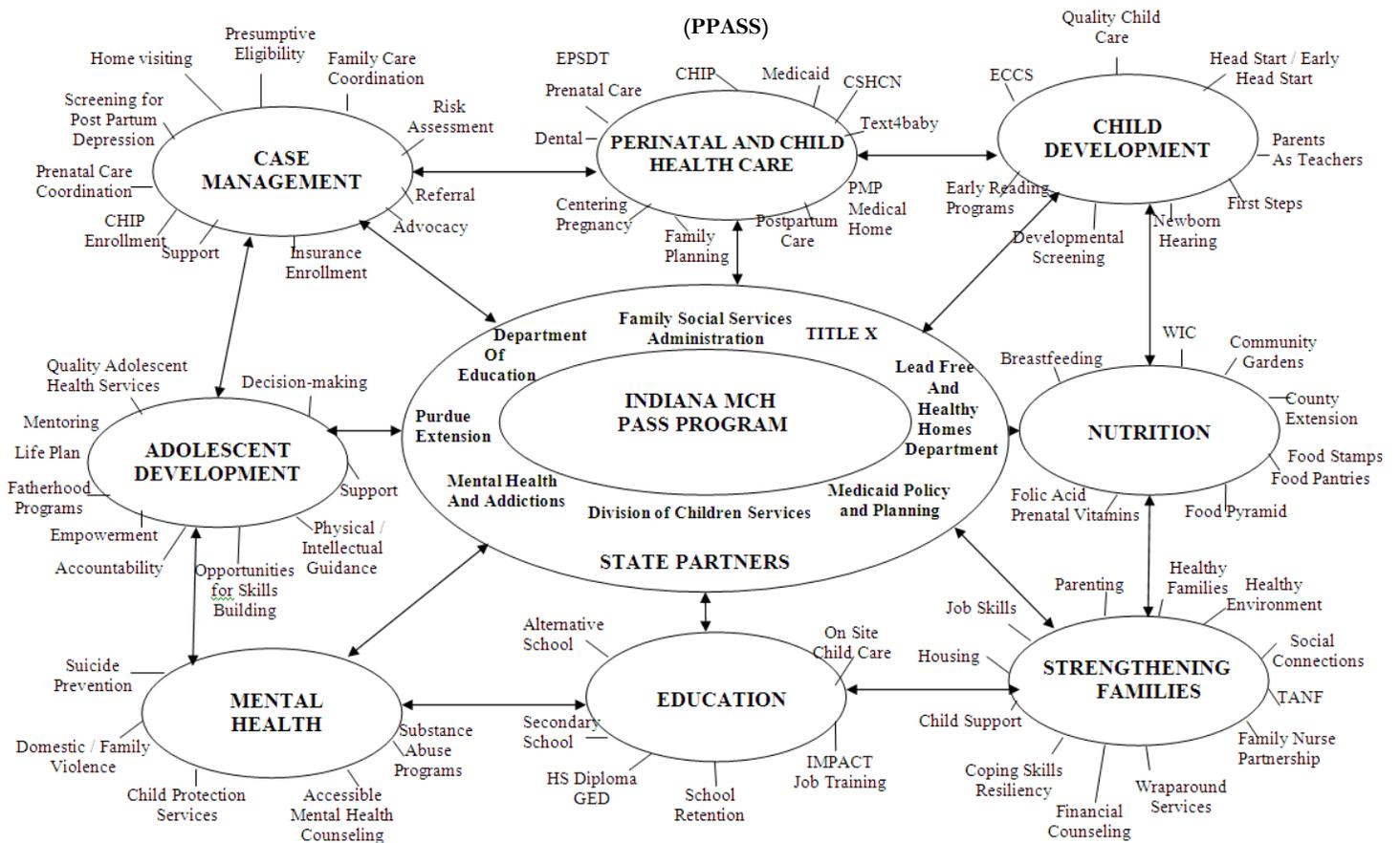
- **Trip Database**

[www.tripdatabase.com](http://www.tripdatabase.com)

