

**California Personal Responsibility Education Program (CA PREP)
Request for Application (RFA) Program Narrative Template**

Agency Name: _____ County: _____

Contact Name: _____ Email Address: _____

Instructions:

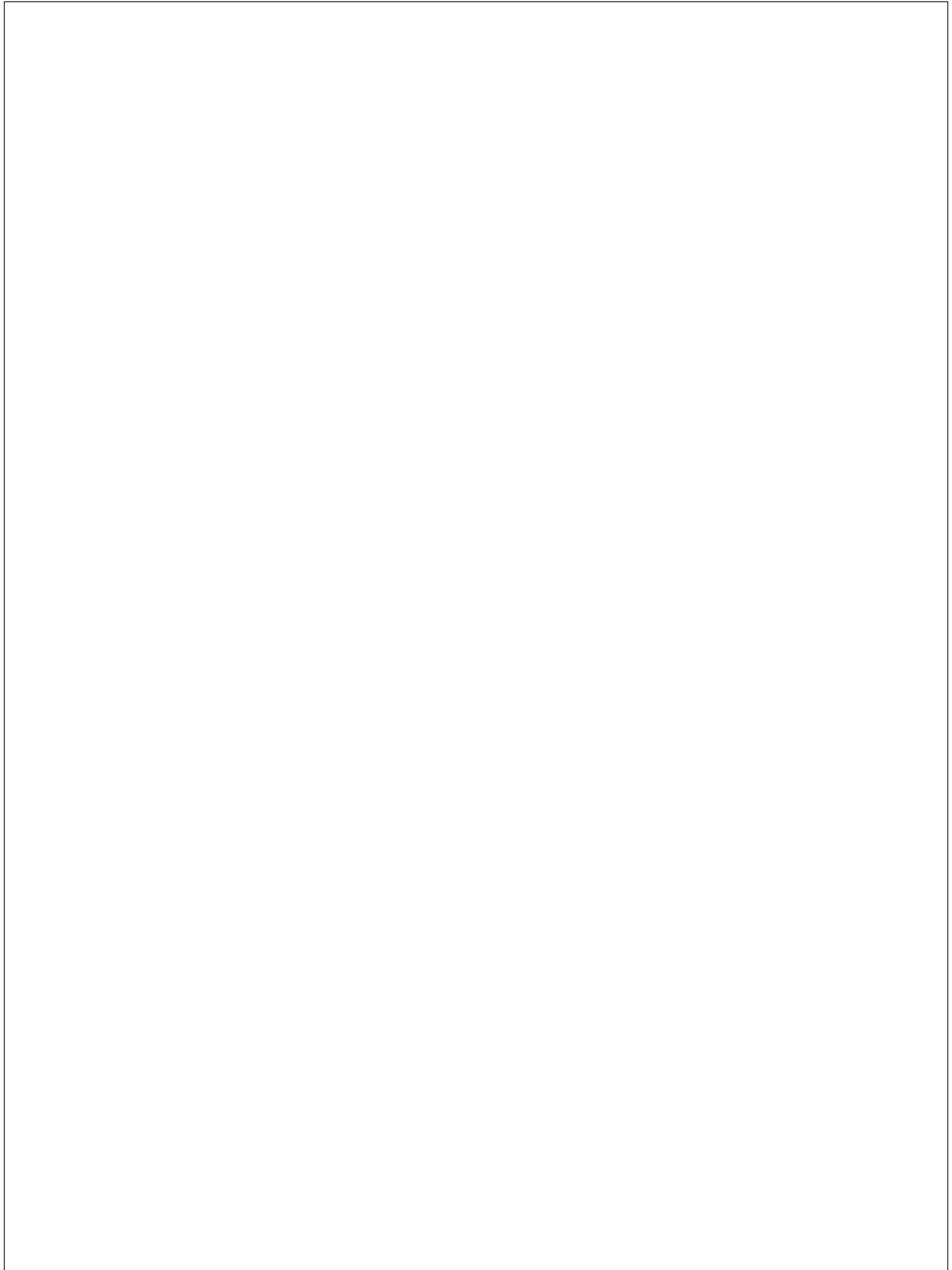
- Please ensure that responses are complete, concise and respond directly to the information requested.
- Text responses should not exceed **500 words per question**.
- Use Calibri or Times New Roman 12-point font and 1.15 line spacing.

