



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

July 1, 2009

Dear Colleague:

The New York State Department of Health (NYS DOH) is pleased to announce the availability of additional funds to support Community Based Adolescent Pregnancy Prevention (CBAPP) programs to reduce adolescent pregnancy and birth rates in high need areas. Funding is available through this procurement to establish a new CBAPP Program or expand and/or enhance a current CBAPP program. This will be accomplished through expansion of target service areas and/or enhancement of comprehensive, age-appropriate, evidence based, and medically accurate sexuality education, and multidimensional support programming. The Request for Applications (RFA) is targeted to public and private not-for-profit agencies including, but not limited to, community-based health and human services providers, youth agencies, schools and local health and human service agencies. This RFA outlines the scope of funding available, application requirements, time frames and guidelines. Successful applicants must have the capacity, competence and experience to meet the requirements of the RFA as well as the ability to provide the services. Funding is available on a competitive basis.

This solicitation is available to the public through the NYS DOH website at <http://www.nyhealth.gov/funding>. If you have questions or require additional information about the application process, please direct them to Rebecca Raymond, Bureau of Child and Adolescent Health at (518) 473-6172.

Sincerely,

Barbara L . McTague
Director, Division of Family Health

RFA Number: CBAPP 2009

FAU Control #:0804301102

New York State
Department of Health
Center for Community Health
Division of Family Health
Bureau of Child and Adolescent Health
Adolescent Health Unit

Request for Applications

**COMMUNITY BASED
ADOLESCENT PREGNANCY PREVENTION**

RFA Release DATE: July 1, 2009

Letter of Interest and Questions Due: July 15, 2009

**Questions and Answers Posted
on or about:** July 22, 2009

RFA Updates Posted on or about: July 22, 2009

Applications Due: August 12, 2009

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Table of Contents

I. Introduction	
A. Purpose	4
B. Background/Intent	4
C. Problem/Issue	6
II. Funding	9
III. Who May Apply	
A. Minimum Eligibility Requirements	9
B. Preferred Eligibility Requirements	10
C. Requirements of Applicants	11
IV. Program Narrative/Work Plan Outcomes	
A. Expectations of Program Activities	11
B. Activities	13
C. Service Area and Population	19
V. Administrative Requirements	
A. Issuing Agency	19
B. Question and Answer Phase	19
C. Applicant Conference	20
D. Letter of Interest	20
E. How to File an Application	20
F. The Department of Health Reserves the Rights To	21
G. Term of Contract	21
H. Payment Methods and Reporting Requirements of Grant Awardees	22
I. Vendor Responsibility Questionnaire	22
J. General Specifications	23
K. Appendices for Grant Contract	24
VI. Completing the Application	
A. Application Content	25
B. Application Format	32
C. Review Process	33

VII. Attachments

- Attachment 1: Background Information
- Attachment 2: Standard Grant Contract with Appendices
- Attachment 3: Letter of Interest Format to Request Questions and Answers
- Attachment 4: Application Checklist
- Attachment 5: Application Cover Sheet
- Attachment 6: Budget Instructions and Forms
- Attachment 6a: CBAPP Offering and Arranging Definitions and Activities
- Attachment 7: Work Plan Format
- Attachment 7a: Work Plan Example
- Attachment 8: Statement of Assurances
- Attachment 9: Vendor Responsibility Attestation
- Attachment 10a: From What Works 2009: Curriculum-Based Programs that Prevent Teen Pregnancy, from the National Campaign to Prevent Teen and Unplanned Pregnancy
- Attachment 10b: Sex Education and other Programs That Work, from Advocates for Youth

I. Introduction

A. Purpose

The New York State Department of Health is soliciting applications for the Community Based Adolescent Pregnancy Prevention (CBAPP) program. This Request for Applications (RFA) contains instructions to prepare an application to establish a new CBAPP program or to expand and/or enhance a current CBAPP program to significantly reduce the rate of pregnancy among teenagers residing in targeted communities. It is anticipated that approximately \$5.3 million will be available through this RFA for the fifteen month grant period ending December 31, 2010 to support programs across the state. It is unknown if this funding will continue to be available for this purpose after December 31, 2010.

B. Background/Intent

The CBAPP program was first established in 1995 with ten ZIP codes targeted for services. The program has expanded the number of ZIP codes being served each year, reaching 194 in 2007. There are three primary program strategies:

1. Provide comprehensive, age appropriate, evidence based, and medically accurate sexuality education to promote abstinence, delay the onset of sexual activity and reduce the practice of risky sexual behaviors among youth;
2. Expand educational, recreational, vocational and economic opportunities for teens to provide alternatives to sexual activity and to develop skills that can lead to higher earning power and reduce the need for public assistance; and,
3. Ensure access to comprehensive family planning and reproductive health care services for sexually active teens to prevent pregnancies, sexually transmitted diseases (STDs) and HIV/AIDS.

Today, the most promising strategies for reducing teen pregnancy and other adverse sexual health outcomes take a holistic and ecological youth development approach that includes, but is not limited to, sexuality education, access to effective contraception and other reproductive health services and investing in the whole adolescent as a valued part of a community.

Researchers have identified numerous antecedents for the sexual and contraceptive behaviors that result in adolescent pregnancy, including over 400 factors related to the individual, peers, partners, families, communities, and states (Kirby, Lepore, & Ryan, 2005). Importantly, one or two of these antecedents will not predict who is likely to become pregnant; rather, a preponderance of risk factors, together with a lack of protective factors increases the likelihood of pregnancy. Strategies that strengthen multiple protective factors are more likely to succeed in providing the motivation to avoid pregnancy than more narrowly focused prevention approaches. These strategies are still more valuable when they are undertaken collaboratively across community sectors. According to Child Trends, "An accumulating body of research suggests that taking a positive approach, that is, promoting skills and assets instead of preventing deficits,

seems more likely to engage adolescents and to help them realize their potential and avoid negative influences” (Moore & Zaff, 2002).

Since its inception in 1995, CBAPP has emphasized and incorporated current needs, evidence and best practices related to the prevention of adolescent pregnancy. The initial multi-component program model was based on a rigorous review of adolescent pregnancy prevention literature, including *Risking the Future*, the 1987 seminal report of the National Research Council. Since that time, additional emerging evidence-based best practices have been incorporated in the program, including integration of youth development principles and activities; parent/youth communication; adult and peer mentoring activities; and inclusion of boys and men in programming.

This commitment continues through this RFA with an increased emphasis on comprehensive sexuality education, including a specific requirement for use of educational interventions that have demonstrated effectiveness to reduce risky sexual behavior, pregnancy and other adverse sexual health outcomes among relevant target populations. Comprehensive sexuality education should include abstinence-based information but must not be abstinence only education. (See attachments 10a and 10b for evidence-based curricula). It is anticipated that all CBAPP programs will be required to incorporate such evidence-based educational programming over the next two years. In addition, this RFA has increased emphasis on partnerships with schools and other community providers that serve high-risk, hard-to-reach youth, and on integration of pregnancy, sexually-transmitted disease (STD) and HIV/AIDS prevention strategies.

Educational programming is most effective when it is integrated within a multi-component program model. While knowledge is important to avoid risky behavior, it may not be enough to motivate a change in behavior. Adolescents may have knowledge on how to prevent pregnancy, but without the motivation, skills and confidence to do so they may still engage in risky sexual behavior. The connection between family, school and the community becomes critical in fostering a sense of self-worth and a promising future to motivate an adolescent to avoid risky behaviors.

Promoting youth development continues to be a key element in developing effective programs. CBAPP utilizes a youth development approach to providing services to adolescents. It promotes positive health outcomes through developing assets that will provide the kind of support and resiliency necessary for youth to lead healthy and productive lives. Research indicates that the greater the number of assets a youth possesses, the more likely he/she will experience positive outcomes, and the less likely he/she will be to engage in risky behavior. Programs that provide the opportunity for youth to develop assets ultimately support youth transition into adulthood. Moreover, research shows that adolescents involved in sexual risk-taking that results in pregnancy are often involved in other risky behaviors, e.g., illicit drug use, and are at risk for other adverse sexual health outcomes including STDs and HIV/AIDS. Because some of the same factors influence many risky behaviors, youth development programs that address the common factors are likely to have a positive effect on adolescent pregnancy and related problems.

Finally, ensuring access to comprehensive family planning and reproductive health services, including effective contraception, for sexually active youth is a crucial

component of programming to prevent adolescent pregnancy, STDs and HIV/AIDS. Strategies to reduce barriers to adolescents' use of reproductive health care services, including a variety of specific activities related to "offering and arranging" of family planning services, continues to be an essential component of CBAPP programming.

Funds awarded through this initiative will expand the target service areas and/or enhance the current provision of comprehensive, age-appropriate, evidence based and medically accurate sexuality education and comprehensive multi-dimensional programming through the addition of new CBAPP contractors and/or the expansion/enhancement of current CBAPP contracts. Emphasis is placed on developing and/or strengthening connections with schools, school-based health centers, and community settings such as those that serve adolescents in the child welfare, juvenile justice, mental health, and substance abuse systems, including homeless youth.

C. Problem/Issue

The overall purpose of this initiative is to reduce the rate of adolescent pregnancy in New York State. Specific short- and long-term outcomes of the initiative in targeted communities include:

- Increasing the knowledge, skills and confidence of youth related to adolescent pregnancy prevention and sexual decision making;
- Increasing the practice of abstinence and delaying the onset of sexual activity among youth, and reducing the practice of high-risk sexual behavior among sexually active youth;
- Improving access to and use of family planning/reproductive health services for sexually active youth;
- Reducing the rates of adolescent pregnancy in target communities; and
- Reducing geographic, racial/ethnic and other disparities in adolescent pregnancy rates.

The past two decades have seen a significant change in adolescent pregnancy in New York State. The pregnancy rate in teens aged 15–19 increased from 78.1 per 1000 in 1980 to a high of 95.3 per 1000 in 1993. Rates have gradually declined to 58.4 pregnancies per 1000 in 2007. Pregnancy rates for all age groups remain well below the previous peak levels. Attachment 1, Figure 1 shows the adolescent pregnancy rates trend data from 1989 to 2007. Current statewide pregnancy and birth data are summarized in Table 1, below. Both pregnancy and birth rates are significantly higher among the 15–17 and 18-19 year old groups, as compared to the 10 to 14 year olds, indicating the onset of sexual activity. The vast majority of births for these age categories are out of wedlock births. The excessive percentage of low birth weight births of 9.9% for all adolescent age groups contributes to the overall infant mortality and morbidity associated with adolescent pregnancy.

**Table 1. Pregnancies, Births, Out of Wedlock Births and Low Birth Weights
NYS Adolescents (10-19)**

Age	Pregnancy		Births		Out of Wedlock Births		Low Birth Weights	
	Number	Rate*	Number	Rate*	Number	Percent**	Number	Percent**
10-14	867	1.4	193	0.3	190	98.4	27	14.0
15-17	14,011	35.1	5,277	13.2	4,997	94.7	518	9.8
18-19	25,899	90.8	12,322	43.2	10,666	86.6	1208	9.8

2007 New York State Department of Health Data

* Rate - per 1,000

**Percent of births for each specific age group

Despite these positive trends, New York State continues to have striking regional and racial disparities in adolescent pregnancy rates. Categorization of adolescent pregnancy rates by region demonstrates the continued trend of higher pregnancy rates in New York City in all three age groups, with pregnancy rates in NYC at least double that of the rest of the state combined: 52.3 vs. 23.6 pregnancies per thousand for 15 to 17 year olds. (Attachment 1, Figure 2). However, while the overall pregnancy rate is higher in NYC as compared to the rest of the state, ZIP code level analyses show several specific upstate communities with adolescent pregnancy rates as high as or higher than those in NYC. NYS data regarding teen pregnancy rates, including county and ZIP code specific data are included in Attachment 1, Tables 8 and 9. Teen pregnancy rates also continue to be significantly higher among minorities (Attachment 1, Figure 3). When categorized by age and race/ethnicity, pregnancy rates are consistently higher among black and Hispanic adolescents.

Adolescent pregnancy is a critical public health issue in New York State. The serious adverse consequences of adolescent pregnancy are well documented, including:

- Teen mothers in New York State are more than twice as likely to receive late or no prenatal care, 10% vs. 4.8% for women over 19, compromising the health of the mother and newborn.
- Infants born to teen mothers are at higher risk for low birth weight and infant morbidity and mortality. Low birth weight infants comprise 9.9% of teen births, compared to 8.1% of the infants born to women over 19.
- Infants born to teens are at greater risk for child abuse.
- Unhealthy adolescent sexual behaviors often continue into later adult life, contributing to unintended pregnancies and transmission of HIV and STDs.

Behaviors that place adolescents at risk of pregnancy are also responsible for the high incidence of HIV and STDs in young people.

- A study from the Centers for Disease Control and Prevention released in March 2008 estimates that one in four (26 percent) young women between the ages of 14 and 19 in the United States is infected with at least one of the most common sexually transmitted diseases. Among sexually active girls, the estimated prevalence is even higher. The most common sexually transmitted diseases identified in this study are human papillomavirus (HPV), Chlamydia, herpes simplex virus, and trichomoniasis.
- The study also found significant racial disparities with African-American teen age girls most severely affected (48 percent infected compared to 20 percent of young white women).

The Youth Risk Behavior Survey (YRBS), developed by the Centers for Disease Control and Prevention, is administered in New York State by the NYS Department of Education every two years on a different sample of high schools and students. The 2007 YRBS showed that 43.6 percent of all high school students in New York State have had sexual intercourse. By ninth grade, 28.0 percent of students had reported having had sexual intercourse; and 3.6 percent of females and 10.4 percent of males report having had sexual intercourse for the first time before age 13. This demonstrates the need to begin preventive education and promotion during the middle school years or earlier, and to ensure that males are an integral part of all programming.

In addition to adolescent pregnancy, other consequences of adolescent sexual activity, such as the increased risk of STDs and HIV, cannot be ignored. Sexually transmitted diseases are a significant concern among adolescents. The seven-year comparison of gonorrhea age-specific incidence rates is included in Attachment 1, Table 4, 4a, 4b. The New York State Department of Health provides funding to screen and treat women for Chlamydia through National Infertility Prevention Project (IPP) clinic sites. Since the implementation of the Infertility Prevention Project Guidelines in 2000, and the subsequent increased screening for Chlamydia, incidence continues to rise for 15 to 19 year old females (Attachment 1, Tables 5, 5a, 5b).

In 2006, there were 197 newly confirmed cases of HIV (not AIDS) among persons ages 13 through 19 in NYS. During the same time period, 80 AIDS cases were diagnosed among persons of the same age group. This age group accounts for 10.3% and 1.8% of all 2007 HIV (not AIDS) and AIDS diagnoses respectively. This results in an age-adjusted case rate per 100,000 population of 10.3 for new HIV (not AIDS) and 4.2 for new AIDS diagnoses. At year end 2006, there were 1,843 young people ages 13 through 19 living with HIV/AIDS in NYS for an age-adjusted rate of 96.2 per 100,000 populations.

As shown on Attachment 1, Tables 6, NYS is home to approximately 2.7 million youth of both genders between the ages of 10 and 19. Within this larger population, this initiative will target those geographic areas with the highest demonstrated need for services, as measured by adolescent birth and pregnancy rates. For the purpose of this initiative, target high need areas are defined by ZIP codes. These target areas are presented in Attachment 1, Tables 7 and 8, and are described in further detail in Section III below.

II. Funding

It is anticipated that approximately \$5.3 million will be available through this RFA for the fifteen month grant period ending December 31, 2010 to support programs across the state. New applicants can apply for up to \$312,500 for the fifteen month contract period to support new CBAPP programs. Current CBAPP providers can apply for expansion/enhancement funds of up to \$125,000 for the fifteen month period to:

- expand their current program into additional high need areas as defined below in Section III-A; and/or
- enhance one or more components of their programs within existing high need service areas, as defined below in Section III-A. This may include activities to more effectively address racial/ethnic disparities in pregnancy rates (see Attachment 1, Figure 3), activities to incorporate evidence-based educational programming into existing programming (as described on page 15), or other activities to enhance current programming.

New applicants are also eligible to receive an additional, one-time only award of up to \$20,000 to support start-up or capacity-building costs. Should additional one-time funds become available this amount may be increased. Current CBAPP providers are **not** eligible for this one-time funding, as they have already received additional one-time enhancement funding in 2007 and 2008.

Current CBAPP providers awarded funding under this RFA will have their existing contract amended to include expansion and/or enhancement funding. This enhanced funding is available through 2010. It is anticipated that a new RFA for CBAPP funding beginning in January, 2011 will be released in 2010.

III. Who May Apply

A. Minimum Eligibility Requirements

Applications will be accepted from municipalities, such as city and county health departments, and youth bureaus; and not-for-profit 501(c)(3) organizations, including, but not limited to, community-based health and human service providers, and local health and human service agencies.

An organization may submit only one application, even if proposing to serve more than one ZIP code area. In the event that two or more applications are received from one organization, the Department will ask that organization to select one of the submitted applications to be reviewed. In the event that an applicant applies for ZIP codes in two or more counties, the application will be placed in the county in that region with the highest need based on birth rate. In the event that an applicant applies for ZIP codes in two or more counties that span two or more regions, the application will be placed in the county and region with the highest need based on birth rate.

All applications must target services to defined high need areas. For the purposes of this RFA, eligible high need target areas are defined as:

- ZIP codes with adolescent birth rates in the top decile (10th percentile) statewide (see Attachment 1, Table 7) **and/or**
- ZIP codes with adolescent pregnancy rates above the statewide average (see Attachment 1, Table 8).

Because of the high social and health care costs associated with adolescent births, preference will be given to programs that propose to serve ZIP codes with the highest adolescent birth rates as listed in Attachment 1, Table 7.

New applicants proposing to establish new CBAPP projects must target these projects to one or more ZIP codes listed in Table 7 and/or Table 8. Current CBAPP providers requesting funds through this RFA to expand/enhance their current CBAPP programs must:

- propose to expand their program into additional target high need ZIP codes, as listed in Table 7 and/or Table 8; and/or
- enhance their programming within target high need ZIP codes, as listed in Table 7 and/or Table 8.

Services may be provided through direct service provision and/or subcontract with other community based organizations. Joint applications from two or more organizations will be accepted; however, one organization should be designated as the lead organization and will be responsible for submitting the application and administering the grant. In the event that a lead organization is not indicated in the application, the Department will contact the applicant and require that a lead organization be designated. In addition, the lead organization cannot simply be a pass through for funds, and the partner and/or subcontractor cannot be responsible for the majority of proposed activities. The lead applicant needs to remain responsible for performing the essential tasks required to administer the program, and also be the lead in programmatic activities.

B. Preferred Eligibility Requirements

Preference will be given to applicants that have strong experience developing and/or strengthening connections with schools, school-based health centers and/or community organizations serving high-risk and hard to reach youth to expand the provision of comprehensive, age-appropriate, evidence based, medically accurate sexuality education. In addition, experience with providing comprehensive multi-dimensional programming based on the principles of positive youth development will be considered preferred experience. As noted above, preference will be given to programs that propose to serve ZIP codes with the highest adolescent birth rates as listed in Attachment 1, Table 7.

Applicants not approved under Article 28 of the Public Health Law to provide family planning services should provide a letter of intent from one or more family planning providers serving the targeted community stating their intent to collaborate with the CBAPP applicant organization to accept referrals and provide appropriate assessment, clinical, and follow-up services.

C. Requirements of Applicants

- Applicants must demonstrate the ability to serve populations residing in the high birth and/or pregnancy rate ZIP code areas identified in Attachment 1, Tables 7 and 8.
- If expanding services to additional ZIP codes, current CBAPP providers must identify additional ZIP codes targeted for expansion of services, as well as current ZIP codes being served.
- If enhancing programming within current target ZIP codes, current CBAPP providers must clearly identify the additional services to be provided within their current target area.

IV. Program Narrative/Work Plan Outcomes

A. Expectations of Program Activities

Program activities are expected to support and incorporate the three primary program strategies of CBAPP:

1. Provide comprehensive, age appropriate, evidence based, and medically accurate sexuality education to promote abstinence, delay the onset of sexual activity and reduce the practice of risky sexual behaviors among youth;
2. Expand educational, recreational, vocational and economic opportunities for teens to provide alternatives to sexual activity and to develop skills that can lead to higher earning power and reduce the need for public assistance; and,
3. Ensure access to comprehensive family planning and reproductive health care services for sexually active teens to prevent pregnancies, sexually transmitted diseases (STDs) and HIV/AIDS.

The purpose of CBAPP funds is to support activities that will promote responsible individual behaviors as well as to ensure that sexually active adolescents have access to appropriate family planning and reproductive services. The applicant agency will coordinate a broad-based effort to reach the age group targeted by their program, parents, and all sectors of the community, in order to mobilize and organize their participation in this important effort. Emphasis is placed on developing and enhancing relationships with and presence in schools and community settings that serve high-risk and hard to reach youth to provide and promote early, comprehensive, medically-accurate age-appropriate and evidence-based sexuality education. Comprehensive sexuality education should include abstinence-based information but must not be abstinence only education.

Providers are encouraged to enhance current school linkages and create new ones as necessary. Providers are also expected to create or enhance multidimensional support services (educational, recreational, vocational and economic opportunities) that incorporate youth development activities as a multi-pronged strategy to both promote abstinence from sexual activity and to promote other protective/preventive health behaviors and ensure appropriate access to needed services, as described further in this section below. The targeted age range for this initiative is 10-19 years, including an

emphasis on late elementary and middle school-age children.

CBAPP projects provide a variety of services that are eligible for federal Medicaid matching funds. Eligible activities include “offering and arranging for family planning services” as defined in 18NYCRR 505.13. **A minimum of 75% of the grant funding utilized by the program should support the offering and arranging of family planning services,** defined as follows:

- Disseminating written and oral information about the importance of family planning/reproductive health care and available family planning health services in the community;
- Providing for individual and/or group discussions about the full range of methods of family planning and family planning services; and
- Assisting with arranging visits to medical family planning providers. This may include referrals to family planning providers, assistance with scheduling appointments, assistance in accessing Medicaid for family planning coverage, and assisting with transportation arrangements.