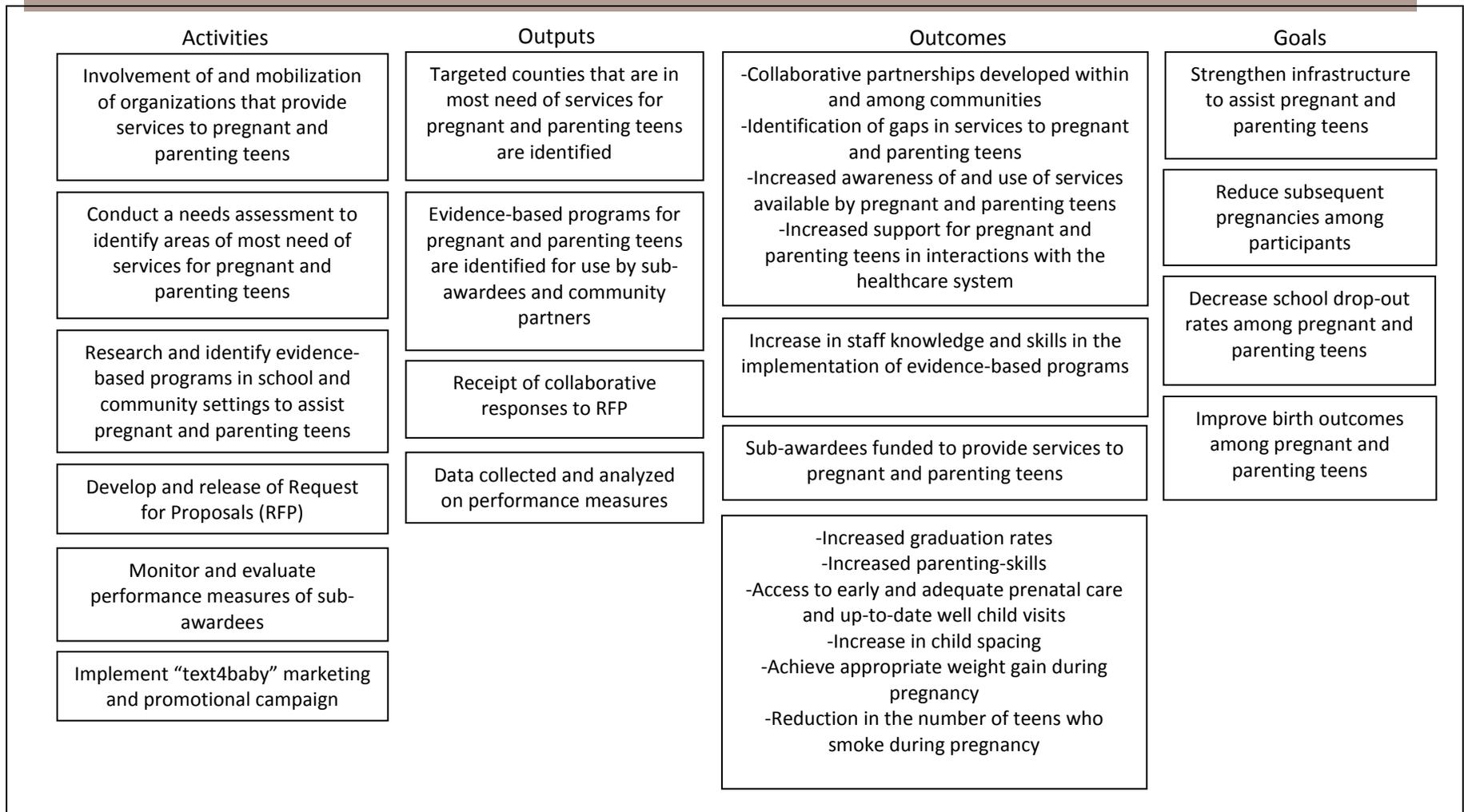
A clinical search engine to find quality clinical evidence for clinical and public health practices.