A. Background, Agency Experience, and Organizational Capacity (Maximum 28 points)

1. Describe local trends in adolescent birth rates, STI/HIV rates, and adolescent pregnancy prevention efforts, using citations where appropriate. Include any relevant information on youth experiencing the greatest health inequities and social outcomes, and any other geographic and/or demographic factors, such as rurality or migration. (8 points)

(1. continues next page)

(1. continued from previous page)



2. Describe the availability of sexual health education programming, sexual and reproductive health care and other youth-serving resources and services in the applicant's service area. Highlight any gaps and/or needs, along with the capacity of the organization to address them. (4 points)

(2. continues next page)

(2. continued from previous page)

3. Describe experience administering adolescent sexual health education programming, including implementation of EBPM/EIPMs. In addition, describe experience in each of the following areas: Providing sexual health prevention services to adolescents who face the greatest inequities; program monitoring and data collection, and reporting of performance measures; developing community linkages and/or participating in stakeholder groups. Clearly indicate how many years of experience in each area. For details about minimum requirements, please see Part I., H. Eligibility Criteria, 2. Required Experience & Capacity of the RFA. (8 points)

(3. continues next page)

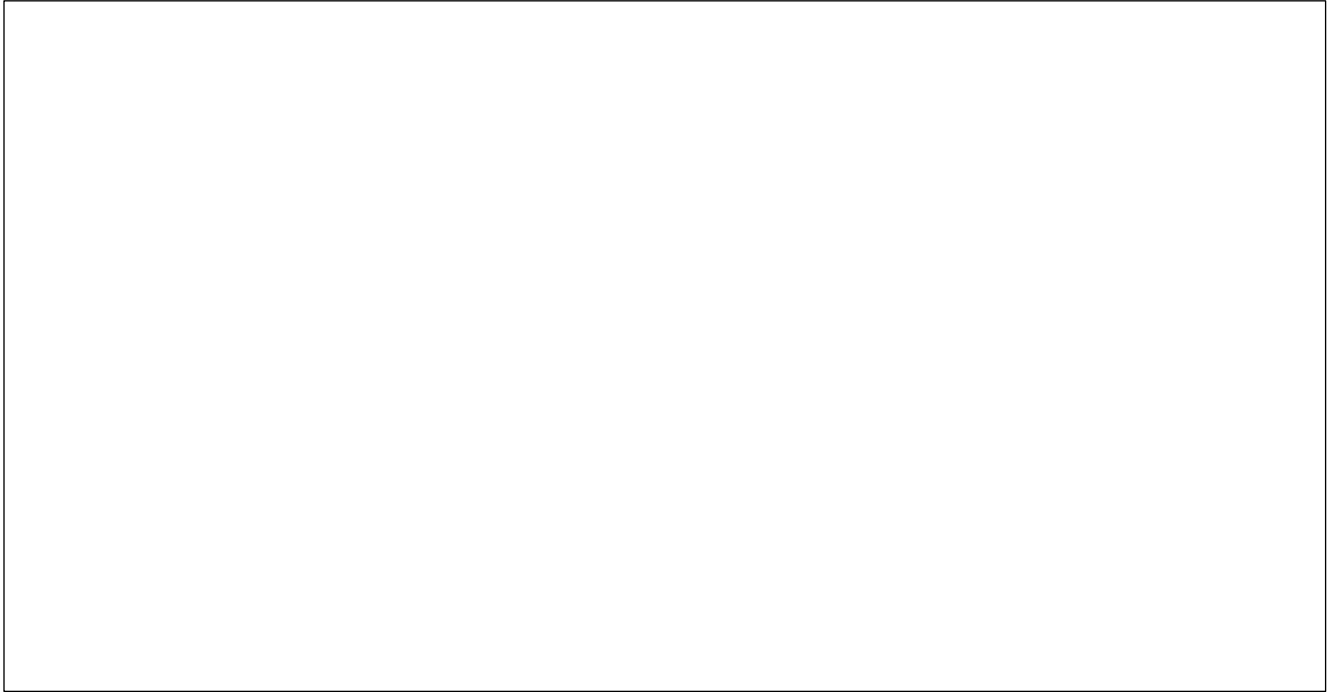
(3. continued from previous page)