Please refer to Attachment 6a for additional detailed guidance on offering and arranging of family planning services.

The remaining 25 % of funding may be used to support other program activities, including but not limited to multidimensional support services (educational, recreational, vocational and economic opportunities) and specific activities that reduce barriers to adolescents’ access to clinical services such as clinic operating hours, staffing needs for adolescents, and proximity of clinics to target populations, as defined in Section IV B.2 below.

Applicants are expected to incorporate a youth development approach to implement all program strategies. Programmatic integration of youth development should:

- focus on building assets and resources for the individual youth;
- enhance youth assets by moving the focus from reducing negative behaviors to promoting positive behaviors;
- involve many sectors of the community, including youth themselves, in the design, implementation, and evaluation of youth development initiatives;
- be grounded in an understanding of developmental issues for youth;
- include youth as stakeholders and partners;
- include components related to building resiliency and interpersonal skills;
- strengthen connectedness to parents and other caring adults, school, and community institutions;

- engage youth in desirable opportunities for achievement, autonomy, and contribution in and out of school;
- support high aspirations (motivating young people to avoid risky behavior); and,
- communicate clear, accurate messages about abstinence and contraception.

Youth development activities may be provided as distinct services/activities and may also be integrated within other program activities to emphasize positive, asset-building approaches.

Program activities may be provided/conducted in a number of different settings, including, but not limited to, schools, school-based health centers, youth-serving organizations, and other community-based health and human service agencies.

Specific requirements related to program activities are described in Section B below.

B. Activities

Multi-faceted programs incorporating a number of different program elements increasingly have been proven to be more effective than one-dimensional programs. All applicants need to provide activities in **all** of the categories (#1-9) described below. Applicants proposing to establish new CBAPP programs are required to develop and implement activities in all nine areas described below. Currently-funded CBAPP programs may propose to expand and/or enhance current programming related to any of the nine areas described. Multiple activities may be integrated within program components, but it should be clear in the proposal how all nine areas will be incorporated. All awardees newly funded under this procurement will be required to implement activities in all nine categories.

1. Early, comprehensive, evidence-based, age-appropriate, and medically accurate sexuality education to delay the onset of sexual activity and to reduce the practice of risky sexual behaviors

Comprehensive sexuality education should include abstinence-based information, but must not be abstinence only education. Educational programming can be provided in a variety of community settings, including schools, school-based health centers, or community organizations that serve high-risk and hard to reach youth. Programs are encouraged to include age-appropriate educational programming for late elementary/middle school-age youth.

Adolescents often engage in risky behaviors, such as early sexual activity, due to social influences including those from peers, media, and the community. Risky behaviors may also be due to influences that impair judgment, such as alcohol and drugs. Adolescents need to become aware of these pressures and influences, and develop personal skills and obtain support in resisting them.

Research has demonstrated that knowledge-based, didactic approaches alone are not sufficient to reduce negative health behaviors among adolescents. Programs that develop both cognitive and behavior skills demonstrate the best results. Effective programs provide strategies and practice in communication and negotiation, and they clarify and strengthen individual and group values related to appropriate adolescent behavior. Comprehensive sexuality education should employ a variety of teaching methods to engage participants and to help them relate the education to their experiences. Behavioral science indicates that people are more likely to respond to messages and change attitudes and behaviors if they can relate effectively to the messenger.

Applicants are required to select and implement educational programming that has been demonstrated to be effective in positively impacting sexual behavior, pregnancy and/or STD rates. Selected programming should have demonstrated effectiveness with similar target populations and when delivered in similar settings to those proposed through this initiative. Programming should be age, gender and culturally appropriate. To assure this requirement for use of evidence-based educational programming is met; applicants must select a program from one of the following comprehensive resources (see Attachment 10a and 10b):

- ***What Works 2009: Curriculum-Based Programs That Prevent Teen Pregnancy***, National Campaign to Prevent Teen and Unplanned Pregnancy, available at: www.thenationalcampaign.org/resources/pdf/pubs/whatworks09.pdf or
- ***Emerging Answers 2007***, Douglas Kirby's comprehensive report for the National Campaign to Prevent Teen and Unplanned Pregnancy, available at: www.thenationalcampaign.org/resources/pdf/pubs/EA2007_FINAL.pdf or
- ***Science and Success, Second Edition: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV and Sexually Transmitted Infections, 2008***, published by Advocates for Youth, available at: <http://www.advocatesforyouth.org/programsthatwork/toc.htm>

From these resources, applicants may select an educational program or an educational component of a larger program to implement. In some cases, programs included in these resources include other program elements beyond educational programming, which may also be incorporated across other CBAPP activities. As noted above in Section I-B, it is anticipated that over the coming two years, all CBAPP programs will be required to incorporate such evidence-based educational programming. Current CBAPP programs that are not currently utilizing such evidence-based educational programming may request funding through this RFA to incorporate such programming in their programs.

2. Ensuring access to family planning and comprehensive reproductive health services that are confidential and free of charge to the adolescent utilizing the services for adolescents who are sexually active

Adolescents who are sexually active require access to comprehensive family planning/reproductive health services to prevent pregnancies, HIV and sexually transmitted diseases. However, according to Douglas Kirby's report for the National Campaign to Prevent Teen Pregnancy, *Emerging Answers 2007*, research shows that 60 percent of teenage girls wait a year or more after initiating intercourse before visiting a doctor or clinic for contraception. Adolescents may delay obtaining family planning services due to a variety of personal, social or community factors. A major emphasis of CBAPP is on increasing access to family planning services and STD screening for sexually active adolescents through improving the knowledge, motivation and confidence of adolescents to seek family planning services. The emphasis is also on reducing other barriers that may challenge adolescents' ability to obtain family planning services in their communities, such as limited family planning clinic service hours, geographical remoteness, or limited family planning staff resources to address the unique needs of adolescent clients.

As described above in Section IV-A and further defined in Attachment 6a, at least 75% of each program's CBAPP grant funding should support the offering and arranging of family planning services. A portion of the remaining 25 % of grant funding may be used to support activities that do not meet the definition of "offering and arranging" but that reduce barriers to adolescents' access to clinical services such as clinic operating hours, staffing needs for adolescents, and proximity of clinics to target populations. Specific costs that are allowable under this grant include but are not limited to: additional clinic staffing during peak adolescent service times, staffing costs associated with extending clinic hours to serve adolescents, and specific costs associated with establishing clinic services in remote underserved locations, including staffing and basic infrastructure/overhead costs (e.g. rent, utilities, telephone). The initiative will **not** fund other direct clinical/medical/laboratory services and supplies, including, but not limited to: pap smears (supplies or laboratory costs), pregnancy test supplies or laboratory costs, contraceptives including condoms, or STD test supplies and associated laboratory costs. If non-fundable items are included in an applicant's budget, they will be removed.

While CBAPP funding may be used to help improve access to family planning services for adolescents as described above, these funds cannot supplant existing funds.

3. Community information and education efforts to sensitize the public about the local need to promote early, comprehensive, age-appropriate, evidence-based, and medically accurate sexuality education, and provide access to comprehensive reproductive health services for adolescents who are sexually active

Ideally, children should be taught appropriate behaviors and values within the context of the family. However, as children develop, they continue to receive messages about behaviors and values outside of the family within their community and social environment. Children learn about sexuality through observing and relating to their peers, teachers, neighbors and the media. Additional opportunities for learning can supplement family efforts in a variety of community-based settings.

Funded programs should provide information and education to parents, teachers, community organizations, clergy, other appropriate professionals and groups, businesses and the general public to engage and educate those who would counsel and interact with adolescents; to improve community sensitivity to comprehensive sexuality education and promote a positive youth development approach in adolescent service provision; to improve community knowledge of and efforts to address high STD rates among adolescents through media and education; and, to help them identify specific ways they can contribute to the community effort. Applicants are encouraged to reach out to community partners such as those that serve adolescents in the child welfare, juvenile justice, mental health, and substance use systems, including homeless youth.

4. Programs that enhance parent/child communication about sexuality

Parents, grandparents, guardians, foster-parents and other adult caregivers can play a key role in communicating with adolescents about values and responsible behaviors. Research shows that adolescents continually cite parents as their most preferred source of sexual health information (Gray and Klein, 2006). Effective parent/child communication results in positive emotional development and self-esteem. Many parents, however, are uncomfortable having sexual discussions and have the same misconceptions or fears about sexuality as their children. Parents often need and welcome assistance to begin an effective dialogue related to sexual matters with their children. Funded programs can reach parents and other adult caregivers through schools, the workplace and other settings, and can conduct workshops or other outreach and education efforts with parents/adult caregivers or with parents/adult caregivers and their children together to improve communication skills.

5. Outreach to high-risk and hard to reach youth

Programs should identify settings where high-risk and hard to reach youth can most effectively be reached. In some communities in New York, adolescent pregnancy is an endemic problem. All adolescents in these communities may be regarded as at risk, and interventions are expected to take a community-wide perspective. However, even within these communities, some children may be more vulnerable to sexual activity and adolescent pregnancy than others. Applicants are encouraged to reach out to community partners such as those that serve adolescents in the child welfare, juvenile justice, mental health, and substance use systems, including homeless youth, and to partner with community

agencies that serve immigrant communities. The applicant should indicate how youth at risk will be identified and reached.

6. Youth development activities that improve youth self-esteem, life skills and opportunities

A youth development approach to teen pregnancy prevention focuses on maximizing protective factors (assets) to create positive environments that support and engage youth in their full development. It focuses on increasing supports and opportunities for young people, increasing personal skills, and increasing opportunities for young people to contribute to their community through service, advocacy and leadership. Increased social capital, including “supportive interactions within and among families, neighborhoods, and entire communities,” is itself a strong protective factor (Crosby, R. & Holtgrave, D., 2006). Intensive, long-term programs that have multiple components addressing both the reproductive health needs and the other emotional and social needs of youth can have a substantial long-term impact upon pregnancy among girls (Kirby, 2001).

A key factor in promoting positive sexual health outcomes is improving a teen’s sense that he/she has real life alternatives to sexual activity. Activities that focus upon education, employment, life options, and goals and self-esteem building for youth may be effective in preventing adolescent sexual activity. A youth development framework provides mechanisms for youth to fulfill their basic needs, including a sense of self-worth and contribution, a sense of independence and control over one’s life, a sense of closeness and relationships with family, peers and nurturing adults, and a sense of competence. In helping fill these needs, youth can more effectively build competencies necessary to become successful and productive adults, and they may be motivated to avoid early childbearing (Kirby and Coyle, 1997).

7. Mentoring programs to promote positive decision making and life choices

A number of studies have shown that peer education and mentoring is an effective way to help youth develop healthy behaviors. Peer outreach workers/educators (both male and female) can be recruited and trained to provide information and education and act as role models to adolescents their own age, as well as to younger adolescents. Peers can also effectively teach communication, decision-making and resistance skills.

Both adult and peer mentors can address the antecedents of sexual activity, including lower school performance, lack of parental communication or support, depression, substance abuse or sexual abuse. Mentoring and/or small group education sessions by peer educators or trained staff can provide more in-depth coverage of specific topics and a greater opportunity for modeling and practicing behaviors to resist pressures to initiate sexual activity.

8. Male-oriented projects

In the past, adolescent pregnancy prevention programs have focused almost exclusively upon the female's role in prevention. Without information and assistance, young men risk premature fatherhood, as well as exposure to HIV and sexually transmitted diseases.

Male projects involving boys and adult males who can act as mentors and role models are critical to effectively addressing these problems. Applicant agencies should develop activities specifically targeted to young males that provide opportunities to learn skills to resist pressures to initiate sex and, if sexually active, to access comprehensive reproductive health services. In addition to specific male projects, a male focus can be integrated into other comprehensive sexuality education and promotion activities described above.

9. Coordination/Collaboration

Building partnerships in the community to develop a comprehensive, long-term local response is essential to promote comprehensive sexuality education and positive youth development, and delay the onset of sexual activity among adolescents, and, for those adolescents who are sexually active, to ensure that they have access to family planning and comprehensive reproductive health services including innovative approaches for STD prevention and treatment. It is expected that applicant agencies will present plans that include coordination and collaboration with other providers of adolescent and related services in the community and with organizations that have youth development experience in order to enhance opportunities and supports for young people. Applicants are encouraged to reach out to community partners such as those that serve adolescents in the child welfare, juvenile justice, mental health, and substance use systems, including homeless youth.

Funded programs will be required to actively participate in an existing community advisory group, or to form and regularly convene such a group if none exists in the community. The community advisory group should provide meaningful input, feedback and participation on the planning, development and implementation of the program. The role of the community advisory group is to obtain consumer/stakeholder input, and to increase community and consumer acceptance of the proposed services by considering the background and standards of the community to be served. The group may also review program materials for suitability and conformance with community standards. CBAPP providers are encouraged to integrate with existing community advisory groups where available.

C. Service Area and Population

Services may be provided to all adolescents but must target services to defined high-need service areas. For the purposes of this RFA, eligible high need target areas are defined as:

- ZIP codes with adolescent birth rates in the top decile (10th percentile) statewide (see Attachment 1, Table 7) **and/or**
- ZIP codes with adolescent pregnancy rates above the statewide average (see Attachment 1, Table 8).

Because of the high social and health care costs associated with adolescent births, preference will be given to programs that propose to serve ZIP codes with the highest adolescent birth rates as listed in Attachment 1, Table 7.

Current CBAPP providers requesting funds through this RFA to expand/enhance their current CBAPP programs must:

- expand their program into additional target high need ZIP codes, as listed in Table 7 and/or Table 8; and/or
- enhance their programming within target high need ZIP codes, as listed in Table 7 and/or Table 8, through provision of a significant increase of services in existing service areas.

It is incumbent upon the applicant to demonstrate the need for services in all areas where services are proposed. Service areas must be defined by ZIP codes, and services must be provided to adolescents within the defined high need areas. Additionally, successful applicants may be required to report the level of program penetration in their identified ZIP codes (i.e., as their unduplicated client count per ZIP code/adolescent population per ZIP code based on NYS census data).

V. **Administrative Requirements**

A. **Issuing Agency**

This RFA is issued by the NYS Department of Health, Division of Family Health, Bureau of Child and Adolescent Health. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. **Question and Answer Phase**

Submit all **substantive** questions in writing to:

Rebecca Raymond
 New York State Department of Health
 Bureau of Child and Adolescent Health
 Corning Tower, Room 208
 Albany, New York 12237
 Fax: (518) 474-5445
 E-mail: CBAPP@health.state.ny.us

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date specified on the RFA cover sheet.

Questions and answers will be posted on or about the date specified on the RFA cover sheet.

Questions of a technical nature, limited to how to prepare the application (e.g., formatting) rather than relating to the substance of the application, can be addressed in writing, e-mail or via telephone by contacting:

Rebecca Raymond
E-mail: CBAPP@health.state.ny.us
Phone: (518) 473-6172

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the Department of Health's public website at: <http://www.nyhealth.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on the Department of Health's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

C. Applicant Conference

An applicant conference will not be held for this program.

D. Letter of Interest

Submission of a Letter of Interest is encouraged if prospective applicants want to automatically receive questions and answers regarding this RFA. This letter must be received by the date specified on the RFA cover sheet in order to automatically receive written responses to questions and to receive any updates or modifications to this RFA. This letter should be sent to the name and address on the cover of this RFA. A sample letter is enclosed as Attachment 3. Questions and answers will be mailed on or about the date specified on the RFA cover sheet. Submission of a letter of interest is not a requirement for submission of an application.

E. How to File an Application

Applications must be received in the Bureau of Child and Adolescent Health by **5:00 p.m. on the date specified on the RFA cover sheet.**

Late applications will not be accepted.* The mailing address for the application is:

New York State Department of Health
Bureau of Child & Adolescent Health
Corning Tower, Room 208

Applicants should submit **one (1) original, unbound, signed application** and **six (6) complete copies, including attachments**. The application package should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. No applications will be accepted via fax or e-mail.

It is the applicant's responsibility to see that applications are delivered by the date specified on the RFA cover sheet and time specified above.

* It is the applicant's responsibility to see that applications are delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the Department of Health's discretion.

F. The Department of Health Reserves the Right To

1. Reject any or all applications received in response to this RFA.
2. Award more than one contract resulting from this RFA.
3. Waive or modify minor irregularities in applications received after prior notification to the applicant.
4. Adjust or correct cost figures with the concurrence of the applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
5. Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.
6. Eliminate mandatory requirements unmet by all applicants.
7. If the Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.
8. The Department of Health reserves the right to award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that the contract will be for a fifteen month period, October 1, 2009 to December 31, 2010. It is anticipated that a new CBAPP RFA will be issued for funding starting January, 2011.

H. Payment Methods and Reporting Requirements of Grant Awardees

The State (NYS Department of Health) may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed twenty-five (25) percent.

The contractor shall submit invoices to the State's designated payment office:

Fiscal Unit
Division of Family Health
NYS Department of Health
Corning Tower Building
Room 878
Empire State Plaza
Albany, New York 12237-0657

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: **Payment will be for reimbursement of costs incurred as allowed in the contract budget and work plan on a quarterly basis contingent on the timely submission of acceptable required reports.**

The grant contractor will be required to submit the following periodic reports:

- Quarterly Progress Reports
- Annual Self-Evaluation Report

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

I. Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. Applicants should also complete and submit the Vendor Responsibility Attestation (Attachment 9).

J. General Specifications

1. By signing the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA. If this applicant does not accept a certain condition or term, this must be clearly noted in a cover letter to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
 - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
 - c. If, in the judgment of the Department of Health, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

K. Appendices for Grant Contract

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A Standard Clauses for All New York State Contracts

APPENDIX A-1	Agency Specific Clauses
APPENDIX A-2	Program Specific Clauses
APPENDIX B	Budget
APPENDIX C	Payment and Reporting Schedule
APPENDIX D	Workplan
APPENDIX E	Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **WC/DB-100**, Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disabilities Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **WC/DB-100**, Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disabilities Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application.

These documents will be requested as a part of the contracting process should you receive an award.

VI. Completing the Application

A. Application Content

Please respond to the following statements and questions. The responses will comprise the proposal for funding. Adherence to the criteria outlined in the introduction section of this RFA and the specificity and completeness of the answers will determine how well the application scores.

All sections in the application should be labeled to correspond to the numbers and letters presented below.

Cover Page

Complete the Cover Page (Attachment 5). Failure to submit a complete cover page will result in disqualification.

Statement of Assurances

Complete and sign the attached Statement of Assurances. The form must be signed by the chief official of the sponsoring facility or his/her designee (Attachment 8).

Summary

Not to exceed 1 page

Summarize the proposed CBAPP program in one page or less. List the targeted ZIP codes, describe the intent of the program, the population to be served, the scope of activities, and anticipated outcomes. Describe how the initiative provides early, comprehensive, evidence-based, age-appropriate and medically accurate sexuality education, access to comprehensive reproductive health services and multi-dimensional support services. For currently funded CBAPP providers, describe how the proposal will enhance/expand current CBAPP programming. If applying as a new CBAPP program, identify the evidence-based sex education program you will be using from Attachment 10a or 10b. If applying as an existing program, identify whether you will be using all or a portion of the funding to move to an evidence-based sex education program from Attachment 10a or 10b.

Failure to submit a complete summary will result in disqualification.

1. Statement of Need and Assets Not to exceed 2 pages **15 points**

- a. Demonstrate an understanding of the impact of adolescent sexual activity at the community and statewide level.
- b. Provide a clear definition and description of the target group and their needs, including ages and any other relevant demographics, including racial/ethnic breakdown. Include any information pertinent to the agency's decision to target services, including relevant statistics, adolescent pregnancy and birth rates, and specific risk factors for adolescents in the targeted community.

- c. Identify the specific ZIP codes and geographical areas to be served. Programs must serve at least one high need ZIP code. High need ZIP codes are those with adolescent birth rates above 90 percentile statewide (see Attachment 1, Table 7) and/or ZIP codes with adolescent pregnancy rates above the statewide average (see Attachment 1, Table 8). Preference will be given to programs that propose to serve high adolescent birth rate areas.
- d. Identify current community assets, resources and capacity to meet the needs of the target population. Describe how racial/ethnic minority groups (and persons with disabilities) have/will be engaged in the planning, design and implementation of the initiative, if applicable.
- e. Describe any barriers to accessing comprehensive family planning and reproductive services for sexually active adolescents.

Applications will be evaluated on demonstration of the knowledge of the impact of adolescent sexual activity at the state and community level; description and extent of the needs and characteristics of the target population; and knowledge of the current assets, resources and capacity to meet the identified needs of the target group, including any barriers to family planning and reproductive services.

2. Applicant Organization Not to exceed 2 pages **15 points**

- a. Describe your organization’s mission and current or recent major activities and how the proposed CBAPP initiative will be integrated within the organization.
- b. Describe your organization’s experience and expertise to provide: 1) comprehensive, age appropriate, evidence based, and medically accurate sexuality education; 2) access to appropriate family planning and reproductive health services including the organization’s prior experience in these or related areas, and 3) youth development activities. For each area, describe the target populations receiving services and the estimated number of clients served during the last year.
- c. Describe your organization’s experience in providing services in the ZIP codes/areas targeted for services in this proposal.
- d. Provide a current organizational chart of your agency that includes a clear representation of your proposed program. The organizational chart should clearly indicate the relationship of staff to each other and to program activities and the relationship of the CBAPP initiative to the organization’s activities.

Note: New applicant organizations should designate a 100% full time Community Based Adolescent Pregnancy Prevention Program Director/Coordinator who is E-mail accessible. Indicate who this will be and include a duties description for the position.

e. Discuss evidence of community support and acceptance of your agency and/or services. Attach any letters of support. **Note:** Applicants not approved under Article 28 of the Public Health Law to provide family planning services should provide a letter of intent from one or more family planning provider serving the targeted community stating their intent to collaborate with the CBAPP applicant organization to provide appropriate assessment and strong referral, service and follow-up agreements. Letters of support do not count towards the page limit.

f. Collaborations/Sub-Contracts

Provide the information above for each sub-contracted or major collaborating organization/agency. The applicant organization should be both the fiscal agency and the lead agency responsible for implementing the work of the community partnership. Applicant organizations may not subcontract all of the work of the initiative.