**INDIANA MCH LIFECOURSE MODEL FOR PREGNANT AND PARENTING ADOLESCENT SUPPORT SERVICES**

**INDIANA MCH LIFECOURSE MODEL FOR  
PREGNANT AND PARENTING ADOLESCENT SUPPORT SERVICES  
(PPASS)**



**PREGNANT AND PARENTING ADOLESCENTS SUPPORT SERVICE (PPASS) LOGIC MODEL**



## MCH DEFINITIONS

**Program Expenses:** Any expense included in the budget that the project proposes to be funded by MCH (includes staff, supplies, space costs, etc.)

**Types of Clients:** Pregnant and parenting adolescents between the ages of 15 to 19.

### **MCH Supported Services:**

- Direct medical and dental care: Secondary Pregnancy Prevention, Prenatal Care, Child Health (infant, child), Women's Health, Mental Health, Substance Abuse Referrals/Treatment
- Enabling services: Prenatal Care Coordination, Family Care Coordination, Child Care, School Support Services, Parenting Skills Education

**Life Course Health Perspective:** This new perspective addresses determinants of health by recognizing that each person's health and wellbeing reflects a culmination of their own unique history and that birth outcomes are not only the product of a nine-month gestational period, but are also determined by social, economic, and environmental risk factors. Therefore, birth outcomes are not only predicted by a mother's experiences during pregnancy, but also of her experiences and exposures throughout her life. Equally confounding is that research has shown that these experiences and exposures alter the health not only of the individual exposed to it, but also of that individual's descendants.

**Cultural Competence:** Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (Adapted from Cross et al., 1989).

Cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

**SMART Objectives:** A mnemonic used to evaluate the objectives and goals of a project. The letters of SMART typically stand for the following:

**Specific:** A goal that is clearly defined in a way that any outsider could understand what the program intends to accomplish.

**Measurable:** A goal that is defined in a way in which it is possible to determine how far away completion is and when it has been obtained.

**Attainable:** A goal that is a stretch for a program, but is realistic for the team's current situation and skill level.

**Relevant:** A goal that is in line with the mission and purpose of the organization and a goal that has been agreed upon by all stakeholders.

**Time-Sensitive:** A goal that has a definite starting and ending point with milestones defined along the way.

## MCH CONTACTS

---

### GRANT CONTACTS

VANESSA L. DANIELS, MPA, MRC, CRC  
Director of Business and Grant Management  
317.233.1241 (phone)  
[VDaniels@isdh.in.gov](mailto:VDaniels@isdh.in.gov)

---

### PPASS CONTACTS

SARAH SHAFFSTALL, MPH  
Program Coordinator  
Pregnant and Parenting Adolescent Support Systems  
317.234.6158 (phone)  
[SShaffstall@isdh.in.gov](mailto:SShaffstall@isdh.in.gov)

KANDACE JONES, BS  
Assistant Program Coordinator  
Pregnant and Parenting Adolescent Support Systems  
317-233-5600 (phone)  
[KanJones@isdh.in.gov](mailto:KanJones@isdh.in.gov)

**GRANT APPLICATION SCORING  
TOOL**

---

**INDIANA STATE DEPARTMENT OF HEALTH  
MATERNAL AND CHILD HEALTH SERVICES  
GRANT APPLICATION SCORING TOOL**

---

**FY 2011 MCH Application Review Score:** \_\_\_\_\_

**Applicant Agency:** \_\_\_\_\_  
**Project Title:** \_\_\_\_\_  
**Reviewer:** \_\_\_\_\_  
**Date of Review:** \_\_\_\_\_

**1.0 Applicant Information and attachments (check off if complete)**

**Includes *all* of the following elements.**

- Project title
- Agency Name
- Agency Contact Information
- Primary Contact Information
- Authorized Executive Official signature
- Authorized Financial Official signature

**Completed? (Yes or No) \_\_\_\_\_**

**2.0 Organizational Background and Capacity (2.0 = 10 points max)**

**Provides a clear understanding of the organization and its ability to carry out the proposed project—in collaboration with local partners.**

**2-A Organization History (2-A = 2.5 points max)**

- The history, capability, experiences, and major accomplishments of the applicant organization illustrate they are qualified to operate the proposed project
- The history, capability, experiences, and major accomplishments of the partnering organization(s) illustrate they are qualified to operate the proposed project