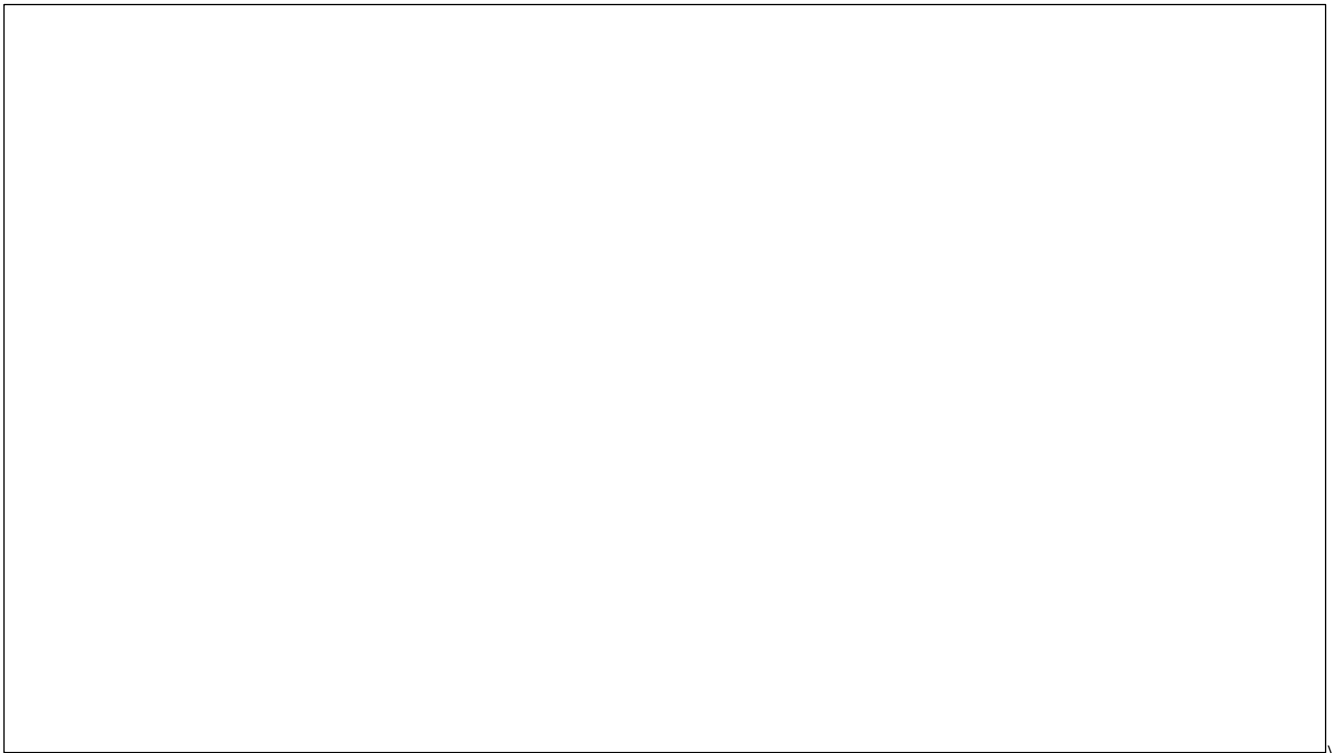
4. Describe experience with engaging parents/caring adults in the community to support youth in their sexual health education and to build confidence in promoting open conversation, etc. Activities may include strategies for effective outreach to parents, innovative approaches to reach parents, a description of types of engagement, distribution of resources, topics covered and outcomes from the activities. Clearly indicate how many years of experience. (4 points)

(4. continues next page)

(4. continued from previous page)