Applications will be evaluated based on how the initiative will be integrated within the applicant's organization and sub-contracted or collaborating organizations; evidence of experience, capacity, and expertise in each of the three areas presented above in 2.b.; the appropriateness of the CBAPP coordinator's job description/duties; and evidence of community support and acceptance.

3. Description of Program Not to exceed 10 pages **30 points**

a. Activities

Describe the activities proposed to be conducted in your CBAPP program. Include activities in **all** nine areas described in Section IV-B, #1-9 of this RFA:

Applicants proposing to establish new CBAPP programs: describe how activities in **all nine** areas will be developed/implemented.

Currently-funded CBAPP programs may propose to expand and/or enhance current programming related to **any one or more** of the nine areas described.

Briefly describe each program activity in the current CBAPP program, identify and fully describe proposed expansion and/or enhancement activities and clearly describe how the proposed activities will build upon the current program

Both current programs and new applicants may propose other services not described in the list below.

For **each** relevant activity listed and described under Section IV Program Narrative/Work Plan Outcomes, B Activities 1 through 9 provide the following information:

- The specific activities proposed for your program, including a description of each activity and the need or issue it addresses.
- A brief description of the population to be served, location by ZIP code, specific number of youth, ages, and any other relevant descriptors, and the plan to reach and engage the population; and
- The staff that will be providing these activities.

It should be clear from your description how the proposed activities in each area #1-9 address the need(s) identified in Section 1, **Statement of Needs and Assets**, of your application.

Applications will be evaluated on how effectively and efficiently they address each of the required activities and describe collaborations/partnerships with community organizations, schools and/or school-based health centers, to promote comprehensive sexuality education, delay the onset of sexual activity, ensure access to comprehensive reproductive health services, and develop multidimensional support services. Included in the evaluation will be the high risk ZIP codes served, the number of youth to be served, and the extent of services provided.

b. Stakeholders

- 1) Describe how the program will address the multi-cultural/racial, socio-economic, age, and geographical needs of the different populations to be served and build capacity related to cultural competence.
- 2) Describe how the program will incorporate the input of a diverse group of stakeholders, with an emphasis on including youth.
- 3) Describe the CBAPP Advisory Council or the group that would assume Advisory Council functions and include proposed/actual membership, meeting schedule and council/group roles and activities.

Applications will be evaluated based on the extent to which the program will address the diverse needs of the populations to be served and how the Advisory Council/group will provide a means for input from a diverse group of stakeholders, including youth, as well as how relevant the stated roles and activities of the Council/group are to guiding the initiative.

c. Evaluation

- 1) Describe the process and outcome measures the program will use to evaluate each of the activities and services described above.
- 2) Describe how the data/information will be collected for these measures.
- 3) Describe how the data/information collected will be analyzed and used for program enhancement.

Applications will be evaluated on the relevance and appropriateness of process and outcome measures and evaluation methods. **Note:** In addition, all funded providers will be required to comply with data collection and submission requirements of NYS Department of Health for this initiative. New York State may embark on an expanded evaluation initiative for the Community Based Adolescent Pregnancy Prevention Program, in which all funded applicants will be expected to participate.

4. Work Plan Work Plan Forms **20 points**

Using the attached work plan forms (see Attachment 7, “Appendix D”), describe the goals, objectives, activities, time frames, and evaluation methods for the development and implementation of the program. Indicate the site at the top right of the work plan forms. The work plan should be consistent with the activities described in Section 3, **Description of the Program**, of your application.

Clearly state the total number of unduplicated clients to be served, by **each** specific activity. Clients that participate in more than one activity are counted for **each** activity in which they participate. For example, if a youth participates in mentoring, male oriented programs and sexuality education, he is counted three times as a participant in each activity. If the sexuality education activity is a series of four classes, each participant is counted just once for an unduplicated count. Objectives should have time-frames, be measurable and should form the basis of the work plan. Include both process and outcome objectives. The work plan format should follow the example provided.

Applications will be evaluated on the appropriateness of program goals and objectives, how well the activities reflect the process to achieve the stated objectives, the number of youth to be served, and how progress will be assessed and outcome measures evaluated.

5. Budget Budget Forms **20 points**

It is anticipated that approximately \$5.3 million will be available through this RFA for the fifteen month grant period ending December 31, 2010 to support programs across the state. New applicants may request up to a maximum of \$312,500 of grant funding through this RFA to support new CBAPP programs for this 15-month period. Current CBAPP providers can apply for up to \$125,000 of grant funding to expand and/or enhance their current program for this 15-month period.

a. Annual Budget Requests:

Complete the attached budget forms (Attachment 6). Applicants should submit a 15-month budget assuming a October 1, 2009 start date. The proposed budget should reflect the requirement described in RFA Section IV-A and Attachment 6a that a minimum of 75% of the requested funding be used to support the offering and arranging of family planning services. Please refer to Attachment 6a for additional information on CBAPP Offering and Arranging Definitions and Activities. Indicate the site at the top right of the budget forms.

b. One-Time Only Start-up Funding Requests:

New applicants are eligible to receive an additional, one-time only award of up to \$20,000 to support start-up or capacity-building costs. Should additional one-time funds become available this amount may be increased. Current CBAPP providers are **not** eligible for this one-time funding, as they have already received additional one-time enhancement funding through their current contracts.

To apply for this start-up funding, complete Form 3A, One Time Only Expense included with the Budget Attachments. This funding is in addition to the annual base budget request and is intended to strengthen agency infrastructure and improve agency capacity to serve adolescents accessing services. **It is not intended for permanent, capital improvements, or ongoing expenses.** Examples of acceptable expenses, to be detailed in the budget justification are:

- Consultants for developing systems to facilitate client tracking, data collection,
- Consultants to assist in developing policy and procedure manuals,
- Consultants to develop time and effort tracking systems,
- Computer hardware/software to support consultant recommendations,
- Workstation equipment,
- Media consulting and materials/website development, outreach materials,
- Purchase and/or development of educational materials including translation services, and
- Staff training related to implementation of a specific evidence-based program.

As you follow the instructions and fill out the budget forms, please note:

- No more than 10% administrative costs of the funds provided through this RFA directly related to program activities will be

allowed. Administrative costs are identifiable and verifiable expenses for duties performed in support of a grant by persons not directly involved in the provision of deliverables as outlined in the work plan. Those persons generally perform similar administrative duties for other grants or programs as well and their time is apportioned accordingly in the various budgets.

- The budget should contain a travel line item for staff travel to Albany for a two day providers' meeting. The costs of travel, overnight lodging and meals other than lunch should be included. Costs should be allocated in accordance with New York State Office of the State Comptroller guidelines. These limitations, including the current available rates, may be found by accessing the following web site:
<http://nysosc3.osc.state.ny.us/agencies/travel/travel.htm>
- Purchase of major pieces of depreciable equipment will not be financially supported by NYS unless the equipment is shown to be vital to the program.
- Funds may be used to ensure cultural sensitivity such as for the translation of materials to appropriate languages, hiring of bi-lingual staff, and/or to provide wheelchair accessible transportation or sign language interpreters.
- List all personnel and non-personnel services related to this program, regardless of funding source. Indicate the funding source for each line item on budget.
- CBAPP funds may be used to increase access by reducing barriers (family planning clinic service hours, Medicaid access for family planning services, geographical remoteness, or limited family planning staff resources to address the unique needs of adolescent clients). Specific costs that are allowable under this grant include but are not limited to additional clinic staffing during peak adolescent service times, staffing costs associated with extending clinic hours to serve adolescents, and specific costs associated with establishing clinic services in remote underserved locations, including staffing and basic infrastructure/overhead costs (e.g. rent, utilities, telephone) for these remote locations. CBAPP funds may be used to increase access by reducing barriers (family planning clinic service hours, Medicaid access for family planning services, geographical remoteness, or limited family planning staff resources to address the unique needs of adolescent clients) through extended clinic hours, transportation costs, additional staffing during peak adolescent service times or satellite clinics in remote locations. See Attachment 6a.

- **While CBAPP funding may be used to help improve access to family planning services for adolescents as described above, these funds cannot supplant existing funds.** The initiative will **not** fund other direct clinical/medical/laboratory services and supplies, including, but not limited to: pap smears (supplies or laboratory costs), pregnancy test supplies or laboratory costs, contraceptives including condoms, or STD test supplies and associated laboratory costs. **Funds may only be used for new activities and may not supplant funding for existing services or staff.**

Applicants will be evaluated on:

- How consistent the proposed budget is with the scope of activities to be conducted including an appropriate overall staffing pattern.
- How in-kind services indicate an organizational commitment to this program.
- A clear and appropriate budget justification.
- Reasonableness of cost and cost effectiveness.

B. Application Format

Applications should not exceed **15 double-spaced, single-sided**, typed pages (not including the cover sheet, statement of assurances, work plan, budget and attachments: letters of support, organizational chart, resumes, duties descriptions), using a pitch font not smaller than **twelve (12) with one (1) inch margins** all around.

All applications should conform to this format. Points will be deducted from applications that do not follow these specifications.

C. Review Process

Applications meeting the guidelines set forth above will be reviewed and evaluated by the New York State Department of Health

Applications failing to provide all requirements will be removed from consideration.

Scoring will be as follows:

1. Cover Sheet	(1 page or less)	Required, Not Scored*
2. Program Summary	(1 page or less)	Required, Not Scored
3. Statement of Assurances	(1 page)	Required, Not Scored*
4. Statement of Need & Assets	(2 pages or less)	(Maximum Score: 15 points)
5. Applicant Organization	(2 pages or less)	(Maximum Score: 15 points)

- 6. Description of Program (10 pages or less) (Maximum Score: 30 points)
- 7. Work Plan (use Work Plan format) (Maximum Score: 20 points)*
- 8. Budget (use Budget Format) (Maximum Score: 20 points)*

* Does not count towards page limit

Applications will be scored with regard to their responsiveness to the directions and criteria outlined in this RFA.

A maximum of 5 points will be deducted for applications failing to follow the prescribed format. **Applicants who do not meet eligibility requirements or fail to submit a cover sheet, Statement of Assurances, and/or Program Summary will be removed from consideration.**

A score of 65 or more is needed to be considered for an award.

Following review and scoring, applications will be ranked and sorted by geographic region, as defined below. Every effort will be made to ensure geographic distribution of awards as outlined below, based on acceptable applications:

Region	Number of Awards
New York City (Boroughs of Bronx, Brooklyn, Manhattan, Queens, and Staten Island)	5-14
Long Island (Nassau and Suffolk counties)	2-4
Hudson Valley (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties)	2-4
Northeastern New York (Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties)	2-4
Central New York (Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, and Tompkins counties)	2-4
Western New York (Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, and Yates counties)	2-4

Following the awarding of grants from this RFA, applicants may request a debriefing from the New York State Department of Health, Division of Family Health, Bureau of Child and Adolescent Health no later than three months from the date of the award(s) announcement. This debriefing will be limited to the positive and negative aspects of the subject application only.

Calculating Awards

Based on available funding, applicants will receive the amount requested for allowable expenses, not to exceed a maximum of \$312,500 for the 15-month funding period for new applicants and \$125,000 for the 15-month funding period for current CBAPP providers.

Priority will be given to funding programs that serve ZIP codes with adolescent birth rates above the 90th percentile statewide. The remaining funds will support programs that serve ZIP codes with adolescent pregnancy rates above the statewide average.

Minimum Number of Awards to be Made

The minimum number of awards in each region identified in the chart above must be met in order to meet geographic distribution of funds that serve the best interests of the State. In the event that the total submitted budgets of the minimum number of awardees exceed available funding, the State reserves the right to proportionally reduce the award amount to each of the awardees until all available funding has been exhausted.

Applicants will be chosen by highest score to lowest.

In the event that an applicant applies for ZIP codes in two or more counties, the application will be placed in the county in that region with the highest need based on birth rate. In the event that an applicant applies for ZIP codes in two or more counties that span two or more regions, the application will be placed in the county and region with the highest need based on birth rate.

If funds remain after regional minimums have been met, awards will continue to be made based on overall score not to exceed the maximum number of awards per regions.

In the event that not enough passing applications are available to fund a specific region, the minimum number of awards designated in that region will be reduced to equal the number of passing applications in that specific region.

If additional funds become available which add to the base funding amount, additional providers will be added from those scoring in the fundable range but for whom funds were not available, following the same methodology outlined above.

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ATTACHMENT 1: Background Information

**Figure 1 – Adolescent Pregnancy Rates Per Thousand by Age Group,
New York State, 1989-2007**

**Figure 2 – Adolescent Pregnancy Rates Per thousand by Region and Age Group,
New York State, 2007**

**Figure 3 – Adolescent Pregnancy Rates Per Thousand by Race/Ethnicity and Age,
New York State, 2007**

**Table 4 – Gonorrhea Age Specific Incidence Rates by Year, Sex
New York State 2000-2007**

**Table 5 – Chlamydia Age Specific Incidence Rates by Year, Sex
New York State 2000-2007**

**Table 4a–Gonorrhea Age-Specific Incidence Rates by Year, County
New York State, 2007**

**Table 4b–Gonorrhea Age-Specific Incidence Rates by Year, County
New York State, 2006**

**Table 5a–Chlamydia Age-Specific Incidence Rates by Year, County
New York State, 2007**

**Table 5b–Chlamydia Age-Specific Incidence Rates by Year, County
New York State, 2006**

Table 6 – Population by Sex, Age and Region, New York State, 2007

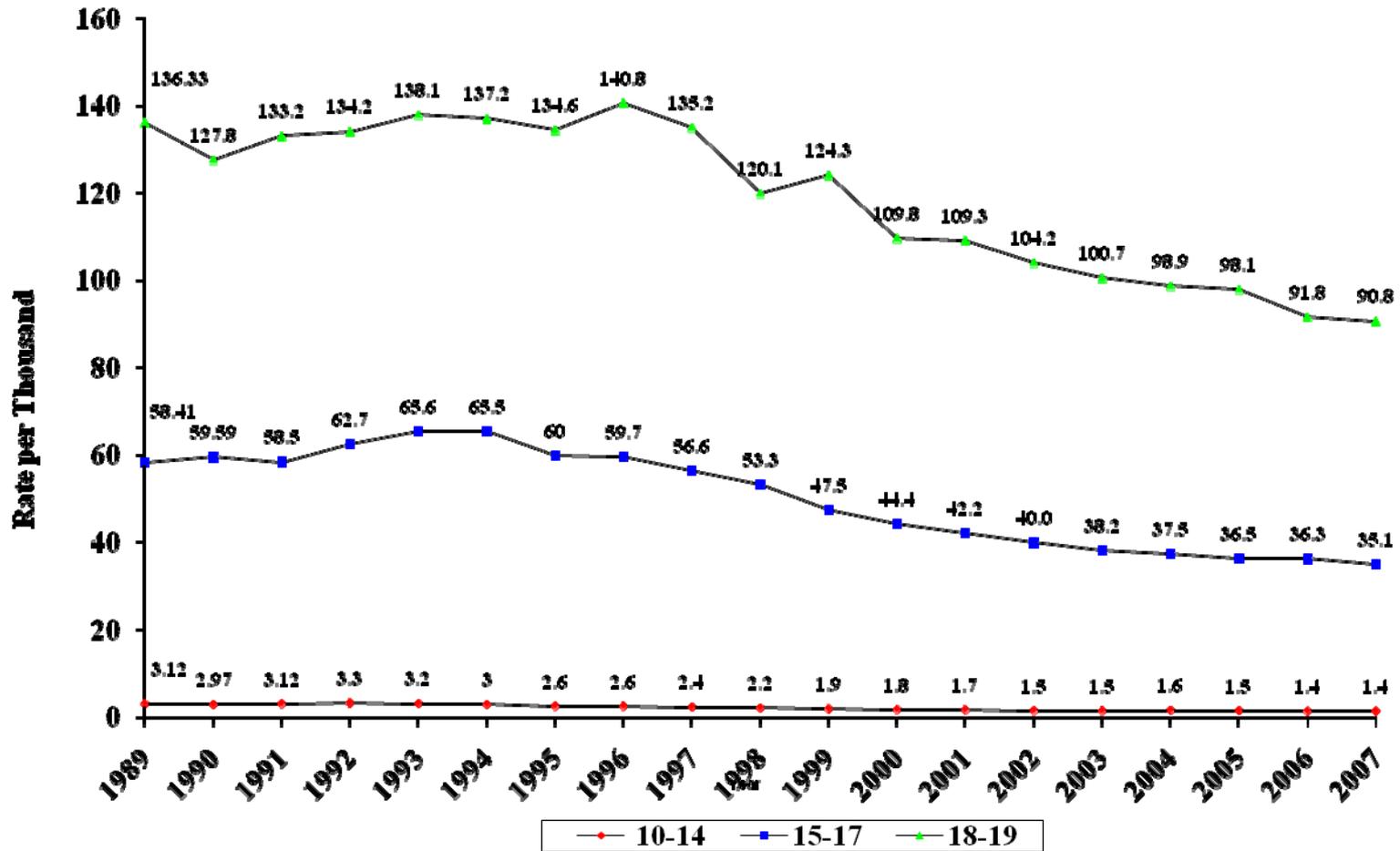
Table 6a – Female Population by Sex, Age, Region, New York State, 2007

**Table 7 – Births to Women Ages 15-19 with Birth Rate Above 90 Percentile by Zip
Code in New York State for 2005-2007**

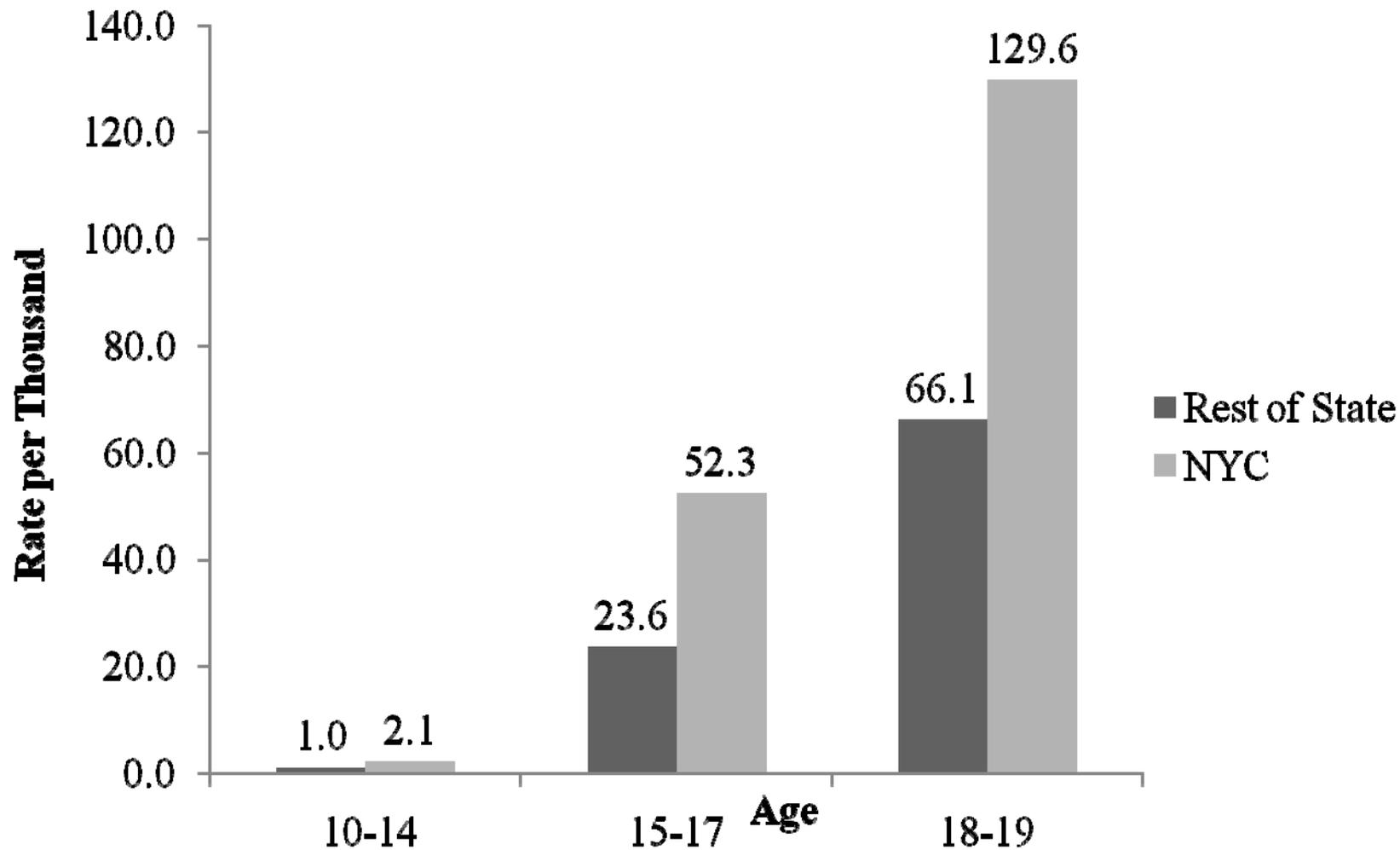
**Table 8 – Pregnancy Rates above the statewide average
New York State, 2005-2007 (Three year average for each zip code)**