**2-B Staffing (2-B = 2.5 points max)**

- Staff biosketches illustrate staff are qualified to operate the proposed project
- Evidence of a strong experienced leader to direct the program
- Staffing is adequate for the proposed project
- Clear job descriptions are provided for staff responsible for the proposed project activities

**2-C Resources (2-C = 5 points max)**

- Describes resources available (within the applicant agency and its partner organizations) and how they will be used for the proposed project (e.g., facilities, equipment)
- Provides evidence that services will be provided in a location that is adequate and accessible
- Assures that project facilities will be smoke-free and tobacco-free at all times

- Assures that hours of operation are posted and visible from outside the facilities.
- Explains how the facilities/equipment is compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus and if not, explains why
- Resources seem adequate to support the activities of the proposed project
- It is evident that funds will be used to supplement not supplant existing resources

Score: \_\_\_\_ ( 10 points maximum)

**3.0 Targets priority population (3.0 = 10 points max)**

**Makes use of data provided by Needs Assessment conducted by ISDH's MCH division.**

- Serves counties identified as high risk by MCH Needs Assessment
- Detailed description of how populations identified as high risk by the MCH Needs Assessment will be served

Score: \_\_\_\_ ( 10 points maximum)

**4.0 Statement of Need (4.0 = 10 points max)**

**Describes need for and significance of the project in the specific community or population as it relates to the required priority areas and additional priority area(s). Describes and justifies the *population of focus*.**

- Describes and justifies the *geographic area(s)* to be served
- Uses data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population(s) of focus
- Provides sufficient information on how the data were collected
- Needs of the priority population are clearly described
- Cites all references
- Describes how the needs were identified
- Describes resources currently available to pregnant and parenting teens and identifies gaps in service
- Stated needs correspond to the identified priorities for the priority population

Score: \_\_\_\_ (10 points maximum)

---

**5.0 Project Goals and Objectives (5.0 = 10 points max)**

**Describes how program intends to achieve outlined PPASS goals.**

- Clearly states the unduplicated number of individuals program proposes to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.
- Describes and provides strong rationale for the anticipated impact the proposed project will have on the community
- Provides evidence and strong reasoning for why project goals and objectives will produce meaningful and relevant results (e.g. increase access, availability, prevention, awareness, support, and build infrastructure)
- Objectives are measurable, realistic, focused on results, clear and precise
- Objectives clearly identify the changes intended by the Required Priority Area
- Objectives are identified to address one or more of the Recommended Priority Areas
- Goals and objectives relate directly to Action Plan Tables

Score: \_\_\_\_ (10 points maximum)

**6.0 Evidence of collaborative partnerships (6.0 = 10 points max)**

**Evidence of a collaborative partnership which is defined as two or more groups/organizations working together to meet the project's objectives and goals.**

- Evidence of shared goals and objectives between partners
- Evidence that partnerships will empower partners to do more than they would be able to individually
- Evidence that knowledge and assistance between partnering organizations will be shared reciprocally
- Evidence that all partners will be involved in some level of the 'decision making' for the project
- Evidence that partnerships will promote systems of care

Score: \_\_\_\_ (10 points maximum)

**7.0 Activities (7.0 = 10 points max)**

**Describes the activities of the project. These must relate to the objectives to be achieved.**

- Describes how the proposed service(s) or practice(s) will be implemented
- Describes how the project will identify, recruit, and retain the population(s) of focus
- Discusses how and provides evidence that the proposed approach will address language, beliefs, norms and values, and socioeconomic factors of the population(s) of focus in outreaching, engaging, and delivering programs to this population e.g. collaborating with community gatekeepers
- Details how the project will ensure input of youth and families in assessing, planning and implementing the project
- Shows the necessary groundwork (e.g. planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery begin as soon as possible and no later than four (4) months after the grant award
- Describes potential barriers to successful implementation of the proposed project and

---

how the project will overcome them

All activities seem achievable and there is reason to believe they will be effective in reaching the outlined goals and objectives of the project