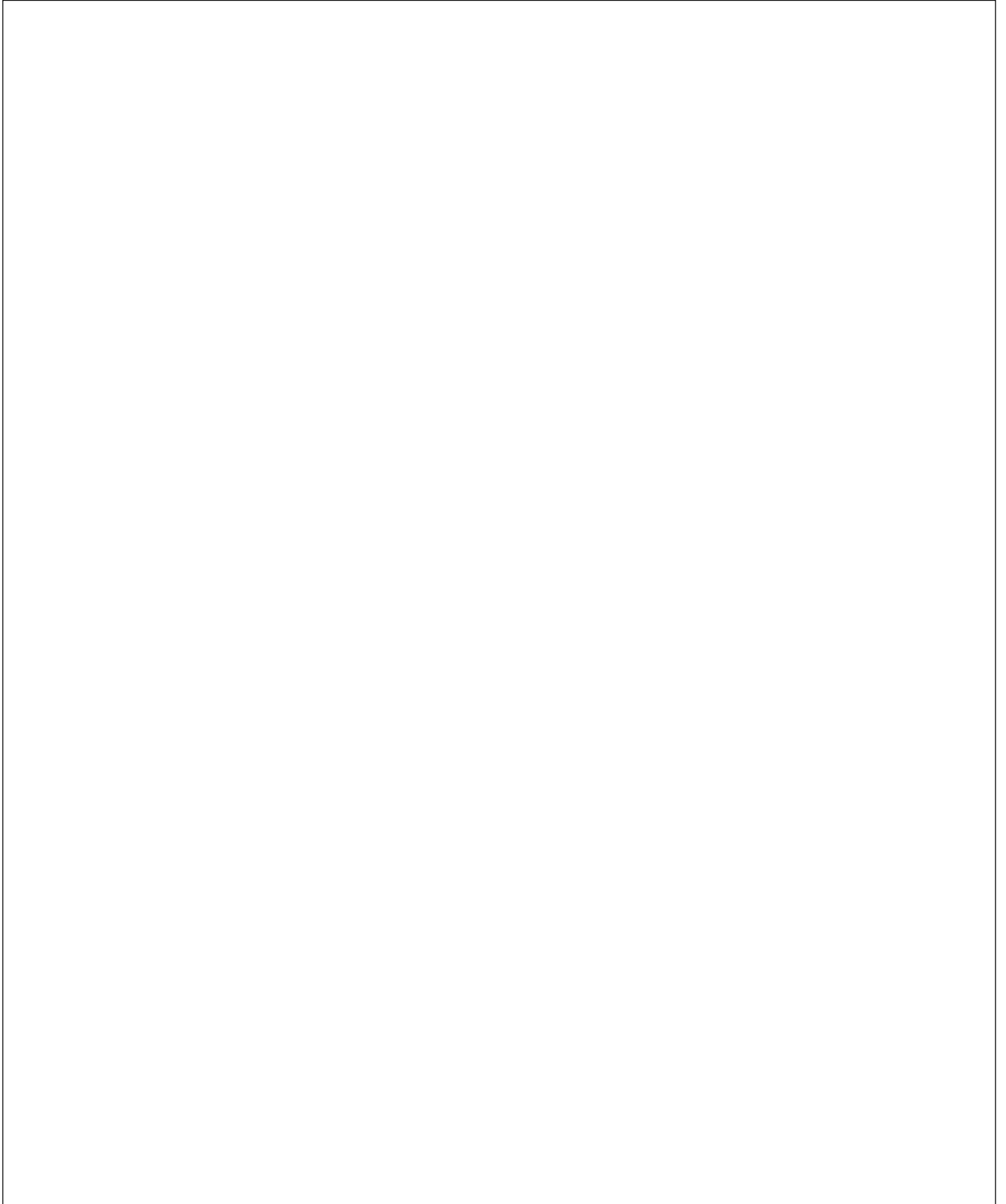


5. Describe organizational capacity and structure as it relates to successfully meeting the sexual and reproductive health needs of youth in their local service area. Include the organization's ties to the community and other local youth-serving agencies as well as an organizational chart. (4 points)