**Table 9 – Teen Pregnancy Rates by County 2005-2007 (Three year average for
each zip code)**

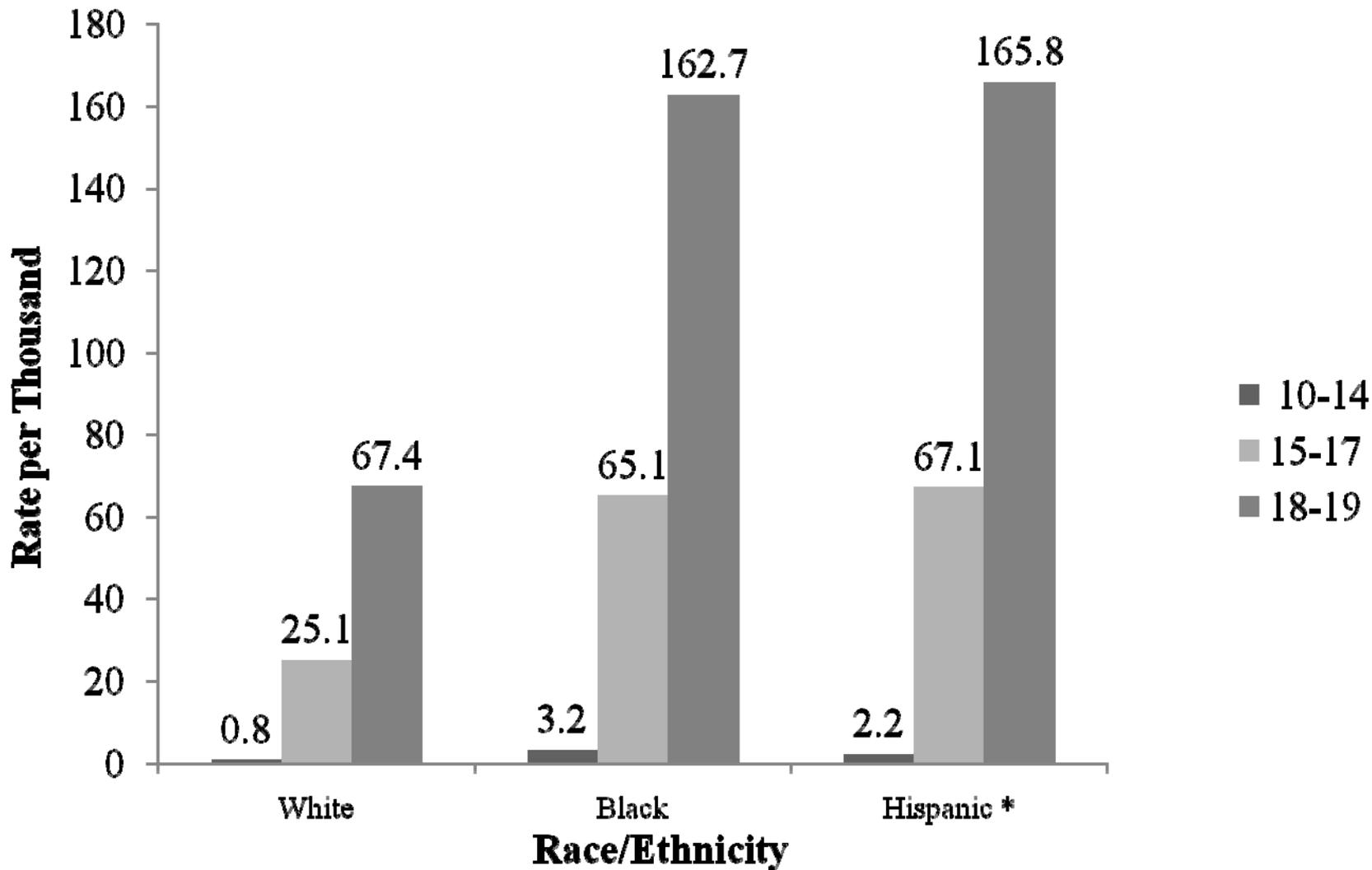
Attachment 1, Figure 1
Adolescent Pregnancy Rates Per Thousand
by Age Group,
New York State, 1989-2007



Attachment 1, Figure 2
Adolescent Pregnancy Rates Per Thousand
by Region and Age Group,
New York State, 2007



Attachment 1, Figure 3
Adolescent Pregnancy Rates Per Thousand
by Race/Ethnicity and Age,
New York State, 2007



* Race and Hispanic ethnicity are not mutually exclusive. Hispanic refers to teens of all races who reported being of Hispanic origin.

**GONORRHEA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, SEX
NEW YORK STATE, 2000-2007**

NYS outside NY City

Report Year	Sex	Total Cases	Age 0-9	Age 10-14	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64
2000	Male	3814	0.3	5.9	190.3	318.9	195.3	118.5	81.7	39.7	24.1	16.6	10.2	6.7
	Female	4631	0.9	40.5	500.8	428.0	173.8	79.3	44.8	16.9	8.2	2.7	0.3	
2001	Male	4482	0.3	6.4	234.8	369.3	234.8	132.4	84.4	49.2	34.2	18.9	16.0	8.1
	Female	5201	1.4	50.6	570.8	480.9	202.9	78.5	42.6	19.9	6.1	2.7	2.0	0.4
2002	Male	4392		6.1	220.2	392.5	261.9	136.8	74.1	50.5	33.3	21.2	13.3	5.8
	Female	4725	0.4	40.4	501.3	473.6	193.9	82.8	36.1	19.5	7.3	2.4	1.4	
2003	Male	3962	0.3	4.6	182.5	351.9	230.3	128.1	79.2	50.7	28.8	21.5	8.5	7.2
	Female	4522	1.1	35.8	465.5	439.9	198.1	79.1	36.8	25.2	9.9	3.5	1.7	1.3
2004	Male	3619	0.3	3.6	162.8	304	219.9	101.3	69.7	54.2	38.8	17.5	15.1	8.6
	Female	4095	0.7	26.5	400.4	399.6	193.9	78.1	34.6	20.8	10.9	6.2	3.1	0.9
2005	Male	3252		4.1	158.7	290.7	188.4	94.5	54.4	42.0	30.0	23.4	11.8	3.4
	Female	4060	0.4	19.6	405.3	408.5	192.3	68.2	35.7	21.7	10.2	5.4	3.4	0.9
2006	Male	3245	0.4	2.7	153.8	278.1	190.1	100.8	55.0	43.7	34.3	21.2	18.6	5.8
	Female	3913	0.3	18.8	370.6	393.7	192.3	69.7	37.6	21.7	12.4	6.7	4.0	0.9
2007	Male	3457	0.3	3.4	165.3	278.7	203.7	102.1	58.4	48.7	42.0	25.1	16.6	11.5
	Female	3932	0.7	20.9	386.1	404.7	182.3	65.6	32.7	16.1	14.6	5.1	2.1	1.3

GONORRHEA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, SEX
New York City, 2000-2007

Report Year	Sex	Total Cases	Age 0-9	Age 10-14	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64
2000	Male	5549		6.3	285.4	532.0	337.0	240.8	184.4	110.7	60.8	35.4	23.6	10.0
	Female	6025		42.7	821.6	615.2	232.8	135.1	84.0	48.7	21.0	12.7	4.9	7.5
2001	Male	5890		9.6	314.8	534.1	359.4	274.2	205.8	120.0	69.6	37.2	17.5	13.6
	Female	6641		53.8	940.3	668.7	250.9	145.6	92.5	52.8	28.8	10.4	4.4	2.3
2002	Male	6338		5.9	311.4	584.5	377.4	305.9	234.0	146.9	59.2	34.0	26.6	15.0
	Female	6442		54.6	845.5	629.0	274.0	136.6	100.5	68.5	35.6	10.7	5.9	4.0
2003	Male	6714		9.2	317.4	639.6	405.3	296.0	236.8	162.8	84.8	46.3	29.6	12.2
	Female	6682		45.7	795.8	676.2	297.8	166.7	114.1	69.1	34.2	18.0	7.9	3.4
2004	Male	5286		8.1	278.5	480.1	330.5	214.5	190.3	134.1	66.7	39.9	18.7	8.5
	Female	5544		35.3	674.7	549.7	245.7	138.2	97.8	51.8	32.3	12.2	4.9	9.7
2005	Male	5540		7.76	308.72	523.56	340.68	215.15	172.02	140.36	77.57	39.94	22.36	12.15
	Female	5051		28.44	602.69	498.89	231.1	124.63	77.45	56.98	34.87	18.39	6.38	5.16
2006	Male	5695		7.8	294.8	528.5	371.6	225.9	178.2	151.7	91.2	46.8	22.4	14.3
	Female	4528		24.2	563.5	442.7	206.2	117.0	67.1	46.4	31.3	13.4	10.3	5.7
2007	Male	5837		5.5	319.7	567.4	383.2	217.2	166.1	149.0	96.4	49.0	21.8	15.7
	Female	7270		31.5	580.0	443.1	200.0	96.0	50.9	30.7	22.8	13.8	10.8	5.7

*Rates calculated per 100,000 residents

**CHLAMYDIA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, SEX
NEW YORK STATE, 2000-2007**

NY State outside of NY City

Report Year	Sex	Total Cases	Age 0-9	Age 10-14	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64
2000	Male	1054		1.6	69.3	104.3	53.7	25.4	12.9	6.0	3.6	0.6	1.1	
	Female	4263	0.3	33.2	503.8	416.8	145.0	54.3	23.8	9.9	5.6	1.6	2.0	0.4
2001	Male	9460	0.3	6.1	239.0	373.5	163.3	79.8	38.7	22.0	10.1	6.0	3.6	3.6
	Female	37083	1.3	81.8	1529.3	1359.7	452.3	171.6	68.6	25.5	10.2	4.9	2.7	0.4
2002	Male	4039	0.1	6.6	272.2	472.3	211.8	93.4	33.1	21.9	9.5	4.5	4.4	1.0
	Female	14046	0.7	89.1	1641.4	1535.3	522.5	161.6	66.0	26.5	12.9	6.7	3.1	2.2
2003	Male	5436	0.8	3.9	327.1	629.1	321.0	123.0	55.9	35.0	16.0	9.9	3.7	3.4
	Female	16418	1.1	97.1	1885.6	1851.9	614.0	197.0	70.1	31.2	14.8	5.4	4.5	2.2
2004	Male	6315	0.5	8.3	387.8	732.7	361.6	134.2	55.9	38.7	22	10.4	6.3	2.9
	Female	18403	0.8	101.8	2078.1	2059.9	720.0	210.0	76.5	37.1	23.5	10.0	5.8	3.0
2005	Male	6563	0.8	8.5	406.3	744.2	378.8	141.0	73.5	38.9	22.0	11.9	8.1	4.8
	Female	18749	1.0	101.8	2099.7	2129.7	743.3	215.7	82.6	42.7	17.5	12.7	5.2	3.0
2006	Male	7205	1.2	8.0	460.8	786.6	443.8	161.9	72.6	41.3	24.5	14.4	8.1	4.8
	Female	20283	1.5	90.7	2179.9	2306.9	878.0	258.4	104.5	46.2	27.2	10.5	10.0	3.0
2007	Male	8005	2.9	11.2	511.3	869.0	478.9	179.4	80.1	42.8	35.8	15.0	10.3	7.7
	Female	21970	3.4	92.2	2334.0	2566.0	904.5	274.3	105.1	54.2	27.2	14.5	11.3	3.5

*Rates calculated per 100,000 residents

CHLAMYDIA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, SEX
New York City, 2000-2007

Report Year	Sex	Total Cases	Age 0-9	Age 10-14	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64
2000	Male	3334		6.7	277.8	391.4	195.3	113.7	67.3	26.9	16.0	10.4	4.8	4.3
	Female	22574		136.8	3039.3	2462.9	930.9	482.6	250.7	130.3	70.8	34.9	20.1	17.2
2001	Male	4442		12.6	374.7	675.9	241.2	168.3	100.1	53.5	27.2	15.4	7.3	2.9
	Female	25038		167.5	3342.8	2767.7	1073.0	511.0	276.4	143.7	73.7	38.3	19.6	10.3
2002	Male	5865		16.6	425.6	631.2	349.9	219.6	150.9	83.1	41.2	21.8	12.1	15.7
	Female	27345		168.3	3480.6	2996.3	1199.0	598.2	315.7	176.4	99.3	52.9	25.0	17.2
2003	Male	7370		16.3	482.5	839.0	475.4	274.8	173.3	112.8	48.4	25.0	19.9	7.9
	Female	27132		162.9	3492.0	3011.7	1245.9	576.3	298.9	162.6	88.3	46.8	26.0	14.3
2004	Male	7703		16.6	538.2	849.8	479.3	270.3	195.5	126.5	65.1	26.3	16.3	9.2
	Female	26398		149.1	3389.7	2899	1206.9	558.7	313	167	93.9	54.4	30.4	22.9
2005	Male	12,242		21.44	968.77	1443.12	769.51	409.71	224.71	146.91	73.17	34.5	18.13	7.86
	Female	26,946		138.72	3485.72	2973.94	1221.05	543.09	306.86	175.73	96.08	60.17	42.23	21.21
2006	Male	12506		24.4	1045.3	1499.2	817.9	422.2	225.6	159.3	90.8	43.1	27.2	8.6
	Female	28089		136.0	3673.3	3106.6	1283.5	574.6	308.0	184.4	111.0	64.8	55.5	29.8
2007	Male	15849		28.5	1343.8	1847.2	989.3	492.7	282.7	205.9	121.6	71.3	32.0	21.4
	Female	34324		189.4	4619.4	3695.2	1543.1	721.4	395.8	205.5	136.3	87.0	63.3	35.0

*Rates calculated per 100,000 residents

GONORRHEA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, COUNTY
 NEW YORK STATE, 2007
 *TOTAL CASES < 15

Attachment 1, Table 4a
 Data is provisional for counties outside of New York City
 Rates calculated per 100,000 residents

COUNTY	Total Cases	Age 10-14	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64
ALBANY	422	21.1	488.7	548.0	422.9	213.4	133.1	56.0	59.4	200.0	14.4	18.4
ALLEGANY	*		19.3	82.6		37.1						
BRONX	2,363	29.50	634.87	720.69	443.92	202.92	125.78	101.19	68.54	40.13	12.46	10.74
BROOME	220	29.4	340.9	496.3	325.8	173.2	84.8	68.5	56.6	15.6	10.0	23.1
CATTARAUGUS	*		43.3	77.6	68.8	20.1						
CAYUGA	*		16.2	43.9	86.7	34.4	14.4					
CHAUTAUQUA	61	235.6	202.0	81.4	60.5	20.1	17.8					
CHEMUNG	111		532.5	682.2	302.9	232.5	83.6	13.2				
CHENANGO	*					30.9						
CLINTON	*		15.4	58.5		34.6	14.2					
COLUMBIA	21	21.1	115.9	115.0	128.9	25.5	21.2	18.9	20.1	21.4	52.0	32.6
CORTLAND	*		110.5	59.3	38.0	63.6						
DELAWARE	*		26.4	85.8								
DUTCHESS	106	4.8	88.2	158.5	148.6	55.6	28.0	35.8	28.0	5.4		18.60
ERIE	2,026	42.8	961.1	1,001.3	555.3	255.1	145.7	110.6	95.8	65.3	21.0	18.4
ESSEX	*		161.9	107.1				30.6				
FRANKLIN	*	28.2	139.8	27.2	29.2							
FULTON	27		229.1	288.3	96.9	162.6					35.6	
GENESEE	*		44.7	99.5	30.3			19.7				
GREENE	*		59.8	31.6	41.2			25.6				
HAMILTON	*											
HERKIMER	*			27.5	58.7			20.2			28.0	
JEFFERSON	109	12.3	273.8	572.2	237.2	57.4	20.8	12.2	14.2			
KINGS	3,778	21.3	520.1	609.7	368.7	213.2	118.6	90.5	59.5	30.2	17.9	9.4
LEWIS	*			212.3								
LIVINGSTON	*	20.8	32.7		30.7	23.8				24.1		
MADISON	*		15.1	40.3	29.6							

GONORRHEA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, COUNTY
 NEW YORK STATE, 2007
 *TOTAL CASES < 15

Attachment 1, Table 4a
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MONROE	1,133	37.5	712.7	693.0	360.0	164.7	109.7	66.5	51.4	22.8	24.3	11.4
MONTGOMERY	*		30.6	153.4	113.9		28.5		54.6			
NASSAU	386	6.4	100.5	177.1	94.9	41.7	20.6	17.3	11.7	9.7	5.7	5.3
NEW YORK	2,114	17.5	410.0	473.0	241.5	156.5	148.4	161.2	95.0	44.7	23.2	15.8
NIAGARA	263	24.5	467.9	673.8	293.7	144.1	117.6	47.5	60.6	14.1	18.3	33.7
ONEIDA	74	5.7	108.3	237.3	98.2	44.3	5.3	5.4				
ONONDAGA	500	8.6	453.3	466.2	320.8	160.2	64.0	46.2	38.5	35.2	18.6	5.9
ONTARIO	29		72.7	124.1	116.3	61.9	47.7		25.0	13.8		
ORANGE	120		75.3	190.1	121.1	28.8	32.1	30.9	35.7	13.7	18.5	
ORLEANS	24		363.6	166.3	185.3	59.9	23.8					
OSWEGO	*		49.9	21.6	29.9	12.1			11.3			
OTSEGO	*		98.6						22.5			
PUTNAM	*			24.3	20.7	14.0	20.3					
QUEENS	1,782	9.4	301.2	325.0	188.0	90.4	69.6	39.8	31.5	20.5	11.3	8.7
RENSSELAER	123	9.1	231.0	281.4	279.4	127.0	63.9	56.2	89.1	9.6	12.8	17.8
RICHMOND	183	6.2	167.4	189.2	115.7	38.1	35.2	35.4	18.5	0.0	8.5	0.0
ROCKLAND	50	4.4	66.90	155.00	53.40			12.60	4.5			
ST. LAWRENCE	*		38.6	39.5		27.3		23.6				
SARATOGA	33		45.5	112.10	24.60	12.70	11.0	17.3	6.4	6.9	18.8	12.8
SCHENECTADY	275	29.0	714.4	902.2	579.0	298.0	197.0	94.0	82.70	104.8	56.2	
SCHOHARIE	*		33.5							45.2		
SCHUYLER	*			211.9		165.0						
SENECA	*		78.1	139.9		98.3						
STEUBEN	*			41.6	103.9	37.9	16.2	13.1		13.2		
SUFFOLK	550			152.9	239.4	129.9	49.3	22.1	17.8	12.7	7.4	1.3
SULLIVAN	*		17.5	215.9	446.8	173.2	118.4	16.5	32.0	36.2		
TIOGA	*		26.0	127.6	40.3		21.8	21.1			30.0	
TOMPKINS	46		73.9	67.0	129.6	16.5		30.8	15.5	18.4		

GONORRHEA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, COUNTY
 NEW YORK STATE, 2007
 *TOTAL CASES < 15

Attachment 1, Table 4a
 Data is provisional for counties outside of New York City
 Rates calculated per 100,000 residents

ULSTER	49	8.0	59.2	139.4	144.3	8.1	38.2	19.4	14.3			
WARREN	*			62.7	29.9		19.0		20.4	22.4		
WASHINGTON	*		47.5	84.8	85.3	22.9	20.4					36.80
WAYNE	15		45.9	209.4	40.3			12.1				
WESTCHESTER	380	12.5	220.4	253.7	107.9	44.8	18.7	20.0	18.9	1.6	8.4	
WYOMING	*	31.3								29.0		
YATES	*		46.6	211.6					54.9			
TOTAL	17,373											

GONORRHEA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, COUNTY
 NEW YORK STATE, 2006
 * TOTAL CASES < 15

Attachment 1, Table 4b
 Data is provisional for counties outside of New York City
 Rates calculated per 100,000 residents

COUNTY	Total Cases	Age 10-14	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64
ALBANY	331	10.5	331.9	437.5	374.7	179.5	85.8	68.9	36.5	10.0	28.8	0.0
ALLEGANY	*	0.0	19.3	61.9	0.0	0.0	58.0	0.0	0.0	0.0	0.0	0.0
BRONX	2,118	17.5	530.2	632.5	398.0	206.7	123.9	106.6	76.2	31.5	16.0	12.9
BROOME	120	0.0	118.0	275.7	220.4	131.9	45.7	24.9	35.4	23.4	20.1	23.1
CATTARAUGUS	20	0.0	86.6	213.4	22.9	0.0	0.0	29.3	0.0	0.0	0.0	0.0
CAYUGA	26	0.0	64.9	153.7	108.3	68.7	28.9	14.5	0.0	57.6	0.0	0.0
CHAUTAUQUA	59	10.1	244.3	191.4	54.3	48.4	10.1	8.9	0.0	22.8	0.0	0.0
CHEMUNG	59	0.0	250.6	402.4	222.1	66.4	27.9	13.2	14.9	0.0	22.3	0.0
CHENANGO	*	0.0	0.0	41.6	75.4	30.9	0.0	0.0	0.0	0.0	0.0	0.0
CLINTON	*	0.0	92.4	43.9	20.1	0.0	0.0	15.0	17.7	0.0	0.0	0.0
COLUMBIA	26	0.0	92.7	498.5	225.5	25.5	0.0	0.0	20.1	0.0	0.0	0.0
CORTLAND	*	0.0	66.3	0.0	38.0	31.8	28.8	27.3	0.0	0.0	0.0	0.0
DELAWARE	*	0.0	0.0	0.0	48.2	0.0	0.0	27.3	0.0	0.0	0.0	0.0
DUTCHESS	122	0.0	88.2	260.4	189.2	50.6	16.0	35.8	9.3	21.4	0.0	9.3
ERIE	1,791	53.1	876.0	959.7	491.1	228.5	107.5	82.6	74.3	26.8	18.9	0.0
ESSEX	*	0.0	0.0	107.1	0.0	0.0	0.0	30.6	0.0	0.0	0.0	0.0
FRANKLIN	*	0.0	28.0	27.2	29.2	23.9	0.0	22.0	0.0	0.0	0.0	0.0
FULTON	*	0.0	25.5	72.1	96.9	27.1	0.0	0.0	0.0	0.0	35.6	0.0
GENESEE	25	20.9	89.5	398.1	60.5	0.0	19.7	59.0	0.0	52.5	0.0	0.0
GREENE	*	28.3	0.0	94.9	41.2	0.0	26.7	0.0	0.0	0.0	0.0	0.0
HAMILTON												
HERKIMER	*	0.0	0.0	54.9	29.4	52.1	20.2	0.0	0.0	0.0	0.0	0.0
JEFFERSON	66	0.0	224.0	291.1	94.9	91.8	20.8	0.0	14.2	0.0	0.0	0.0
KINGS	3,843	22.4	510.5	620.6	354.1	224.7	140.8	106.8	63.3	31.5	14.2	9.4
LEWIS	*	0.0	0.0	70.8	70.0	59.8	0.0	0.0	0.0	0.0	0.0	0.0
LIVINGSTON	*	0.0	0.0	33.4	0.0	0.0	0.0	18.0	20.8	0.0	33.2	0.0