Score: \_\_\_\_ ( 10 points maximum)

**8.0 Use of evidence-based or promising program (Must do evidence-based OR promising practice- does not have to do both) (8.0 = 10 points max)**

**Identifies an *evidence-based or promising practice* that project proposes to implement and discusses how it addresses the purpose, goals and objectives of the proposed project.**

**8-A Evidence-based program**

- Program has been evaluated by an experimental or quasi-experimental evaluation design
- The evaluation of the program measured knowledge, attitude and behavior
- The evaluation of the program had an adequate sample size
- The evaluation of the program used sound research methods and processes
- The program was replicated in different locations with effective results
- The evaluation of the program was published in a peer-reviewed journal or other credible source

**8-B Promising program**

- Involves a team with experience in health behavior theory, research and education
- Makes use of the needs assessment conducted at the community level
- Has a well developed logic model
- Program activities are consistent with community values and available resources
- Has implemented pilot testing when developing curricula
- Focuses on clear public health goals
- Focuses on behaviors leading to identified goals
- Addresses multiple risk and protective factors that have been identified in the needs assessment
- Well-defined plan to ensure that program is implemented with fidelity

Score: \_\_\_\_ ( 10 points maximum)

**9.0 Evaluation Plan (9.0 = 10 points max)**

**Identifies how the organization will document its ability to collect and report on the required performance measures as specified in the Outcome Form**

**9-A Performance Measures Evaluation**

- Describes effective plan for data collection
- Specifies and justifies all instruments (i.e. questionnaires, assessment tools) that will be used for both Required Priority Areas and Additional Priority Areas
- Describes effective plan for data management
- Describes effective plan for data analysis
- Describes methods for ensuring continuous quality improvement, including

---

consideration of disparate outcomes for different racial/ethnic groups and methods seems reasonable

Describes how information of process outcomes will be communicated to program staff and plan seems reasonable

Describes plan for protection of clients/project participants and plan seems reasonable

Proposal includes appropriate, measurable success indicators for additional priority areas (measurable success indicators will be provided for required priority areas)

**9-B Objective Outcome Evaluation**

List specific measurable outcomes for each *additional* priority area (measurable objective outcomes are provided for required priority areas) in Action Plan Tables and Outcome Forms

**9-C Overall Outcome Evaluation**

Describes a plan of action if process outcomes or objective outcomes are not on target during quarterly or yearend evaluation and plan seems reasonable

Describes who is responsible for revisiting activities to make changes for improved outcomes

Describes how new data, as a result of program, will be used to guide the project in the future and plan seems reasonable

Describes how process outcomes and objective outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities and plan seems reasonable

Score: \_\_\_\_ (10 points maximum)

**10.0 Overall Assessment of Work Plan (10.0 = 10 points max)**

All of the following components are present.

Objectives are logically linked to the expected outcomes

Proposed activities fit well with the objectives

Timeline is well organized and timeline dates are obtainable

Work plan fits within the proposed timeline

Score: \_\_\_\_ (10 points maximum)

**11.0 Sustainability Plan (11.0 = 10 points max)**

Plan for how organization and its partners will sustain program activities at the conclusion of PPASS funding.

Contribution of monetary funds

Plans to ensure dedicated staff after the conclusion of PPASS funding

Plans to continue collaborating partnerships

Contribution of resources from fiscal agent and/or partnering organizations, such as time, location, tools, etc.

Evidence the project will have lasting outcomes and impacts beyond the lifetime of the project

Score: \_\_\_\_ (10 points maximum)

**12.0 Literature Citations (check if complete)**

- Appropriate use of literature citations
- Literature citations are in APA formatting

**Completed? (Yes or No) \_\_\_\_\_**

**13.0 Budget and Budget Narrative Forms (check if complete)**

- Budget narratives include justification for each line item and are completed
- Budget corresponds with project duration
- Information on each budget form is consistent with information on all other budget forms
- Budget is realistic for the proposed activities

**Completed? (Yes or No) \_\_\_\_\_**

---