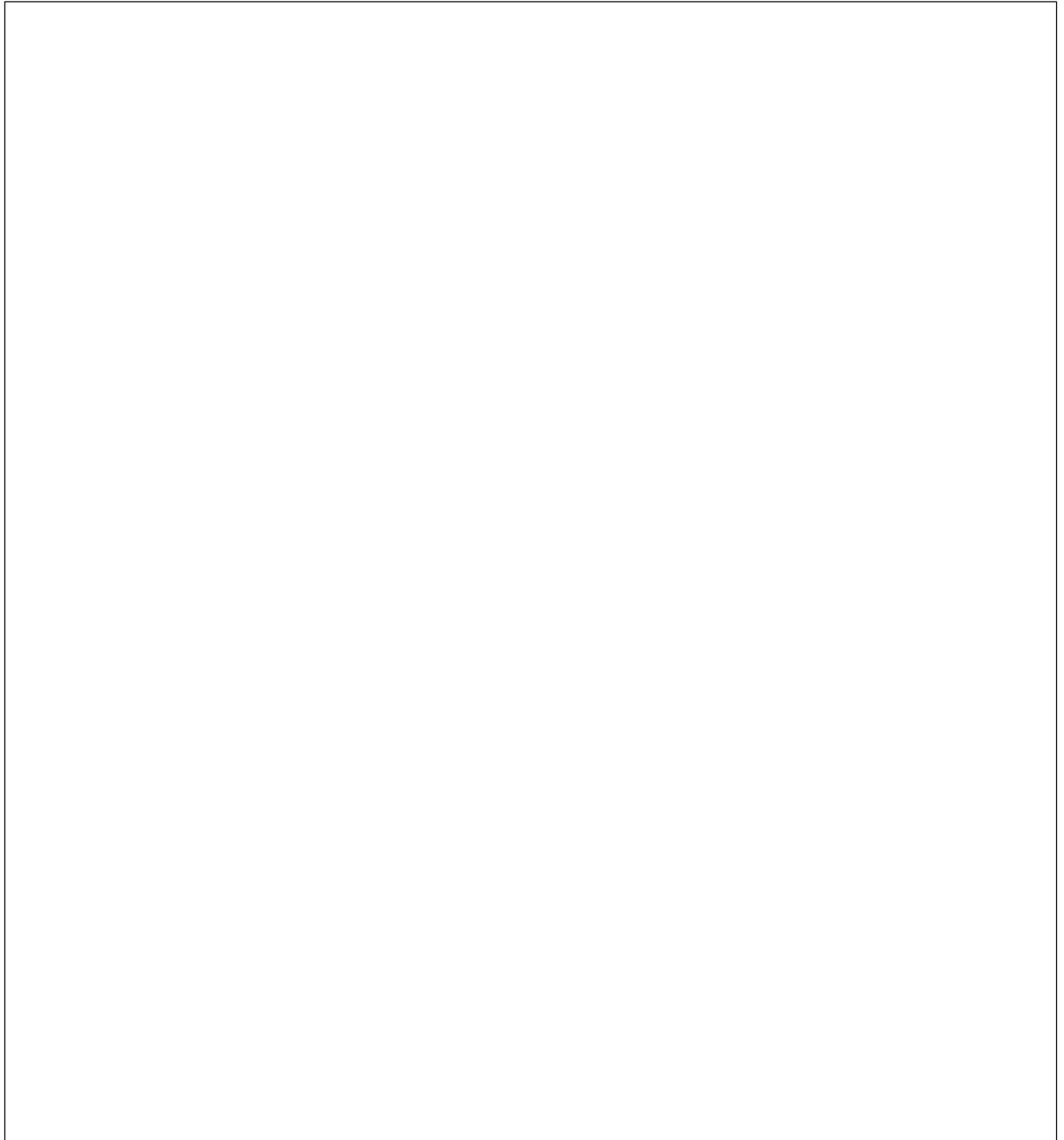
(5. continues next page)

(5. continued from previous page)



B. Implementation Plan (Maximum 36 points)

1. Describe the plan for implementation, including model selection and justification, target area and service population, and proposed strategies for reaching youth experiencing the greatest inequities in health and social outcomes. Please describe how past experience will support the proposal, including lessons learned and best practices for recruitment, retention, and ensuring quality implementation. (8 points)