GONORRHEA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, COUNTY
 NEW YORK STATE, 2006
 * TOTAL CASES < 15

Attachment 1, Table 4b
 Data is provisional for counties outside of New York City
 Rates calculated per 100,000 residents

MADISON	*	0.0	75.5	80.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MONROE	1,367	39.3	783.8	782.5	484.4	244.1	135.0	111.4	71.6	35.2	18.9	19.0
MONTGOMERY	*	0.0	30.6	38.4	38.0	32.6	0.0	0.0	0.0	0.0	0.0	0.0
NASSAU	405	0.0	71.1	219.6	113.6	35.1	36.8	16.4	14.7	4.3	5.7	0.0
NEW YORK	2,377	7.3	478.3	449.7	297.1	188.4	198.4	185.8	93.1	48.8	30.9	12.6
NIAGARA	277	36.7	660.2	535.8	327.3	201.7	50.4	21.1	54.5	49.2	36.5	11.2
ONEIDA	79	0.0	126.3	208.5	105.7	44.3	32.1	5.4	0.0	0.0	0.0	0.0
ONONDAGA	621	23.0	596.3	576.1	384.2	172.8	96.1	54.3	47.3	28.2	9.3	17.8
ONTARIO	36	0.0	174.6	124.1	155.0	15.5	23.8	23.4	12.5	41.3	0.0	0.0
ORANGE	141	0.0	91.2	285.2	121.1	65.8	25.7	24.1	7.9	18.3	6.2	0.0
ORLEANS	17	0.0	181.8	249.4	0.0	59.9	0.0	26.4	0.0	0.0	94.8	0.0
OSWEGO	18	0.0	69.9	75.6	44.9	12.1	0.0	0.0	0.0	0.0	0.0	0.0
OTSEGO	*	0.0	98.6	35.5	0.0	0.0	24.9	0.0	0.0	0.0	0.0	0.0
PUTNAM	*	14.1	68.6	48.6	62.2	14.0	0.0	11.0	0.0	0.0	0.0	0.0
QUEENS	1,696	13.0	268.8	318.2	170.4	102.3	62.8	40.4	33.5	14.7	8.5	6.6
RENSSELAER	99	0.0	239.9	349.3	225.7	68.4	47.9	8.0	0.0	9.6	0.0	0.0
RICHMOND	169	3.1	181.1	159.5	112.3	43.9	29.8	13.6	12.3	6.5	4.3	5.8
ROCKLAND	37	0.0	56.6	71.0	33.4	35.2	4.2	0.0	4.8	0.0	6.1	0.0
SARATOGA	31	0.0	60.7	84.1	8.2	0.0	55.1	5.8	6.4	6.9	0.0	0.0
SCHENECTADY	223	0.0	323.7	865.2	542.0	236.4	188.8	153.8	73.5	73.4	14.0	0.0
SCHOHARIE	*	0.0	0.0	55.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SCHUYLER												
SENECA	*	0.0	46.6	55.0	0.0	0.0	39.1	0.0	38.0	0.0	0.0	0.0
ST. LAWRENCE	*	0.0	38.6	69.1	15.8	13.6	0.0	0.0	0.0	0.0	18.6	0.0
STEUBEN	*	0.0	55.4	41.6	75.8	16.2	0.0	12.7	0.0	0.0	0.0	0.0
SUFFOLK	396	1.0	91.3	133.6	99.6	49.3	26.6	17.0	12.7	7.4	1.3	0.0
SULLIVAN	51	0.0	255.2	558.5	259.8	59.2	16.5	48.0	36.2	0.0	0.0	0.0
TIOGA	*	0.0	52.0	85.0	40.3	62.2	21.8	21.1	0.0	0.0	0.0	0.0

GONORRHEA AGE-SPECIFIC INCIDENCE RATES* BY YEAR, COUNTY
 NEW YORK STATE, 2006
 * TOTAL CASES < 15

Attachment 1, Table 4b
 Data is provisional for counties outside of New York City
 Rates calculated per 100,000 residents

TOMPKINS	19	0.0	24.6	54.9	43.2	33.1	0.0	15.4	0.0	18.4	0.0	0.0
ULSTER	61	0.0	109.9	213.8	92.7	24.2	19.1	25.9	35.7	0.0	0.0	13.6
WARREN	*	0.0	47.1	125.4	59.8	23.5	0.0	0.0	0.0	0.0	0.0	0.0
WASHINGTON	*	0.0	0.0	56.5	56.9	0.0	40.7	19.5	0.0	0.0	0.0	0.0
WAYNE	32	0.0	137.8	279.3	60.4	58.6	24.3	12.1	0.0	15.7	0.0	0.0
WESTCHESTER	430	7.8	258.0	288.7	111.7	50.6	37.3	21.2	4.4	11.4	4.2	2.6
WYOMING	*	0.0	129.6	124.5	99.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
YATES	*	0.0	93.2	70.5	93.0	0.0	111.8	0.0	0.0	0.0	0.0	0.0
TOTAL	17,188											

CHLAMYDIA AGE-SPECIFIC INCIDENCE RATES BY YEAR, COUNTY

NEW YORK STATE, 2007

* TOTAL CASES < 15

Attachment 1, Table 5a

Data is provisional for counties outside of New York City

Rates calculated per 100,000 residents

COUNTY	Total Cases	Age 10-14	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64
ALBANY	1,022	89.6	1,867.0	1,533.6	760.1	310.4	111.6	25.8	41.1	10.0	7.2	
ALLEGANY	55		366.4	619.5	85.2	74.3	58.0					
BRONX	14,454	187.5	4,853.7	4,884.7	2,382.1	1,026.9	493.6	297.7	204.3	107.4	71.2	55.8
BROOME	521	36.8	1,035.9	1,475.3	843.2	239.1	84.8	37.4	14.1	15.6	30.1	
CATTARAUGUS	75		332.0	407.4	435.8	120.8	49.9	44.0				
CAYUGA	201	16.1	1,054.5	1,932.8	628.4	154.6	43.3	29.0		19.2		60.1
CHAUTAUQUA	300	50.3	1,099.5	1,180.1	515.7	145.3	50.3	8.9		22.8		
CHEMUNG	242	58.1	1,315.6	1,802.0	626.0	149.5	111.4	26.3				
CHENANGO	78	23.4	679.7	1,624.3	376.8	61.8	24.5					
CLINTON	103		539.0	731.9	301.6	34.6		15.0				
COLUMBIA	117	84.6	788.3	1,572.1	773.2	178.6	42.5		40.2	52.0		
CORTLAND	127	28.7	1,149.4	1,047.8	456.3	254.5		27.3				
DELAWARE	49	28.4	527.0	686.4	385.5	38.6	61.1		28.8			
DUTCHESS	599	14.5	975.4	1,239.9	648.6	212.4	56.0	55.7	32.6	10.7	13.8	
ERIE	4,350	110.6	2,728.8	2,616.9	982.2	353.6	141.6	61.0	51.5	20.1	21.0	2.6
ESSEX	47		769.2	1,017.7	214.1	74.3	61.1					
FRANKLIN	51		363.4	760.7	204.4	71.7						
FULTON	103		75.5	1,222.0	1,261.3	387.7	27.1	24.1		26.8	35.6	
GENESEE	114		62.7	984.3	1,327.1	484.1	140.9	59.0		22.9	26.3	
GREENE	81		1,016.7	980.7	164.8	101.6	106.6	25.6	28.4	30.2		
HAMILTON	*			1,136.4								
HERKIMER	75		754.0	522.0	352.2	104.2	40.3	40.5	21.4			
JEFFERSON	472	61.5	1,543.2	2,489.5	723.4	218.1	83.2	60.8	14.2			
KINGS	15,525	101.7	2,265.8	2,813.6	1,355.4	662.5	336.4	222.4	117.2	84.2	67.9	32.4
LEWIS	32	84.5	550.2	849.3	350.1	59.8						
LIVINGSTON	95	20.8	490.5	635.1	461.0	95.1	36.8	18.0	20.8	48.3		
MADISON	117	19.2	755.2	927.8	384.3	90.2		17.1	19.7	22.8		
MONROE	4,224	159.1	3,041.2	2,978.0	1,302.2	459.1	231.2	108.1	56.9	39.3	27.0	11.4

CHLAMYDIA AGE-SPECIFIC INCIDENCE RATES BY YEAR, COUNTY

NEW YORK STATE, 2007

* TOTAL CASES < 15

Attachment 1, Table 5a

Data is provisional for counties outside of New York City

Rates calculated per 100,000 residents

MONTGOMERY	73	26.7	612.6	1,035.7	455.4	228.5	114.2	51.9				
NASSAU	2,419	21.5	858.9	1,332.2	562.3	210.8	75.4	50.2	30.3	14.0	11.5	8.9
NEW YORK	9,476	142.7	3,635.1	2,433.0	1,047.6	541.3	357.6	257.8	157.9	98.5	43.7	23.6
NIAGARA	728	67.3	1,884.5	2,126.8	856.1	223.4	50.4	26.4	36.4	14.1	27.4	22.5
ONEIDA	647	40.0	1,462.0	1,948.5	611.8	120.1	53.4	58.9	24.1			
ONONDAGA	2,332	117.7	2,540.5	2,747.3	1,286.8	502.7	173.5	67.9	38.5	24.7	14.0	5.9
ONTARIO	160		800.2	1,170.0	406.9	108.4	83.5		37.5	13.8		
ORANGE	716	31.4	971.5	1,391.0	583.6	160.4	57.7	30.9	23.8	13.7	12.3	
ORLEANS	144	58.6	1,969.7	2,119.7	556.0	89.8	142.6	52.8				
OSWEGO	163	10.0	718.8	723.5	254.5	24.2	19.7	9.8			17.2	
OTSEGO	96		788.4	709.2	170.0	29.3			22.5			
PUTNAM	65	14.1	222.9	655.7	331.6	41.9	20.3		35.9			
QUEENS	9,933	52.7	2,006.2	2,091.3	934.8	464.3	273.5	140.9	106.3	60.1	33.0	16.4
RENSSELAER	382	91.4	1,208.1	1,329.2	709.3	146.5	71.9	40.1	17.8	9.6		17.8
RICHMOND	851	43.4	938.8	1,034.7	486.7	178.7	64.9	49.0	27.7	29.2	4.3	28.9
ROCKLAND	589	8.8	843.8	1,478.9	654.3	221.1	121.6	49.6	29.1	9.9	6.1	
ST. LAWRENCE	179		674.8	779.9	252.2	95.4	23.3	23.6	12.4			21.4
SARATOGA	265		500.6	1,214.4	327.6	88.7	49.6	17.3	12.8			12.8
SCHENECTADY	466	86.9	1,819.4	2,138.2	689.8	318.6	106.7	94.0	36.8	31.4		
SCHOHARIE	46	46.9	905.7	772.6	260.4							
SCHUYLER	17		592.1	635.6	208.3							
SENECA	84		78.1	1,026.1	1,761.1	540.8	225.1	234.5	143.6	38.0	46.5	
STEUBEN	157		887.0	1,330.0	322.3	80.8	26.2			15.0		
SUFFOLK	3,192	28.1	1,096.4	1,613.7	622.9	196.3	79.9	59.8	36.2	10.5	6.6	3.50
SULLIVAN	204	17.5	2,002.0	1,675.5	779.4	138.1	33.0		54.5	36.8		
TIOGA	52		441.8	1,015.4	241.6	31.1	21.8					
TOMPKINS	229	73.1	632.4	670.4	302.5	82.7	119.2	15.4	31.0	18.4	25.2	
ULSTER	360	16.1	845.2	1,459.1	638.9	112.8	76.3	25.9	42.8	7.9	10.4	13.6
WARREN	100		659.8	1,535.6	418.5	70.4	76.0	39.4				
WASHINGTON	73		546.4	961.0	284.5	45.8	40.7	19.5		25.5		

CHLAMYDIA AGE-SPECIFIC INCIDENCE RATES BY YEAR, COUNTY
 NEW YORK STATE, 2007
 * TOTAL CASES < 15

Attachment 1, Table 5a
 Data is provisional for counties outside of New York City
 Rates calculated per 100,000 residents

WAYNE	210	26.1	1,270.7	1,931.6	503.5	87.9	72.9	36.3	28.0			
WESTCHESTER	2,485	42.2	1,557.7	1,865.5	701.6	279.1	113.2	63.7	40.8	19.6	14.7	7.8
WYOMING	43		453.7	788.4	266.0	29.0		26.8				
YATES	47	54.0	745.2	1,551.5	279.1	148.5	55.9	54.9				84.5
TOTAL	80,212											

CHLAMYDIA AGE-SPECIFIC INCIDENCE RATES BY YEAR, COUNTY
 NEW YORK STATE, 2006
 * TOTAL CASES < 15

Attachment 1, Table 5b
 Data is provisional for counties outside of New York City
 Rates calculated per 100,000 residents

COUNTY	Total Cases	Age 10-14	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64
ALBANY	982	73.8	1,572.0	1,582.3	856.5	300.7	98.7	51.7	36.5	0.0	28.8	0.0
ALLEGANY	65	0.0	404.9	722.7	212.9	74.3	29.0	0.0	29.1	0.0	0.0	0.0
BRONX	10,382	120.8	3,422.5	3,634.9	1,775.7	695.0	343.1	203.5	124.4	58.8	33.8	23.6
BROOME	484	0.0	839.2	1,475.3	756.9	404.0	39.1	31.1	7.1	7.8	0.0	0.0
CATTARAUGUS	85	14.8	505.2	659.6	229.4	20.1	0.0	29.3	0.0	36.4	0.0	0.0
CAYUGA	163	0.0	876.1	1,471.6	520.0	240.5	14.4	29.0	16.2	0.0	0.0	0.0
CHAUTAUQUA	317	50.3	1,317.6	1,222.6	312.2	181.6	40.2	17.8	0.0	11.4	13.6	0.0
CHEMUNG	258	58.1	1,440.9	1,784.5	747.2	199.3	83.6	39.5	29.8	0.0	0.0	0.0
CHENANGO	42	0.0	435.0	624.7	150.7	92.7	98.2	0.0	0.0	0.0	0.0	0.0
CLINTON	92	0.0	446.6	541.6	321.7	86.4	14.2	30.0	17.7	19.9	0.0	0.0
COLUMBIA	98	105.7	881.1	1,188.7	289.9	229.6	42.5	56.7	0.0	21.4	0.0	0.0
CORTLAND	89	0.0	950.5	612.9	266.2	190.8	28.8	0.0	30.4	0.0	0.0	0.0
DELAWARE	64	0.0	658.8	1,201.2	337.3	115.9	0.0	0.0	28.8	0.0	0.0	0.0
DUTCHESS	462	24.2	720.5	1,041.7	527.0	106.2	52.0	15.9	18.6	26.8	0.0	0.0
ERIE	4,199	143.0	2,648.4	2,547.5	958.4	341.1	118.4	52.1	55.8	18.4	8.4	2.6
ESSEX	24	69.8	445.3	482.1	85.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
FRANKLIN	52	0.0	810.7	298.8	262.9	71.7	0.0	0.0	0.0	0.0	0.0	0.0
FULTON	81	25.2	687.4	1,261.3	452.3	81.3	0.0	0.0	0.0	26.8	0.0	0.0
GENESEE	111	41.8	715.9	1,658.9	544.6	117.4	19.7	59.0	0.0	0.0	0.0	0.0
GREENE	69	0.0	777.5	854.2	206.0	203.3	53.3	0.0	28.4	0.0	0.0	0.0
HAMILTON	*	0.0	0.0	568.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
HERKIMER	103	21.6	754.0	1,318.7	234.8	182.4	40.3	40.5	0.0	0.0	0.0	0.0
JEFFERSON	408	61.5	1,431.2	1,917.3	759.0	206.6	104.0	48.6	0.0	0.0	0.0	0.0
KINGS	13,799	87.0	2,199.3	2,577.3	1,234.9	650.6	320.0	191.1	120.3	68.5	55.7	29.3
LEWIS	27	0.0	275.1	990.8	280.1	59.8	46.4	43.3	0.0	0.0	0.0	0.0
LIVINGSTON	105	0.0	490.5	885.8	338.0	142.7	36.8	53.9	0.0	0.0	0.0	0.0
MADISON	91	0.0	634.3	786.6	118.2	22.5	73.0	0.0	0.0	22.8	0.0	0.0

CHLAMYDIA AGE-SPECIFIC INCIDENCE RATES BY YEAR, COUNTY
 NEW YORK STATE, 2006
 * TOTAL CASES < 15

Attachment 1, Table 5b
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 Rates calculated per 100,000 residents

MONROE	3,624	143.0	2,655.0	2,466.0	1,188.9	379.7	224.4	99.7	53.2	29.0	16.2	7.6
MONTGOMERY	79	0.0	581.9	1,496.0	303.6	261.2	114.2	25.9	0.0	0.0	0.0	0.0
NASSAU	2,214	17.2	779.3	1,156.5	575.3	206.4	75.4	48.5	20.5	16.2	4.3	5.3
NEW YORK	7,892	81.6	2,994.7	2,104.2	883.5	415.5	298.3	214.6	129.8	68.1	48.9	22.1
NIAGARA	793	134.5	2,076.8	2,289.1	906.4	201.7	72.8	63.3	6.1	7.0	9.1	0.0
ONEIDA	600	62.8	1,263.5	1,625.0	778.0	170.7	58.8	32.1	24.1	0.0	8.5	0.0
ONONDAGA	2,337	109.1	2,777.8	2,640.7	1,320.4	358.2	165.4	76.0	41.4	28.2	37.2	11.8
ONTARIO	169	0.0	843.9	1,010.5	387.5	325.1	95.4	23.4	25.0	13.8	0.0	0.0
ORANGE	605	10.5	761.3	1,060.8	578.1	172.7	96.2	27.5	31.8	13.7	6.2	0.0
ORLEANS	91	29.3	1,303.0	1,080.6	556.0	89.8	23.8	26.4	0.0	36.3	0.0	0.0
OSWEGO	184	10.0	718.8	755.9	419.1	72.7	29.6	19.5	11.3	0.0	17.2	0.0
OTSEGO	123	0.0	985.5	833.3	374.0	29.3	49.8	20.9	0.0	25.0	0.0	0.0
PUTNAM	45	0.0	325.8	437.1	62.2	41.9	10.2	11.0	0.0	0.0	0.0	0.0
QUEENS	7,924	47.6	1,660.5	1,627.7	746.3	376.0	193.5	137.0	65.7	38.1	37.8	9.8
RENSSELAER	356	36.6	1,261.4	1,174.0	698.5	185.6	24.0	8.0	0.0	0.0	0.0	0.0
RICHMOND	803	24.8	946.2	1,049.6	439.1	158.2	56.8	35.4	27.7	13.0	8.5	11.6
ROCKLAND	461	4.4	663.7	1,084.9	607.6	180.9	92.2	27.1	9.7	14.8	6.1	0.0
SARATOGA	247	0.0	713.0	952.8	278.4	76.1	11.0	11.5	6.4	0.0	0.0	0.0
SCHENECTADY	437	29.0	1,618.5	1,928.1	911.6	308.3	98.5	68.4	46.0	31.4	14.0	0.0
SCHOHARIE	26	0.0	402.5	717.4	0.0	0.0	0.0	41.3	0.0	0.0	0.0	0.0
SCHUYLER	19	0.0	197.4	1,165.3	520.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SENECA	71	39.1	1,026.1	1,706.1	393.3	0.0	195.4	71.8	38.0	46.5	0.0	0.0
ST. LAWRENCE	174	12.8	559.1	868.8	331.0	68.2	0.0	11.8	0.0	0.0	0.0	0.0
STEUBEN	131	25.8	499.0	1,184.5	322.3	210.2	65.5	12.7	0.0	0.0	0.0	0.0
SUFFOLK	2,827	12.6	970.9	1,427.2	574.4	185.1	79.1	38.0	31.3	11.6	10.6	10.6
SULLIVAN	213	17.5	1,864.6	1,871.0	923.8	138.1	49.6	96.0	18.1	0.0	24.0	0.0
TIOGA	56	0.0	389.8	1,148.0	443.0	93.3	0.0	0.0	0.0	0.0	0.0	0.0
TOMPKINS	171	0.0	435.3	487.6	273.7	132.3	119.2	61.5	0.0	0.0	0.0	0.0

CHLAMYDIA AGE-SPECIFIC INCIDENCE RATES BY YEAR, COUNTY
 NEW YORK STATE, 2006
 * TOTAL CASES < 15

Attachment 1, Table 5b
 Data is provisional for counties outside of New York City
 Rates calculated per 100,000 residents

ULSTER	375	32.2	1,090.3	1,263.9	546.2	129.0	70.0	84.0	64.2	7.9	10.4	13.6
WARREN	106	0.0	706.9	1,472.9	538.1	23.5	152.0	39.4	0.0	0.0	0.0	0.0
WASHINGTON	103	0.0	1,164.2	1,017.5	341.4	22.9	40.7	19.5	43.5	0.0	0.0	0.0
WAYNE	179	39.2	1,041.0	1,629.0	322.3	161.2	85.0	24.2	14.0	15.7	0.0	0.0
WESTCHESTER	2,133	57.8	1,390.1	1,611.8	591.8	196.7	119.5	47.5	23.3	3.3	16.8	5.2
WYOMING	33	0.0	226.8	912.9	66.5	0.0	24.3	0.0	0.0	0.0	0.0	0.0
YATES	35	54.0	605.5	987.3	279.1	74.2	111.8	0.0	0.0	0.0	73.0	0.0
TOTAL	68,288											

New York State			
Age	Total	Male	Female
Total	19,297,729	9,360,736	9,936,993
<1	246,824	126,239	120,585
1	240,161	122,660	117,501
2	236,866	121,294	115,572
3	238,258	121,910	116,348
4	234,579	119,874	114,705
9-May	1,157,034	591,251	565,783
14-Oct	1,243,567	636,285	607,282
15-17	816,125	417,432	398,693
18-19	580,749	295,613	285,136
20-24	1,393,944	701,347	692,597
25-29	1,272,983	639,170	633,813
30-34	1,249,803	622,951	626,852
35-39	1,377,106	681,063	696,043
40-44	1,467,009	720,942	746,067
45-49	1,497,878	735,463	762,415
50-54	1,356,438	657,348	699,090
55-59	1,191,775	567,763	624,012
60-64	950,225	442,169	508,056
65-69	708,276	321,455	386,821
70-74	573,674	251,663	322,011
75-79	493,351	203,616	289,735
80-84	386,468	144,332	242,136
85+	384,636	118,896	265,740