(1. continues next page)

(1. continued from previous page)

2. Complete Table 1, Intended Service Population and Program Setting, capturing plans for the service population(s), program settings, implementation settings, proposed EBPM/EIPMs, estimated number of cohorts in a year, average cohort size, and estimated number of youth to initiate program services in one year. (8 points)

Instructions: For each primary intended service population that the applicant plans to serve, indicate the program setting where this population will be reached, the implementation setting (in-school, during school hours or other), and the proposed program model that will be used. If serving the same intended service population in different program settings and/or with different program models, please enter each intended service population, program setting, the implementation setting, and program model combination on a separate row.

For each row, multiply the estimated number of cohorts by the average cohort size to calculate the total number of youth initiated; then add youth initiated across all rows with an “in-school, during school hours” implementation session and all rows with an “other” implementation session to fill in the total number of youth initiated by implementation session at the bottom of the table.

Table 1: Intended Service Population and Program Setting

Primary Intended Service Population Program Setting EBPM/EIPM Model	Implementation Setting	Estimated Number of Cohorts	Average Cohort Size	Number of Youth Initiated

Primary Intended Service Population Program Setting EBPM/EIPM Model	Implementation Setting	Estimated Number of Cohorts	Average Cohort Size	Number of Youth Initiated
Total Number of Youth Initiated – In school, during school hours				
Total Number of Youth Initiated – Other				

- Complete Table 2, Estimated Annual Reach, and Table 3, Cost Per Youth Calculation. If the cost per youth exceeds \$650, please provide a justification. (8 points)

Note: Cost per youth will vary by agency depending on EBPM, setting, intended service population and county population size. Agencies will not receive higher scores for a lower cost per youth, but cost per youth should typically fall within the range of \$200-\$650. If the cost per youth is exceeding \$650 with a maximum of \$1000 a justification is required. CDPH/MCAH strongly encourages agencies to serve youth experiencing the greatest health inequities and social outcomes, including those in out-of-school settings, and recognizes that doing so may cost more.

Table 2: Estimated Annual Reach Calculation

Instructions: Using the Implementation Setting specific Total Number of Youth Initiated from Table 1 and the Implementation Setting specific retention rates in Table 2, complete Table 2 to calculate the estimated number of youth expected to complete the program (Annual Reach). No information should be entered in the shaded boxes.

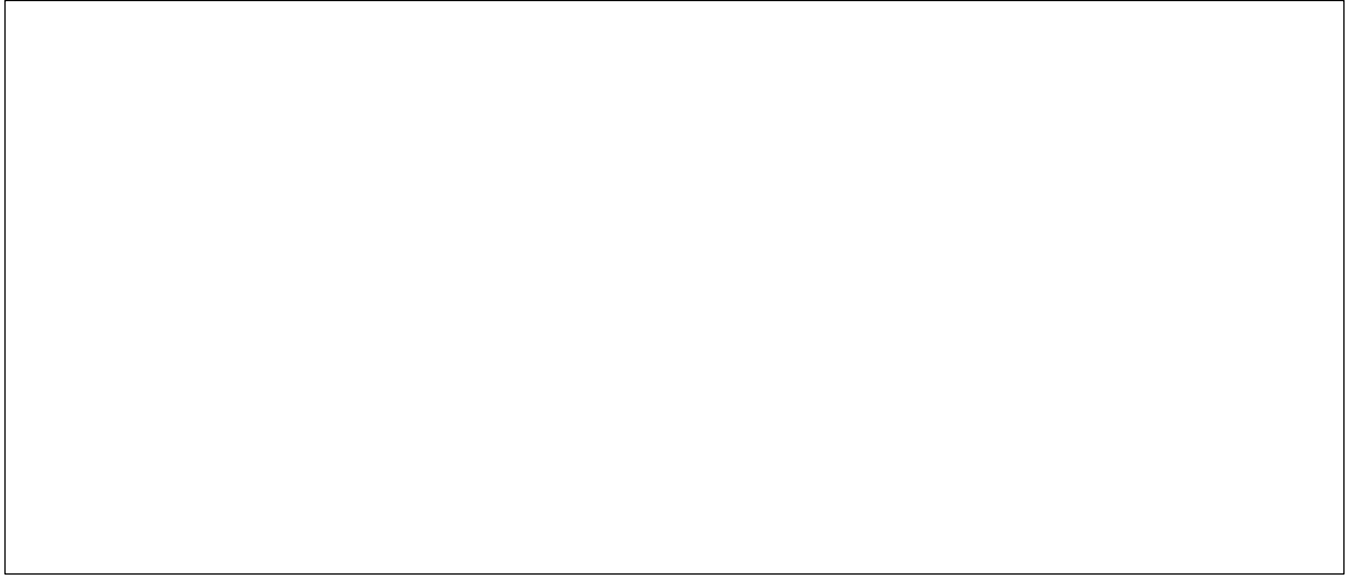
Program Implementation Setting	Total Number of Youth Initiated (from Table # 1)	Retention Rate (July 2018 – February 2020)	Estimated Number of Completers (Annual Reach)
In-school, during school hours		x 0.90	=
Other		x 0.75	=
Total			=