New York State Exclusive of New York City			
Age	Total	Male	Female
Total	11,023,202	5,411,693	5,611,509
<1	127,683	65,363	62,320
1	124,356	63,693	60,663
2	123,246	63,039	60,207
3	127,248	65,216	62,032
4	128,506	65,636	62,870
9-May	657,761	336,209	321,552
14-Oct	735,994	377,192	358,802
15-17	490,705	252,291	238,414
18-19	357,534	183,468	174,066
20-24	815,579	419,054	396,525
25-29	672,975	344,737	328,238
30-34	596,991	306,340	290,651
35-39	699,541	349,394	350,147
40-44	825,400	405,846	419,554
45-49	893,242	441,472	451,770
50-54	818,331	404,064	414,267
55-59	716,492	349,704	366,788
60-64	578,258	277,251	301,007
65-69	417,286	195,337	221,949
70-74	343,300	154,929	188,371
75-79	303,502	128,787	174,715
80-84	239,271	92,040	147,231
85+	230,001	70,631	159,370

New York City			
Age	Total	Male	Female
Total	8,274,527	3,949,043	4,325,484
<1	119,141	60,876	58,265
1	115,805	58,967	56,838
2	113,620	58,255	55,365
3	111,010	56,694	54,316
4	106,073	54,238	51,835
9-May	499,273	255,042	244,231
14-Oct	507,573	259,093	248,480
15-17	325,420	165,141	160,279
18-19	223,215	112,145	111,070
20-24	578,365	282,293	296,072
25-29	600,008	294,433	305,575
30-34	652,812	316,611	336,201
35-39	677,565	331,669	345,896
40-44	641,609	315,096	326,513
45-49	604,636	293,991	310,645
50-54	538,107	253,284	284,823
55-59	475,283	218,059	257,224
60-64	371,967	164,918	207,049
65-69	290,990	126,118	164,872
70-74	230,374	96,734	133,640
75-79	189,849	74,829	115,020
80-84	147,197	52,292	94,905
85+	154,635	48,265	106,370

County	Age									
	15-44	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+
New York State										
New York State	4,079,201	607,282	398,693	285,136	692,597	633,813	626,852	696,043	746,067	762,415
New York City										
New York City	1,881,606	248,480	160,279	111,070	296,072	305,575	336,201	345,896	326,513	310,645
Bronx	321,364	53,087	34,113	22,124	53,425	52,949	51,848	53,529	53,376	50,658
Kings	564,594	84,025	54,029	35,498	94,321	93,409	94,764	96,829	95,744	92,891
New York	406,302	30,203	19,804	19,313	56,722	70,026	87,947	85,623	66,867	57,869
Queens	488,217	64,825	41,888	27,581	75,482	74,001	85,679	92,465	91,121	89,959
Richmond	101,129	16,340	10,445	6,554	16,122	15,190	15,963	17,450	19,405	19,268
Rest of State										
Rest of State	2,197,595	358,802	238,414	174,066	396,525	328,238	290,651	350,147	419,554	451,770
Albany	66,137	8,595	5,777	6,512	13,263	10,597	9,133	10,018	10,837	11,393
Allegany	10,773	1,352	1,020	1,504	2,699	1,705	1,183	1,252	1,410	1,697
Broome	40,421	5,667	3,880	4,214	8,200	7,148	4,994	5,541	6,444	7,542
Cattaraugus	15,707	2,513	1,723	1,278	3,025	2,712	2,092	2,291	2,586	3,214
Cayuga	15,320	2,439	1,812	1,134	2,638	2,567	1,996	2,458	2,715	3,264
Chautauqua	27,003	3,985	2,992	2,638	5,634	4,250	3,402	3,744	4,343	5,078
Chemung	16,770	2,653	1,870	1,238	3,040	3,099	2,229	2,452	2,842	3,534
Chenango	9,952	1,685	1,152	549	1,615	1,950	1,345	1,548	1,793	1,985
Clinton	17,861	2,207	1,678	1,693	3,806	3,096	2,304	2,313	2,971	3,149
Columbia	11,411	1,851	1,363	657	1,666	2,016	1,669	1,855	2,185	2,414
Cortland	11,532	1,397	981	1,474	2,761	1,927	1,447	1,314	1,628	1,730
Delaware	8,603	1,296	924	807	1,469	1,653	996	1,254	1,500	1,729
Dutchess	59,834	9,697	6,353	5,461	11,163	8,604	7,765	9,197	11,291	12,266
Erie	180,299	29,019	19,289	13,552	34,445	27,459	23,819	28,482	33,253	37,582
Essex	6,894	1,001	767	398	1,097	1,246	975	1,054	1,357	1,372
Franklin	8,982	1,392	949	643	1,554	1,610	1,103	1,425	1,698	1,887
Fulton	10,751	1,709	1,150	594	1,786	1,955	1,510	1,722	2,034	2,172
Genesee	11,160	1,910	1,410	810	1,978	1,535	1,378	1,778	2,271	2,515
Greene	9,073	1,476	1,002	544	1,411	1,554	1,367	1,442	1,753	1,844
Hamilton	835	140	97	33	128	165	125	142	145	181
Herkimer	12,283	1,957	1,353	828	2,143	2,376	1,611	1,851	2,121	2,495
Jefferson	25,482	3,771	2,426	1,230	4,114	6,516	4,083	3,394	3,719	3,997
Lewis	5,257	878	591	297	929	1,024	721	760	935	1,040
Livingston	14,040	1,773	1,248	1,990	3,625	1,960	1,299	1,697	2,221	2,465
Madison	15,142	2,075	1,487	2,045	2,985	2,348	1,668	2,087	2,522	2,810
Monroe	150,272	23,861	16,390	12,682	28,053	20,624	20,854	24,372	27,297	30,210
Montgomery	9,263	1,544	996	467	1,499	1,905	1,285	1,505	1,606	1,812
Nassau	240,689	44,372	28,453	19,141	43,775	24,964	30,016	40,942	53,398	58,081
Niagara	43,086	6,617	4,699	3,220	7,748	7,498	5,305	6,403	8,213	8,934
Oneida	44,482	7,131	4,880	3,335	7,850	7,321	6,058	7,095	7,943	8,780
Onondaga	95,424	15,064	9,958	7,538	17,918	15,450	12,711	14,775	17,074	18,320
Ontario	20,666	3,418	2,226	1,620	3,818	3,225	2,656	3,235	3,886	4,310

County	Age									
	15-44	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+
Orange	78,942	14,124	9,112	5,335	12,718	13,631	11,149	12,507	14,490	14,967
Orleans	9,008	1,274	1,020	552	1,351	1,597	1,336	1,492	1,660	1,696
Oswego	26,521	4,076	2,812	2,434	5,391	4,074	3,241	3,945	4,624	4,931
Otsego	14,219	1,627	1,263	2,005	3,819	2,112	1,518	1,651	1,851	2,305
Putnam	18,701	3,488	2,277	1,115	2,924	2,502	2,388	3,072	4,423	4,725
Rensselaer	32,174	4,866	3,257	2,366	5,636	5,513	4,420	5,229	5,753	6,286
Rockland	54,959	10,690	6,776	4,254	9,989	7,651	6,968	8,483	10,838	11,483
St Lawrence	23,190	3,033	2,240	2,723	5,158	3,875	2,665	3,059	3,470	3,977
Saratoga	45,189	6,910	4,359	2,795	7,080	7,438	6,743	7,927	8,847	8,874
Schenectady	29,770	4,780	3,156	2,080	4,959	4,879	4,213	4,707	5,776	5,976
Schoharie	6,555	1,009	666	758	1,048	1,127	850	925	1,181	1,217
Schuyler	3,582	601	397	198	536	734	485	594	638	747
Seneca	6,463	1,044	709	344	1,171	1,073	921	1,096	1,149	1,253
Steuben	19,104	3,104	2,189	1,095	2,898	3,974	2,585	2,919	3,444	3,721
Suffolk	284,218	50,543	32,546	20,030	45,856	37,686	37,450	49,421	61,229	62,452
Sullivan	14,942	2,435	1,839	889	2,322	2,833	1,980	2,313	2,766	2,755
Tioga	9,660	1,575	1,148	566	1,587	1,747	1,282	1,424	1,906	2,316
Tompkins	28,387	2,079	1,417	4,688	8,859	4,856	3,471	2,476	2,620	2,953
Ulster	36,426	5,470	3,768	3,054	6,753	5,738	4,715	5,627	6,771	7,373
Warren	13,295	1,924	1,415	875	2,013	2,246	2,132	2,173	2,441	2,561
Washington	11,998	1,806	1,323	732	1,828	2,229	1,651	1,931	2,304	2,427
Wayne	17,717	3,127	2,162	1,003	2,724	3,011	2,106	2,994	3,717	3,986
Westchester	184,940	32,685	20,224	13,046	29,802	23,751	25,669	33,098	39,350	40,525
Wyoming	7,375	1,252	867	433	1,302	1,217	960	1,081	1,515	1,567
Yates	4,856	835	576	570	966	685	654	605	800	895

Birth Rates Above the 90th Weighted Percentile*
for Women 15 to 19 years old by ZIP Code and County
2005 - 2007 Births

ZIP	County	2005-2007 Teen Births Age 15-19	2005 Female Population Age 15-19[^]	Teen Birth Rate per 1,000
13204	ONONDAGA	268	721	123.9
13202	ONONDAGA	62	169	122.3
14621	MONROE	448	1367	109.2
13208	ONONDAGA	180	588	102.0
14301	NIAGARA	112	368	101.4
14611	MONROE	223	736	101.0
14613	MONROE	175	587	99.4
14608	MONROE	130	443	97.8
13205	ONONDAGA	208	749	92.6
14201	ERIE	109	394	92.2
14207	ERIE	201	763	87.8
14212	ERIE	123	471	87.0
14605	MONROE	175	673	86.7
12206	ALBANY	130	505	85.8
11237	KINGS	389	1700	76.3
10454	BRONX	359	1610	74.3
11232	KINGS	169	816	69.0
10451	BRONX	336	1661	67.4
10455	BRONX	322	1600	67.1
11692	QUEENS	115	578	66.3
10303	RICHMOND	167	849	65.6
10459	BRONX	332	1732	63.9

* weighted by number of teenage births.

[^] Based on 2005 Claritas

New York State 2005-2007

Three year average for each zip code

COUNTY	ZIP CODE	Teen Pregnancy Rate	COUNTY	ZIP CODE	Teen Pregnancy Rate	COUNTY	ZIP CODE	Teen Pregnancy Rate	COUNTY
ALBANY	12303	59.4	CHEMUNG	14904	64.7	KINGS	11210	60.3	NEW YORK
ALBANY	12204	62.5	CHEMUNG	14825	66.7	KINGS	11234	62.2	NEW YORK
ALBANY	12183	70.2	CHEMUNG	14901	90.0	KINGS	11223	64.5	NEW YORK
ALBANY	12023	74.6	CHENANGO	13411	65.6	KINGS	11205	89.4	NEW YORK
ALBANY	12209	100.7	CHENANGO	13801	108.5	KINGS	11236	94.2	NEW YORK
ALBANY	12210	121.5	COLUMBIA	12534	69.7	KINGS	11231	95.5	NEW YORK
ALBANY	12202	122.1	COLUMBIA	12502	77.8	KINGS	11239	98.5	NEW YORK
ALBANY	12207	125.8	COLUMBIA	12521	85.0	KINGS	11201	100.6	NEW YORK
ALBANY	12206	134.7	DELAWARE	12167	70.6	KINGS	11220	104.3	NEW YORK
ALLEGANY	14895	60.7	DELAWARE	12430	70.7	KINGS	11225	104.6	NEW YORK
ALLEGANY	14739	65.5	DELAWARE	13783	71.7	KINGS	11238	108.4	NEW YORK
BRONX	10464	60.9	DUTCHESS	12601	65.3	KINGS	11217	109.4	NEW YORK
BRONX	10465	69.2	DUTCHESS	12508	76.1	KINGS	11203	110.5	NEW YORK
BRONX	10463	71.7	DUTCHESS	12592	78.4	KINGS	11226	115.3	NEW YORK
BRONX	10470	81.0	ERIE	14225	58.6	KINGS	11224	116.8	NEW YORK
BRONX	10475	85.5	ERIE	14214	59.3	KINGS	11213	118.8	NEW YORK
BRONX	10462	92.2	ERIE	14030	63.2	KINGS	11206	122.4	NEW YORK
BRONX	10461	93.8	ERIE	14220	68.4	KINGS	11232	127.0	NEW YORK
BRONX	10469	100.6	ERIE	14208	71.3	KINGS	11208	134.9	NIAGARA
BRONX	10458	111.3	ERIE	14218	78.9	KINGS	11216	142.7	NIAGARA
BRONX	10473	120.5	ERIE	14206	82.7	KINGS	11237	144.3	NIAGARA
BRONX	10466	128.1	ERIE	14216	84.6	KINGS	11207	146.1	ONEIDA
BRONX	10467	130.7	ERIE	14210	86.3	KINGS	11233	149.1	ONEIDA
BRONX	10468	136.1	ERIE	14202	88.2	KINGS	11221	150.4	ONEIDA
BRONX	10472	137.7	ERIE	14213	93.5	KINGS	11212	153.8	ONEIDA
BRONX	10452	140.1	ERIE	14091	109.0	LIVINGSTON	14510	81.7	ONEIDA
BRONX	10460	147.9	ERIE	14204	130.8	MADISON	13402	60.6	ONONDAGA
BRONX	10453	149.0	ERIE	14211	132.5	MADISON	13421	62.7	ONONDAGA
BRONX	10456	154.7	ERIE	14209	134.7	MONROE	14620	60.6	ONONDAGA
BRONX	10457	155.9	ERIE	14207	139.8	MONROE	14615	99.7	ONONDAGA
BRONX	10474	156.1	ERIE	14212	143.7	MONROE	14606	109.8	ONONDAGA
BRONX	10455	157.7	ERIE	14201	143.8	MONROE	14609	128.2	ONONDAGA
BRONX	10454	160.5	ERIE	14215	155.5	MONROE	14619	131.0	ONONDAGA
BRONX	10459	163.6	ERIE	14203	225.5	MONROE	14605	138.2	ONONDAGA
BRONX	10451	164.6	ESSEX	12956	81.9	MONROE	14607	145.8	ONONDAGA
BROOME	13903	59.3	FRANKLIN	12966	61.4	MONROE	14611	161.7	ONTARIO
BROOME	13904	68.3	FRANKLIN	12953	67.0	MONROE	14613	162.4	ORANGE
BROOME	13790	75.7	FRANKLIN	12916	74.5	MONROE	14604	166.7	ORANGE
BROOME	13797	76.7	FRANKLIN	13655	84.1	MONROE	14621	169.2	ORANGE
BROOME	13901	83.3	FULTON	12078	74.1	MONROE	14608	176.8	ORLEANS
BROOME	13905	109.8	GENESEE	14020	59.9	MONTGOMERY	13339	65.2	ORLEANS
CATTARAUGUS	14070	58.7	GENESEE	14005	60.6	MONTGOMERY	12010	77.1	OSWEGO
CATTARAUGUS	14129	62.1	GENESEE	14143	64.5	NASSAU	11520	66.6	OSWEGO
CATTARAUGUS	14065	64.1	GREENE	12414	64.2	NASSAU	11550	71.7	OSWEGO
CATTARAUGUS	14779	73.2	GREENE	12463	81.1	NASSAU	11553	72.6	OSWEGO
CATTARAUGUS	14042	80.3	HERKIMER	13338	60.0	NASSAU	11590	72.6	PUTNAM
CATTARAUGUS	14753	80.8	HERKIMER	13365	60.3	NASSAU	11575	116.8	
CAYUGA	13071	61.4	HERKIMER	13350	70.0				
CAYUGA	13092	64.9	JEFFERSON	13607	64.5				
CHAUTAUQUA	14136	60.9	JEFFERSON	13601	73.5				
CHAUTAUQUA	14716	61.3	JEFFERSON	13637	78.7				
CHAUTAUQUA	14048	82.5	JEFFERSON	13603	89.2				
CHAUTAUQUA	14701	86.1	JEFFERSON	13616	93.1				

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TEEN PREGNANCY RATES* BY COUNTY 2005-2007
(Three year average for each zip code)

ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate
ALBANY COUNTY		ALLEGANY COUNTY		BRONX COUNTY (CONT)		BROOME COUNTY (CONT)		CATTARAUGUS COUNTY (CONT)		CHAUTAUQUA COUNTY		CHEMUNG COUNTY		CLINTON COUNTY	
12009	16.0	14709	25.3	10458	111.3	13795	41.7	14743	38.8	14048	82.5	14814	22.6	12901	40.6
12023	74.6	14711	18.3	10459	163.6	13797	76.7	14753	80.8	14062	31.9	14825	66.7	12910	46.2
12047	54.5	14715	47.2	10460	147.9	13813	33.3	14755	32.3	14063	9.8	14838	42.9	12912	43.7
12054	6.3	14717	50.5	10461	93.8	13833	41.2	14760	58.0	14136	60.9	14845	23.8	12918	19.2
12059	4.8	14727	28.0	10462	92.2	13850	5.4	14772	25.5	14701	86.1	14861	32.5	12919	31.3
12067	21.9	14735	28.3	10463	71.7	13862	45.1	14779	73.2	14710	25.6	14864	25.6	12921	28.3
12077	12.1	14739	65.5	10464	60.9	13865	51.3	CAYUGA COUNTY		14712	25.4	14871	21.2	12934	52.6
12084	21.2	14744	4.9	10465	69.2	13901	83.3			14716	61.3	14889	52.3	12935	52.3
12110	17.3	14754	30.3	10466	128.1	13903	59.3	13021	50.1	14718	40.5	14894	54.5	12958	55.6
12143	40.5	14770	37.3	10467	130.7	13904	68.3	13026	3.5	14723	40.2	14901	90.0	12959	40.0
12158	15.5	14803	12.1	10468	136.1	13905	109.8	13033	16.2	14724	35.8	14903	49.6	12962	35.9
12159	7.4	14804	9.7	10469	100.6	CATTARAUGUS COUNTY		13034	41.7	14728	14.8	14904	64.7	12972	28.9
12183	70.2	14806	27.4	10470	81.0			13071	61.4	14733	43.7	14905	43.2	12979	49.0
12186	10.0	14813	41.2	10471	13.7	14042	80.3	13081	45.0	14738	19.9	CHEMUNG COUNTY		12981	29.5
12189	29.2	14822	53.3	10472	137.7	14065	64.1	13092	64.9	14740	33.3			12985	31.4
12193	23.0	14880	40.0	10473	120.5	14070	58.7	13111	46.4	14747	28.4	13411	65.6	12992	33.0
12202	122.1	14895	60.7	10474	156.1	14101	58.2	13118	41.0	14750	28.9	13460	51.6	COLUMBIA COUNTY	
12203	10.6	14897	22.2	10475	85.5	14129	62.1	13140	46.6	14757	33.6	13464	10.4		
12204	62.5	BRONX COUNTY		BROOME COUNTY		14138	37.0	13147	23.4	14767	4.1	13730	36.7	12029	0.0
12205	38.2					14171	24.1	13156	34.6	14769	22.2	13733	57.3	12037	36.2
12206	134.7	10451	164.6	13744	6.7	14706	21.3	13160	46.3	14775	24.8	13778	45.4	12060	11.5
12207	125.8	10452	140.1	13746	36.4	14719	25.1	13166	27.2	14781	40.7	13780	44.4	12075	46.2
12208	47.2	10453	149.0	13748	30.5	14726	12.7			14782	40.7	13801	108.5	12106	31.9
12209	100.7	10454	160.5	13754	51.5	14729	40.7			14784	27.0	13809	29.9	12125	46.2
12210	121.5	10455	157.7	13760	45.7	14731	0.0			14787	47.9	13815	53.5	12130	33.3
12211	8.0	10456	154.7	13787	45.8	14737	46.7					13830	36.1	12136	0.0
12303	59.4	10457	155.9	13790	75.7	14741	34.8							12173	32.0

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TEEN PREGNANCY RATES* BY COUNTY 2005-2007
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ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate
COLUMBIA COUNTY (CONT)		DELAWARE COUNTY (CONT)		DUTCHESS COUNTY (CONT)		ERIE COUNTY (CONT)		ERIE COUNTY (CONT)		ESSEX COUNTY (CONT)		FULTON COUNTY		GREENE COUNTY (CONT)		HERKIMER COUNTY (CONT)	
12184	18.3	13757	22.2	12578	47.6	14055	17.9	14211	132.5	12946	21.1	12025	53.3	12087	41.7	13420	
12502	77.8	13775	10.9	12580	33.1	14057	20.6	14212	143.7	12956	81.9	12078	74.1	12192	16.7	13431	
12516	26.1	13783	71.7	12581	9.0	14059	11.6	14213	93.5	12974	55.6	12095	58.2	12413	45.2		JEFFERSON COUNTY
12521	85.0	13838	44.3	12582	16.8	14068	13.7	14214	59.3	12993	18.5	12117	43.4	12414	64.2		
12523	53.8	13839	44.0	12583	38.5	14072	16.2	14215	155.5	12996	19.3	13329	45.0	12423	45.0	13601	
12526	33.3	13849	36.9	12585	28.6	14075	20.8	14216	84.6	12997	0.0	13452	42.4	12427	37.0	13602	
12529	25.1	13856	46.4	12590	35.6	14080	38.8	14217	37.8	FRANKLIN COUNTY		GENESEE COUNTY		12431	22.2	13603	
12534	69.7	DUTCHESS COUNTY		12592	78.4	14081	49.6	14218	78.9	FRANKLIN COUNTY		GENESEE COUNTY		12451	33.9	13605	
CORTLAND COUNTY		DUTCHESS COUNTY		12594	25.3	14085	14.1	14219	38.1	12914	18.5	14005	60.6	12463	81.1	13606	
		12501	43.3	12601	65.3	14086	17.4	14220	68.4	12916	74.5	14013	52.1	12468	37.0	13607	
13040	45.6	12507	0.0	12603	23.4	14091	109.0	14221	16.2	12917	58.0	14020	59.9	12485	52.1	13608	
13045	28.7	12508	76.1	ERIE COUNTY		14102	18.8	14222	57.5	12920	49.8	14036	30.0	12496	53.3	13612	
13077	43.8	12514	29.6	ERIE COUNTY		14111	34.3	14223	29.5	12926	35.3	14040	8.9	HAMILTON COUNTY		13616	
13101	48.1	12522	36.6	14001	18.9	14127	16.2	14224	28.4	12937	27.3	14054	39.2	HAMILTON COUNTY		13618	
13158	50.3	12524	34.2	14004	18.6	14139	36.5	14225	58.6	12953	67.0	14058	45.3	12134	34.3	13622	
13803	33.1	12531	19.2	14006	39.1	14141	27.9	14226	29.1	12957	44.4	14125	43.5	12842	8.5	13624	
DELAWARE COUNTY		12533	20.4	14025	6.2	14150	44.1	14227	28.3	12966	61.4	14143	64.5	HERKIMER COUNTY		13634	
DELAWARE COUNTY		12538	32.9	14026	30.3	14170	4.0	14228	36.1	12980	35.1	14416	17.1	HERKIMER COUNTY		13637	
12167	70.6	12540	19.7	14030	63.2	14201	143.8	ESSEX COUNTY		12983	28.0	14422	33.9	13322	18.9	13650	
12430	70.7	12545	20.7	14031	12.4	14202	88.2	ESSEX COUNTY		12986	50.1	14482	44.9	13324	48.3	13656	
12455	41.1	12546	28.2	14032	14.9	14203	225.5	12870	14.7	12989	15.0	14525	23.0	13338	60.0	13661	
12474	17.9	12564	18.0	14033	27.2	14204	130.8	12883	55.8	13655	84.1	GREENE COUNTY		13340	47.0	13673	
12776	22.5	12567	16.5	14034	8.1	14206	82.7	12913	29.4			GREENE COUNTY		13350	70.0	13679	
13739	46.3	12569	25.1	14043	32.0	14207	139.8	12928	52.6			12015	32.4	13357	53.5	13682	
13752	11.1	12570	12.3	14047	21.7	14208	71.3	12932	16.7			12051	34.0	13365	60.3	13685	
13753	12.8	12571	16.1	14051	9.7	14209	134.7	12941	19.6			12058	37.0	13407	49.6	13691	
13755	54.1	12572	16.2	14052	14.4	14210	86.3	12944	48.3			12083	29.6	13416	47.6		

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R COUNTY (NT)	KINGS COUNTY		KINGS COUNTY (CONT)		LIVINGSTON COUNTY		MADISON COUNTY		MONROE COUNTY (CONT)		MONTGOMERY COUNTY (CONT)		NASSAU COUNTY (CONT)		NASSAU COUNTY (CONT)	
22.7	11201	100.6	11230	33.5	14414	21.2	13402	60.6	14607	145.8	13317	34.2	11548	5.9	11714	14.3
39.8	11203	110.5	11231	95.5	14423	33.1	13408	14.9	14608	176.8	13339	65.2	11550	71.7	11732	3.2
N COUNTY	11204	32.9	11232	127.0	14435	24.2	13409	19.2	14609	128.2	13428	36.5	11552	22.0	11753	3.5
	11205	89.4	11233	149.1	14437	31.6	13421	62.7	14610	24.5	NASSAU COUNTY		11553	72.6	11756	18.0
73.5	11206	122.4	11234	62.2	14454	5.6	13485	45.8	14611	161.7	NASSAU COUNTY		11554	16.3	11758	14.5
13.4	11207	146.1	11235	47.6	14481	26.2	MONROE COUNTY		14612	31.2	11001	14.8	11557	3.0	11762	10.8
89.2	11208	134.9	11236	94.2	14485	20.8	MONROE COUNTY		14613	162.4	11003	38.2	11558	22.8	11771	16.7
38.0	11209	45.0	11237	144.3	14487	10.1	14420	17.7	14615	99.7	11010	7.7	11559	12.7	11783	7.5
25.4	11210	60.3	11238	108.4	14510	81.7	14428	28.2	14616	49.0	11020	7.7	11560	8.3	11791	2.0
64.5	11211	52.4	11239	98.5	14517	47.6	14445	30.3	14617	24.9	11021	5.7	11561	25.5	11793	11.8
48.9	11212	153.8	LEWIS COUNTY		14533	20.8	14450	14.2	14618	6.9	11023	5.3	11563	15.4	11797	2.4
31.7	11213	118.8	LEWIS COUNTY		14836	9.8	14464	41.7	14619	131.0	11024	8.9	11565	11.3	11801	25.0
93.1	11214	40.9	13325	17.5	14846	32.3	14467	25.7	14620	60.6	11030	8.0	11566	8.6	11803	5.9
11.3	11215	53.7	13327	31.4	MADISON COUNTY		14468	26.8	14621	169.2	11040	11.7	11568	2.8	11804	2.1
50.0	11216	142.7	13343	48.3	MADISON COUNTY		14472	17.1	14622	42.2	11050	15.6	11570	13.1	NEW YORK COUNTY	
23.8	11217	109.4	13367	36.6	13030	30.3	14506	5.8	14623	22.1	11096	51.7	11572	13.8	NEW YORK COUNTY	
25.6	11218	55.3	13368	22.2	13032	51.5	14514	14.6	14624	29.2	11501	23.4	11575	116.8	10001	51.7
78.7	11219	41.3	13433	47.6	13035	9.2	14526	15.8	14625	19.2	11507	5.8	11576	5.6	10002	75.7
28.4	11220	104.3	13473	36.0	13037	40.3	14534	8.7	14626	32.0	11509	9.4	11577	9.9	10003	14.1
37.5	11221	150.4	13619	40.5	13052	40.2	14543	10.2	MONTGOMERY COUNTY		11510	26.5	11579	23.5	10007	77.6
15.2	11222	42.6	13620	19.8	13061	37.0	14546	24.6	MONTGOMERY COUNTY		11514	5.0	11580	20.7	10009	91.6
43.6	11223	64.5	13626	58.3	13072	39.2	14559	21.7	12010	77.1	11516	5.5	11581	7.4	10010	37.2
45.2	11224	116.8	13648	25.6	13082	14.9	14580	19.4	12066	5.0	11518	11.9	11590	72.6	10011	74.5
45.0	11225	104.6			13122	17.5	14586	14.6	12068	29.2	11520	66.6	11596	8.3	10012	34.8
32.1	11226	115.3			13332	35.9	14604	166.7	12070	23.8	11530	4.9	11598	3.3	10013	15.0
36.0	11228	39.4			13334	33.3	14605	138.2	12072	43.1	11542	37.3	11709	10.6	10014	20.8
	11229	43.1			13346	7.3	14606	109.8	12166	43.2	11545	8.9	11710	8.4	10016	36.8

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NEW YORK COUNTY (CONT)		NIAGARA COUNTY		ONEIDA COUNTY (CONT)		ONONDAGA COUNTY		ONONDAGA COUNTY (CONT)		ORANGE COUNTY		ORANGE COUNTY (CONT)		OSWEGO COUNTY		OTSEGO (CO	
10017	54.3	14008	9.8	13323	11.6	13027	20.1	13206	102.4	10916	13.0	12575	31.6	13131	42.7	13820	
10018	42.5	14012	28.4	13328	16.7	13029	48.1	13207	120.1	10917	6.5	12577	19.3	13132	32.9	13825	
10019	96.9	14028	37.6	13354	30.3	13031	18.7	13208	140.6	10918	25.9	12586	44.5	13135	52.5	13843	
10021	18.8	14067	29.2	13363	41.7	13039	21.4	13209	53.8	10921	21.8	12729	35.7	13142	40.1	PUTNAM	
10022	25.8	14092	33.7	13403	9.3	13041	31.1	13210	23.2	10924	28.2	12746	40.7	13144	36.2		
10023	30.0	14094	48.2	13413	14.8	13057	29.2	13211	46.0	10925	31.3	12771	68.6	13145	12.3	10509	
10024	41.2	14105	35.1	13417	60.2	13060	43.2	13212	36.2	10926	31.6	12780	26.0	13167	15.7	10512	
10025	54.3	14108	23.6	13424	43.7	13063	20.8	13214	12.9	10928	30.5	ORLEANS COUNTY		13302	71.0	10516	
10026	140.2	14120	34.1	13425	35.1	13066	9.7	13215	10.8	10930	6.3			13493	59.9	10524	
10027	81.5	14131	47.4	13438	50.7	13078	17.8	13219	25.6	10940	92.3	14098	52.2	OTSEGO COUNTY		10537	
10028	41.5	14132	30.0	13440	65.6	13080	23.3	13224	61.6	10941	42.7	14103	51.7			10541	
10029	149.4	14172	23.2	13456	25.4	13084	17.4	ONTARIO COUNTY		10950	30.8	14411	62.7	12116	25.6	10579	
10030	159.1	14174	21.7	13461	43.4	13088	44.1			10958	29.0	14470	26.0	12155	20.8	12563	
10031	130.3	14301	175.7	13471	69.0	13090	29.0	14424	41.4	10963	21.3	14476	28.3	12197	28.6	QUEENS	
10032	123.1	14303	119.3	13476	40.9	13104	10.1	14425	39.3	10969	46.5	14477	77.6	13315	12.8		
10033	102.3	14304	52.2	13477	30.9	13108	9.9	14432	40.6	10973	4.1	14571	25.6	13320	28.5	11004	
10034	92.8	14305	122.9	13478	42.0	13110	17.7	14456	46.7	10987	11.4	OSWEGO COUNTY		13326	17.7	11101	
10035	143.2	ONEIDA COUNTY		13480	36.6	13112	22.6	14466	21.2	10990	24.4			13335	31.4	11102	
10036	113.0			13490	23.8	13116	20.6	14469	32.7	10992	30.4	13028	61.7	13348	30.3	11103	
10037	176.1	13042	45.1	13492	26.4	13120	80.4	14471	29.0	10996	8.9	13036	41.4	13439	33.1	11104	
10038	40.4	13054	30.8	13495	23.8	13152	6.3	14504	20.8	10998	25.8	13044	57.8	13491	42.3	11105	
10039	168.7	13303	40.0	13501	115.2	13159	20.6	14512	31.8	12518	12.2	13069	59.9	13796	31.0	11106	
10040	88.2	13304	30.7	13502	109.4	13164	31.4	14532	45.0	12520	13.8	13074	39.1	13807	19.3	11354	
10044	49.0	13308	49.0			13202	218.9	14548	46.9	12543	48.5	13076	42.3	13808	19.9	11355	
10128	26.5	13309	46.6			13203	125.9	14560	61.4	12549	27.6	13083	57.1	13810	23.8	11356	
10280	13.0	13316	47.8			13204	172.4	14561	25.4	12550	91.0	13114	24.9			11357	
		13318	25.3			13205	145.1	14564	11.4	12553	38.2	13126	31.7			11358	

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COUNTY (NT)	QUEENS COUNTY (CONT)		QUEENS COUNTY (CONT)		RENSSELAER COUNTY (CONT)		RICHMOND COUNTY (CONT)		ROCKLAND COUNTY (CONT)		SARATOGA COUNTY		SCHENECTADY COUNTY (CONT)		SENECA COUNTY	
15.4	11360	16.9	11419	84.9	12090	45.6	10310	111.5	10989	8.1	12019	16.7	12306	54.4	13148	56.4
17.4	11361	33.2	11420	76.8	12094	31.0	10312	19.6	10993	52.0	12020	34.5	12307	151.9	13165	48.6
33.3	11362	13.6	11421	95.0	12121	26.0	10314	36.5	10994	11.2	12027	14.7	12308	150.0	14521	41.7
COUNTY	11363	26.1	11422	73.2	12123	46.9	ROCKLAND COUNTY		ST LAWRENCE COUNTY		12065	22.2	12309	15.8	14541	39.4
	11364	17.7	11423	86.5	12138	14.6					12074	34.9	SCHOHARIE COUNTY		14847	50.6
19.0	11365	44.4	11426	25.2	12140	48.8	10901	12.1	12967	57.1	12086	32.3			STEUBEN COUNTY	
19.9	11366	30.8	11427	53.4	12144	42.0	10913	2.6	13613	50.5	12118	42.3	12043	25.6		
5.7	11367	41.3	11428	68.2	12153	10.4	10920	15.2	13617	15.6	12148	12.7	12076	37.0		
11.0	11368	121.7	11429	89.0	12154	40.8	10923	29.5	13625	16.5	12170	44.1	12092	23.8	14572	49.5
61.7	11369	80.9	11432	76.2	12156	0.0	10927	85.9	13630	30.9	12188	21.4	12093	30.9	14801	32.5
14.0	11370	81.2	11433	118.7	12168	26.7	10931	0.0	13635	29.0	12803	71.5	12122	40.1	14807	14.1
17.7	11372	92.4	11434	119.8	12180	53.3	10952	24.5	13642	59.2	12822	65.3	12149	64.1	14809	24.3
8.9	11373	85.3	11435	94.5	12182	54.2	10954	19.4	13646	28.1	12831	17.1	12157	49.9	14810	54.1
COUNTY	11374	32.7	11436	125.6	12185	44.2	10956	15.3	13652	32.4	12833	30.3	12160	17.5	14819	53.8
	11375	28.7	11691	109.5	12196	15.7	10960	24.1	13654	18.9	12835	77.2	SCHUYLER COUNTY		14820	9.8
29.0	11377	69.4	11692	166.1	12198	14.4	10962	9.3	13658	45.6	12850	18.9			14821	16.4
91.1	11378	44.9	11693	99.1	RICHMOND COUNTY		10964	0.0	13660	36.6	12859	40.2	14805	19.0	14823	32.9
115.9	11379	31.7	11694	56.8			10965	13.4	13662	51.7	12866	19.7	14812	21.5	14826	22.2
41.7	11385	74.7	11697	6.9	10301	91.4	10968	16.7	13667	59.9	12871	57.9	14818	31.4	14830	30.7
57.1	11411	67.9	RENSSELAER COUNTY		10302	125.1	10970	35.3	13668	42.9	SCHENECTADY COUNTY		14865	54.8	14840	9.3
36.7	11412	110.4			10303	151.6	10974	33.0	13676	12.4			14869	28.4	14843	41.6
76.2	11413	103.8	12018	14.3	10304	99.6	10976	20.1	13680	12.8	12053	13.6	14878	43.9	14855	35.1
47.1	11414	35.3	12022	31.3	10305	54.6	10977	55.9	13681	118.3	12056	15.2	14891	32.9	14858	41.7
39.8	11415	48.0	12033	19.2	10306	37.4	10980	22.5	13684	15.9	12137	44.9			14870	19.6
63.2	11416	107.2	12052	5.3	10307	17.1	10983	10.7	13694	37.0	12302	39.3			14873	24.3
19.3	11417	94.3	12061	14.6	10308	17.4	10984	6.2	13697	29.3	12304	94.2				
22.4	11418	87.1	12062	14.9	10309	27.3	10986	28.4	13669	52.2	12305	31.1				

Zip codes with fewer than 30 15 to 19 year old females are not included

*Pregnancy rates are the number of pregnancies per thousand females age 15 to 19 years

TEEN PREGNANCY RATES* BY COUNTY 2005-2007
(Three year average for each zip code)

ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate						
STEUBEN COUNTY (CONT)		SUFFOLK COUNTY (CONT)		SUFFOLK COUNTY (CONT)		SUFFOLK COUNTY (CONT)		SULLIVAN COUNTY (CONT)		TOMPKINS COUNTY (CONT)		ULSTER COUNTY (CONT)		WASHINGTON COUNTY (CONT)		WESTC COU	
14879	47.6	11733	10.8	11782	12.9	11955	111.1	12768	40.7	14850	12.6	12525	20.7	12827	51.3	10502	
14885	25.0	11735	25.4	11784	28.8	11961	19.5	12775	28.7	14867	53.7	12528	24.7	12828	44.1	10504	
14898	12.1	11738	23.0	11786	23.7	11963	27.5	12779	288.9	14882	14.7	12542	33.1	12832	32.5	10506	
SUFFOLK COUNTY		11740	7.2	11787	11.9	11964	19.6	12783	44.0	14886	26.3	12547	48.1	12834	38.3	10507	
		11741	23.2	11788	10.6	11967	39.9	12788	80.8	ULSTER COUNTY		12548	86.7	12839	99.3	10510	
11701	70.0	11742	20.7	11789	37.0	11968	35.9	12789	83.3			12561	13.6	12865	42.6	10511	
11702	17.9	11743	15.5	11790	6.2	11971	18.4	12790	37.4	12401	93.3	12566	39.6	12887	48.8	10514	
11703	41.7	11746	33.7	11792	16.9	11976	12.1	TIOGA COUNTY		12404	44.1	12589	38.9	WAYNE COUNTY		10520	
11704	24.8	11747	8.7	11795	9.7	11977	27.0			12428	89.6	WARREN COUNTY				13143	42.0
11705	11.7	11749	48.0	11796	20.1	11978	28.0	13732	22.2	12440	55.6			WASHINGTON COUNTY		14568	28.1
11706	54.2	11751	11.2	11798	90.3	11980	35.4	13734	43.3	12443	19.6	12801	85.8			13146	92.4
11713	69.7	11752	14.7	11901	80.3	SULLIVAN COUNTY		13736	49.8	12446	68.6	12804	36.2	14433	52.6	10527	
11715	36.0	11754	12.7	11933	20.9			13743	35.2	12449	38.7	12814	25.6	14489	75.9	10528	
11716	20.1	11755	19.0	11934	36.1	12701	97.1	13811	27.9	12457	10.1	12815	36.0	14502	23.9	10530	
11717	92.0	11757	24.7	11935	11.3	12719	0.0	13812	13.7	12458	53.8	12817	39.9	14505	24.0	10532	
11718	20.2	11763	43.1	11937	35.6	12721	69.3	13827	37.6	12461	22.2	12843	58.3	14513	64.6	10533	
11719	14.2	11764	12.2	11940	29.4	12723	6.3	13835	37.7	12464	7.9	12845	28.3	14516	51.0	10536	
11720	28.5	11766	12.5	11941	20.5	12726	25.0	13864	61.4	12466	51.8	12846	46.8	14519	36.7	10538	
11721	13.2	11767	16.4	11942	22.6	12734	38.8	14859	35.1	12472	72.5	12853	30.9	14522	46.1	10543	
11722	67.6	11768	9.3	11944	50.1	12737	25.2	14883	31.4	12477	50.1	12860	14.5	14551	55.8	10546	
11724	6.0	11769	10.7	11946	49.8	12740	28.1	14892	49.4	12481	20.2	12885	79.7	14555	23.3	10547	
11725	9.9	11772	45.1	11949	16.0	12747	35.7	TOMPKINS COUNTY		12484	31.6	WASHINGTON COUNTY		14568	28.1	10548	
11726	65.8	11776	29.8	11950	70.5	12748	84.7			12486	18.5			14589	27.3	10549	
11727	36.1	11777	17.2	11951	75.2	12754	91.4	13053	27.4	12487	23.3	12028	24.9	14590	64.4	10550	
11729	30.3	11778	28.2	11952	17.0	12758	60.6	13068	32.4	12491	27.3	12057	20.8			10552	
11730	14.1	11779	24.6	11953	29.3	12759	96.0	13073	37.5	12498	23.1	12809	56.8			10553	
11731	11.6	11780	9.4	11954	18.2	12764	29.8	14817	40.5	12515	75.0	12816	24.9			10560	

Zip codes with fewer than 30 15 to 19 year old females are not included

*Pregnancy rates are the number of pregnancies per thousand females age 15 to 19 years

**TEEN PREGNANCY RATES* BY COUNTY 2005-2007
(Three year average for each zip code)**

Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate	ZIP CODE	Teen Pregnancy Rate
HESTER COUNTY	WESTCHESTER COUNTY (CONT)		WESTCHESTER COUNTY (CONT)		YATES COUNTY	
8.1	10562	56.5	10707	20.9	14418	24.4
4.5	10566	89.9	10708	9.8	14478	1.9
3.2	10567	19.4	10709	12.1	14507	23.0
34.9	10570	13.5	10710	27.3	14527	24.3
3.5	10573	59.9	10801	89.0	14544	45.8
41.7	10576	0.0	10803	18.9	14837	33.2
3.3	10577	8.0	10804	5.2		
18.8	10580	5.9	10805	34.5		
11.0	10583	3.2	WYOMING COUNTY			
58.7	10588	15.9				
13.0	10589	17.9	14009	31.3		
6.1	10590	9.1	14011	34.2		
14.5	10591	52.2	14024	38.1		
12.4	10594	4.6	14037	33.3		
7.0	10595	5.5	14066	28.8		
4.0	10598	10.4	14145	0.0		
3.5	10601	121.6	14167	16.4		
8.3	10603	67.9	14427	26.3		
23.4	10604	20.0	14530	30.8		
18.5	10605	30.5	14550	37.0		
18.9	10606	91.7	14569	39.7		
10.9	10607	93.6	14591	27.8		
33.4	10701	107.6				
99.6	10703	58.5				
37.5	10704	28.2				
69.5	10705	92.6				
7.8	10706	16.0				

Zip codes with fewer than 30 15 to 19 year old females are not included

*Pregnancy rates are the number of pregnancies per thousand females age 15 to 19 years

ATTACHMENT 2:
Standard Grant Contract

GRANT CONTRACT (STANDARD)

STATE AGENCY (Name and Address):	.	NYS COMPTROLLER'S NUMBER: _____
	.	
	.	ORIGINATING AGENCY CODE:
_____	.	_____
CONTRACTOR (Name and Address):	.	TYPE OF PROGRAM(S)
	.	
	.	
_____	.	_____
FEDERAL TAX IDENTIFICATION NUMBER:	.	INITIAL CONTRACT PERIOD
	.	
	.	FROM:
MUNICIPALITY NO. (if applicable):	.	
	.	TO:
	.	
CHARITIES REGISTRATION NUMBER:	.	FUNDING AMOUNT FOR INITIAL
PERIOD:	.	
__ __ - __ __ - __ __ or () EXEMPT:	.	
(If EXEMPT, indicate basis for exemption):	.	
	.	_____
	.	MULTI-YEAR TERM (if applicable):
	.	
	.	FROM:
CONTRACTOR HAS() HAS NOT() TIMELY	.	
FILED WITH THE ATTORNEY GENERAL'S	.	TO:
CHARITIES BUREAU ALL REQUIRED PERIODIC	.	
OR ANNUAL WRITTEN REPORTS.	.	
_____	.	
CONTRACTOR IS() IS NOT() A	.	
SECTARIAN ENTITY	.	
CONTRACTOR IS() IS NOT() A	.	
NOT-FOR-PROFIT ORGANIZATION	.	