Table 3: Cost Per Youth Calculation

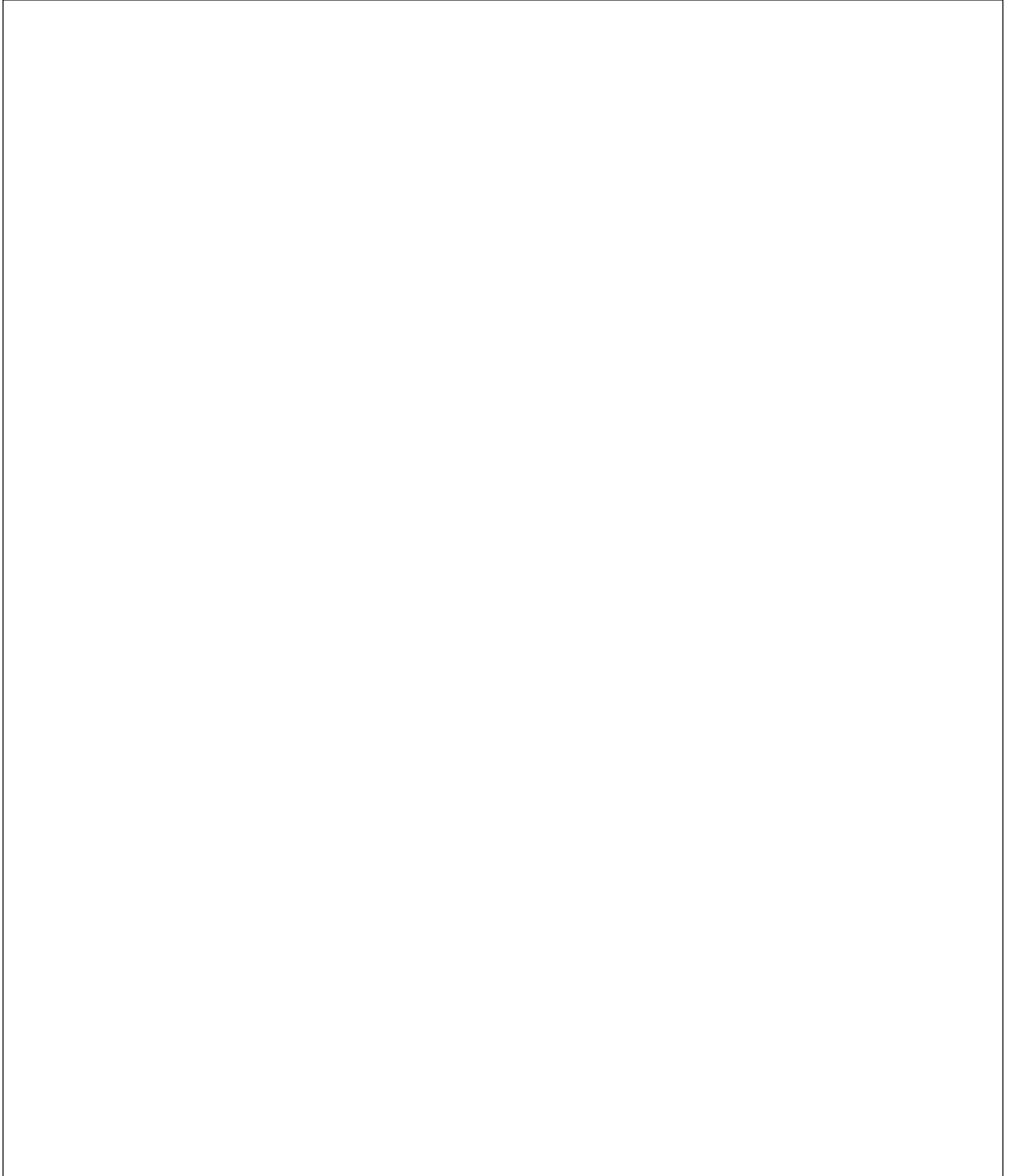
Instructions: Complete Table 3 to calculate Cost Per Youth by dividing the Estimated Number of Completers (Annual Reach) calculated in Table 2 by the total award amount requested by the applicant.

Total Requested Award	Total Estimated Number of Completers (Annual Reach)	Cost Per Youth
	÷	=

If the cost per youth exceeds \$650, please provide a justification here:

A large, empty rectangular box with a thin black border, intended for providing a justification if the cost per youth exceeds \$650. The box is currently blank.

4. Describe the number and classification of proposed program staff positions, including project director, project coordinator, facilitator(s) and a youth advisor, if applicable. Address the proposed structure of supervision and staff support, and how staffing will support optimal delivery of CA PREP services. Please reference the RFA Part II. Program Requirements, Section I. Staffing for details about staffing requirements. (8 points)

A large, empty rectangular box with a thin black border, intended for the applicant to provide their response to question 4. The box occupies the majority of the lower half of the page.

5. Describe the plan for parent/caring adult engagement activities (e.g., curriculum preview to parents/caring adults as well as sharing resources or educating parents and care givers about topics such as adolescent development, healthy life skills, healthy relationships, consent and sexual communication, education and career success, and parent-child communication and youth rights and access to reproductive and sexual health services). Please describe how past experience will support the proposed activities. (4 Points)

C. Plan for Community Outreach (Maximum 12 points)

1. Describe past efforts regarding joining or forming/maintaining a Local Stakeholder Coalition, including the process of identifying stakeholders and partners, coalition goals, activities conducted, and efforts to engage communities in the applicant's local service area. (4 points)

2. Describe plans for community outreach during FY 2022-25, including activities conducted by the applicant, as well as by the Local Stakeholder Coalition. Complete the required Local Stakeholder Coalition or Collaborative Roster (Attachment 5) and three letters of support. Letters of support from the following entities are required: one or more Local Family PACT providers (see Part II. G. Clinical Linkages in RFA); the local Maternal, Child and Adolescent Health Director or his/her public health designee; a representative from a potential CA PREP service delivery site that serves your service population(s), addressing willingness to support CA PREP implementation, including evaluation requirements, if applicable (Attachment 8). (8 points)

D. Plan for Clinical Linkages (Maximum 8 points)

1. Describe relationships and history (i.e., in the past five years) of partnering with local Family PACT and other youth-friendly sexual and reproductive health service providers. Explain the applicant's plan for creating links between CA PREP implementation and access to Family PACT services. (4 points)

2. Describe additional activities to promote use and awareness of youth-friendly sexual and reproductive health services in their community. (4 points)

E. Budget Detail and Justification (Maximum 4 points)

1. Complete a budget template for each contract year (FY 22-23, FY 23-24, FY 24-25).
2. Required Attachments: Attachment 6, Budget Template (three templates) FY 2022-25.
3. Applicants may, but are not required to include written budget justification beyond the descriptions included in the template. If explanation or justification on the budget is needed, please include it here. If no further explanation is needed, please indicate, "not applicable".