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

_____	APPENDIX A	Standard clauses as required by the Attorney General for all State contracts.
_____	APPENDIX A-1	Agency-Specific Clauses (Rev 10/08)
_____	APPENDIX B	Budget
_____	APPENDIX C	Payment and Reporting Schedule
_____	APPENDIX D	Program Workplan
_____	APPENDIX X	Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

OTHER APPENDICES

_____	APPENDIX A-2	Program-Specific Clauses
_____	APPENDIX E-1	Proof of Workers' Compensation Coverage
_____	APPENDIX E-2	Proof of Disability Insurance Coverage
_____	APPENDIX H	Federal Health Insurance Portability and Accountability Act
		Business Associate Agreement
_____	APPENDIX _____	_____
_____	APPENDIX _____	_____

IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates below their signatures.

Contract No. _____

CONTRACTOR

STATE AGENCY

By: _____

By: _____

(Print Name)

(Print Name)

Title: _____

Title: _____

Date: _____

Date: _____

State Agency Certification:
"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

STATE OF NEW YORK)
) SS:
County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Title: _____

Title: _____

Date: _____

Date: _____

STATE OF NEW YORK

AGREEMENT

This AGREEMENT is hereby made by and between the State of New York agency (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has the authority to regulate and provide funding for the establishment and operation of program services and desires to contract with skilled parties possessing the necessary resources to provide such services; and

WHEREAS, the CONTRACTOR is ready, willing and able to provide such program services and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services required pursuant to the terms of this AGREEMENT;

NOW THEREFORE, in consideration of the promises, responsibilities and covenants herein, the STATE and the CONTRACTOR agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT may consist of successive periods (PERIOD), as specified within the AGREEMENT or within a subsequent Modification Agreement(s) (Appendix X). Each additional or superseding PERIOD shall be on the forms specified by the particular State agency, and shall be incorporated into this AGREEMENT.
- B. Funding for the first PERIOD shall not exceed the funding amount specified on the face page hereof. Funding for each subsequent PERIOD, if any, shall not exceed the amount specified in the appropriate appendix for that PERIOD.
- C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- D. For each succeeding PERIOD of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (The attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT.

To modify the AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, or change in the term, is subject to the approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A1.

- E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.

- F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.
- G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

II. Payment and Reporting

- A. The CONTRACTOR, to be eligible for payment, shall submit to the STATE's designated payment office (identified in Appendix C) any appropriate documentation as required by the Payment and Reporting Schedule (Appendix C) and by agency fiscal guidelines, in a manner acceptable to the STATE.
- B. The STATE shall make payments and any reconciliations in accordance with the Payment and Reporting Schedule (Appendix C). The STATE shall pay the CONTRACTOR, in consideration of contract services for a given PERIOD, a sum not to exceed the amount noted on the face page hereof or in the respective Appendix designating the payment amount for that given PERIOD. This sum shall not duplicate reimbursement from other sources for CONTRACTOR costs and services provided pursuant to this AGREEMENT.
- C. The CONTRACTOR shall meet the audit requirements specified by the STATE.

III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.
- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.
- C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.
- D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
- E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.
- F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

IV. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

V. Property

Any equipment, furniture, supplies or other property purchased pursuant to this AGREEMENT is deemed to be the property of the STATE except as may otherwise be governed by Federal or State laws, rules and regulations, or as stated in Appendix A-2.

VI. Safeguards for Services and Confidentiality

- A. Services performed pursuant to this AGREEMENT are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.
- B. Funds provided pursuant to this AGREEMENT shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.
- C. Information relating to individuals who may receive services pursuant to this AGREEMENT shall be maintained and used only for the purposes intended under the contract and in conformity with applicable provisions of laws and regulations, or specified in Appendix A-1.

AGENCY SPECIFIC CLAUSES FOR ALL
DEPARTMENT OF HEALTH CONTRACTS

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.
2. The CONTRACTOR certifies that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.
3. Administrative Rules and Audits:
 - a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.
 - i. For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".
 - ii. For a nonprofit organization other than
 - ◆ an institution of higher education,
 - ◆ a hospital, or
 - ◆ an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular, use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.
 - iii. For an Educational Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".
 - iv. For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States Local Governments and Non-profit Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.
 - b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.
 - c. The CONTRACTOR shall comply with the following grant requirements regarding audits.

1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.

- 3) This section shall be applicable to this AGREEMENT only if federal funds allotted exceed \$100,000.
 - a) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:
 - ◆ No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.
 - ◆ If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
 - b) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
 - c) The CONTRACTOR shall disclose specified information on any agreement

with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Accounts Management at (518) 474-1208. Completed forms should be submitted to the New York State Department of Health, Bureau of Accounts Management, Empire State Plaza, Corning Tower Building, Room 1315, Albany, 12237-0016.

- d) The CONTRACTOR shall file quarterly updates on the use of lobbyists if material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.

4) The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:

- a) Payments of reasonable compensation made to its regularly employed officers or employees;
- b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and
- c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any

indoor facility used for the provision of services for children as defined by the Act. The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1) APPENDIX B TO 45 CFR PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d) The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those

regulations.

- e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- f) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
- g) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.
- h) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- i) Except for transactions authorized under paragraph "e" of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

2) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

- a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.
- b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

- 6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance

and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.

7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.
8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.
9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.
10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.
11. Where the STATE does not provide notice to the NOT-FOR-PROFIT CONTRACTOR of its intent to not renew this contract by the date by which such notice is required by Section 179-t(1) of the State Finance Law, then this contract shall be deemed continued until the date that the agency provides the notice required by Section 179-t, and the expenses incurred during such extension shall be reimbursable under the terms of this contract.

12. Other Modifications

- a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:

- ◆ Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC for approval;
- ◆ Appendix C - Section 11, Progress and Final Reports;
- ◆ Appendix D - Program Workplan will require OSC approval.

- b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.

13. Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR

- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

14. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). Contractor shall be liable for the costs associated with such breach if caused by Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Contractor's agents, officers, employees or subcontractors.
15. All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.
16. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX B

BUDGET
(sample format)

Organization Name: _____

Budget Period: Commencing on: _____ Ending on: _____

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
--------	-------	---------------	--------------------------------	--------------------------------

Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE:	_____

Other Than Personal Service Amount

Category	
Supplies	
Travel	
Telephone	
Postage	
Photocopy	
Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE _____

GRAND TOTAL _____

Federal funds are being used to support this contract. Code of Federal Domestic Assistance (CFDA) numbers for these funds are: (required)

Appendix B

Applicant: "Organization Name"

NYSDOH Community Based Adolescent Pregnancy Prevention Program

SUMMARY BUDGET REQUEST

10/01/2009 - 12/31/2010

	Total Expense 1	Other Sources of Funds 2	Amount Requested From NYS 3
1. PERSONAL SERVICE			
a. Total P/S			
2. NON PERSONAL SERVICE			
a. Contractual			
b. Equipment			
c. Supplies & Materials			
d. Staff Development			
e. Other			
f. Total NPS			
3. TOTAL DIRECT COSTS			
4. OTHER SOURCES OF FUNDS DETAIL			
a. Applicant (Lead agency)			
I. Unrestricted Funds			
ii. In-Kind Contributions			
b. CBAPP Coalition Members (Subcontractors)			
I. Unrestricted Funds			
ii. In-Kind Contributions			
c. Other Grant Funds			
d. Total Applicant Funds			
(must equal Column 2, Total Direct Costs, above)			

Federal funds are being used to support this contract. Code of Federal Domestic Assistance (CFDA) numbers for these funds are: MCH 93.994 (28%) and Medicaid Match 93.778 (65%)

APPENDIX C

PAYMENT AND REPORTING SCHEDULE

1. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed _____ percent of the maximum amount indicated in the budget as set forth in the most recently approved Appendix B. If this payment is to be made, it will be due thirty calendar days, excluding legal holidays, after the later of either:

- ① the first day of the contract term specified in the Initial Contract Period identified on the face page of the AGREEMENT or if renewed, in the PERIOD identified in the Appendix X, OR
- ① if this contract is wholly or partially supported by Federal funds, availability of the federal funds;

provided, however, that a STATE has not determined otherwise in a written notification to the CONTRACTOR suspending a Written Directive associated with this AGREEMENT, and that a proper voucher for such advance has been received in the STATE's designated payment office. If no advance payment is to be made, the initial payment under this AGREEMENT shall be due thirty calendar days, excluding legal holidays, after the later of either:

- ① the end of the first monthly/quarterly period of this AGREEMENT; or
- ① if this contract is wholly or partially supported by federal funds, availability of the federal funds:

provided, however, that the proper voucher for this payment has been received in the STATE's designated payment office.

B. No payment under this AGREEMENT, other than advances as authorized herein, will be made by the STATE to the CONTRACTOR unless proof of performance of required services or accomplishments is provided. If the CONTRACTOR fails to perform the services required under this AGREEMENT the STATE shall, in addition to any remedies available by law or equity, recoup payments made but not earned, by set-off against any other public funds owed to CONTRACTOR.

C. Any optional advance payment(s) shall be applied by the STATE to future payments due to the CONTRACTOR for services provided during initial or subsequent PERIODS. Should funds for subsequent PERIODS not be appropriated or budgeted by the STATE for the purpose herein specified, the STATE shall, in accordance with Section 41 of the State Finance Law, have no liability under this AGREEMENT to the CONTRACTOR, and this AGREEMENT shall be considered terminated and cancelled.

- D. The CONTRACTOR will be entitled to receive payments for work, projects, and services rendered as detailed and described in the program workplan, Appendix D. All payments shall be in conformance with the rules and regulations of the Office of the State Comptroller.
- E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix below. In addition, a final report must be submitted by the CONTRACTOR no later than _____ days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.
- F. The CONTRACTOR shall submit to the STATE monthly/quarterly voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located in the _____.

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than _____ days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.

- G. If the CONTRACTOR is eligible for an annual cost of living adjustment (COLA), enacted in New York State Law, that is associated with this grant AGREEMENT, payment of such COLA shall be made separate from payments under this AGREEMENT and shall not be applied toward or amend amounts payable under Appendix B of this AGREEMENT.

Before payment of a COLA can be made, the STATE shall notify the CONTRACTOR, in writing, of eligibility for any COLA. The CONTRACTOR shall be required to submit a written certification attesting that all COLA funding will be used to promote the recruitment and retention of staff or respond to other critical non-personal service costs during the State fiscal year for which the cost of living adjustment was allocated, or provide any other such certification as may be required in the enacted legislation authorizing the COLA.

II. Progress and Final Reports

Organization Name: _____

Report Type:

A. Narrative/Qualitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than _____ days from the end of the quarter, a report, in narrative form, summarizing the services rendered during the quarter. This report will detail how the _____ (Organization) _____ has progressed toward attaining the qualitative goals enumerated in the Program Workplan (Appendix D).

(Note: This report should address all goals and objectives of the project and include a discussion of problems encountered and steps taken to solve them.)

B. Statistical/Quantitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than _____ days from the end of the quarter, a detailed report analyzing the quantitative aspects of the program plan, as appropriate (e.g., number of meals served, clients transported, patient/client encounters, procedures performed, training sessions conducted, etc.)

C. Expenditure Report

_____ (Organization Name) _____ will submit, on a quarterly basis, not later than _____ days after the end date for which reimbursement is being claimed, a detailed expenditure report, by object of expense. This report will accompany the voucher submitted for such period.

D. Final Report

_____ (Organization Name) _____ will submit a final report, as required by the contract, reporting on all aspects of the program, detailing how the use of grant funds were utilized in achieving the goals set forth in the program Workplan.

PROGRAM WORKPLAN (sample format)

A well written, concise workplan is required to ensure that the Department and the contractor are both clear about what the expectations under the contract are. When a contractor is selected through an RFP or receives continuing funding based on an application, the proposal submitted by the contractor may serve as the contract's work plan if the format is designed appropriately. The following are suggested elements of an RFP or application designed to ensure that the minimum necessary information is obtained. Program managers may require additional information if it is deemed necessary.

I. CORPORATE INFORMATION

Include the full corporate or business name of the organization as well as the address, federal employer identification number and the name and telephone number(s) of the person(s) responsible for the plan's development. An indication as to whether the contract is a not-for-profit or governmental organization should also be included. All not-for-profit organizations must include their New York State charity registration number; if the organization is exempt AN EXPLANATION OF THE EXEMPTION MUST BE ATTACHED.

II. SUMMARY STATEMENT

This section should include a narrative summary describing the project which will be funded by the contract. This overview should be concise and to the point. Further details can be included in the section which addresses specific deliverables.

III. PROGRAM GOALS

This section should include a listing, in an abbreviated format (i.e., bullets), of the goals to be accomplished under the contract. Project goals should be as quantifiable as possible, thereby providing a useful measure with which to judge the contractor's performance.

IV. SPECIFIC DELIVERABLES

A listing of specific services or work projects should be included. Deliverables should be broken down into discrete items which will be performed or delivered as a unit (i.e., a report, number of clients served, etc.) Whenever possible a specific date should be associated with each deliverable, thus making each expected completion date clear to both parties.

Language contained in Appendix C of the contract states that the contractor is not eligible for payment "unless proof of performance of required services or accomplishments is provided." The workplan as a whole should be structured around this concept to ensure that the Department does not pay for services that have not been rendered.

Appendix D

PROGRAM WORKPLAN

Instructions for Completing the Community Based Adolescent Pregnancy Prevention WORKPLAN

All applicants are required to complete the attached standard workplan forms. We have identified nine program goals and request that you develop **measurable objectives and activities**. Please number these objectives and activities in a systematic method. *Together with the Summary Narrative, the workplan will serve as the operating plan for the contract year.*

- The workplan serves as the operating guide; the Summary Narrative document complements the workplan by providing descriptions and detail in support of workplan activities.
- The Workplan

Objectives support and reflect the mission of the related goal. (Goal 1- Provide education to youth that promotes abstinence-first and delays the onset of sexual activity with the ___ curriculum to youth in two community schools).

Activities support the objective in accomplishing the mission of the related goal. The activities column has **specific, measurable, detailed information**. (What, To Whom, Where, When, and How Often)

Remember to number the objectives and activities.

- For example: Objective 1, Activity 1- “the ___ curriculum, a 6 week program with 12 sessions, will be provided to 200 youth in the 6th grade at School X and 200 youth each, in grades 7 and 8, at school Y, two times a week, from Sept. – June”.
- Additional *descriptive* information should be provided in the Summary Narrative document.
- Goals, objectives and activities should not seem disconnected to the mission of the CBAPP initiative, but rather, the descriptions of activities clearly support the related objective/goal. A project that chooses and describes suitable objectives and activities can easily portray how those activities reflect the mission of the related goal.

Time Frame should be specific. (By quarters or months) If activities will be performed only in a specified time period, this must be indicated on the workplan in this column. For example: summer program, July 1, 2009-August 25, 2009, or Abstinence-first education in schools, Sept-June, or, parent education, quarter 2 and 4.

Person Responsible should indicate the primary person(s) responsible for overseeing, and/or providing the service or activity. Only CBAPP personnel requested by the grant should be noted.

Evaluation Method, - (process) A process evaluation focuses on what services *were provided* to whom, when and how. Its purpose is to describe how the program will be implemented. A process evaluation can be useful for monitoring program implementation; for identifying changes to make the program operate as planned; and, generally, for program improvement.

Evaluation Method - (Outcome) An outcome evaluation assesses the changes in target audiences' awareness, knowledge, attitudes, and behaviors related to the intervention. The purpose of an outcome evaluation in the workplan is not only to measure change, but to establish that the intervention caused the changes. What was the impact of the effort? Explain how the intervention caused the change?

Do not change the workplan forms in any way except to add additional objectives and/or activities. Please keep them in the order provided, Goal 1-9, and do not add or delete any information in the goal statements. In addition, the applicant name must be on every page of the workplan.

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 1: Provide education to youth that promotes abstinence-first and delays the onset of sexual activity.

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
Obj 1.1	1.1A 1.1B 1.1C				
1.2	1.2A 1.2B 1.2C				
1.3	1.3A 1.3B 1.3C				
	Total Unduplicated Youth to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 2: Ensure that sexually active adolescents obtain access to family planning and comprehensive reproductive health care services to prevent pregnancies, HIV and sexually transmitted diseases.

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
2.1	2.1A 2.1B 2.1C				
2.2	2.2A 2.2B 2.2C				
2.3	2.3A 2.3B 2.3C				
	Total Unduplicated Youth to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 3: Community information and education efforts to sensitize the public about the local needs to promote abstinence-first, delay the onset of sexual activity among adolescents, and promote access to comprehensive reproductive health services for adolescents that are sexually active.

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
3.1	3.1A 3.1B 3.1C				
3.2	3.2A 3.2B 3.2C				
3.3	3.3A 3.3B 3.3C				
	Total # of Education Efforts Through This Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 4: Enhance parent/youth communication about sexuality

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
4.1	4.1A 4.1B 4.1C				
4.2	4.2A 4.2B 4.2C				
4.3	4.3A 4.3B 4.3C				
	Total Unduplicated Parents or Parent/Youth pairs To Be Served Through This Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 5: Provide outreach to youth at high risk for sexual activity

PERSON RESPONSIBLE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
5.1	5.1A 5.1B 5.1C				
5.2	5.2A 5.2B 5.2C				
5.3	5.3A 5.3B 5.3C				
	Total Unduplicated Youth to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 6: Provide youth development activities that improve self-esteem, life skills and opportunities

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
6.1	6.1A 6.1B 6.1C				
6.2	6.2A 6.2B 6.2C				
6.3	6.3A 6.3B 6.3C				
	Total Unduplicated Youth to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 7: Provide mentoring programs and individual education that promote abstinence-first and delays the onset of sexual activity

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
7.1	7.1A 7.1B 7.1C				
7.2	7.2A 7.2B 7.2C				
7.3	7.3A 7.3B 7.3C				
	Total Unduplicated Youth to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 8: Provide male-oriented projects

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
8.1	8.1A 8.1B 8.1C				
8.2	8.2A 8.2B 8.2C				
8.3	8.3A 8.3B 8.3C				
	Total Unduplicated Males to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 9: Build partnerships in the community to develop a comprehensive, long-term local response that promotes abstinence-first and delays the onset of sexual activity among adolescents.

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
9.1	9.1A 9.1B 9.1C				
9.2	9.2A 9.2B 9.2C				
9.3	9.3A 9.3B 9.3C				
	Total # of New Partnership Efforts/Coalition Meetings Through This Goal: _____				

APPENDIX X

Contract Number: _____

Contractor: _____

Amendment Number X-_____

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- _____ Modifies the contract period at no additional cost
- _____ Modifies the contract period at additional cost
- _____ Modifies the budget or payment terms
- _____ Modifies the work plan or deliverables
- _____ Replaces appendix(es) _____ with the attached appendix(es) _____
- _____ Adds the attached appendix(es) _____
- _____ Other: (describe) _____

This amendment *is* / *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____
 (Value before amendment) (Initial start date)

This amendment provides the following addition (complete only items being modified):

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____

This will result in new contract terms of:

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____
 (All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number: _____

Contractor: _____

Amendment Number: X-_____

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By: _____ Date: _____

(signature)

Printed Name: _____

Title: _____

STATE OF NEW YORK)
) SS:
County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: _____ Date: _____

(signature)

Printed Name: _____

Title: _____

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____

ATTACHMENT 3:

Letter of Interest Format to Request Questions and Answers

LETTER TO REQUEST QUESTIONS AND ANSWERS

Insert on Agency Letterhead

Rebecca Raymond
Bureau of Child and Adolescent Health
New York State Department of Health
Corning Tower Building, Room 208
Empire State Plaza
Albany, NY 12237-0618

Re: CBAPP RFA

Dear Ms. Raymond:

This letter is to request that our organization receive the written responses to questions and to receive any updates or modifications to this RFA.

We understand that in order to receive any RFA updates/modifications and answers to written questions, the Department of Health requests that this letter be received in the Bureau of Child and Adolescent Health by 5:00 p.m. on July 15, 2009.

Sincerely,

Name of Agency Representative

Title

Address

Telephone/Fax

Email

ATTACHMENT 4:
Application Checklist

Applicant Checklist

- Cover Sheet**
- Program Summary**
- Statement of Assurances**
- Statement of Needs and Assets**
- Applicant Organization**
- Description of Program**
- Work Plan**
- Budget**
- Letter of Intent (non Article 28 applicants)**
- Letters of Support**
- Vendor Responsibility Questionnaire and /or Attestation**

ATTACHMENT 5:
Application Cover Sheet

**NEW YORK STATE DEPARTMENT OF HEALTH
COMMUNITY BASED ADOLESCENT PREGNANCY PREVENTION
GRANT APPLICATION COVER PAGE**

APPLICANT INFORMATION

Applicant: _____

Address: _____

County: _____

Federal Employers ID #: _____ **Charities ID#:** _____
(if applicable)

Type of Eligible Organization (circle): municipality not-for-profit 501(c)3 organization

Name of Contact Person: _____

Title: _____

Address: _____

Telephone: _____ **Fax:** _____

E-Mail: _____

ZIP Codes to be Targeted for Services: _____

Current CBAPP Provider: Yes No

List the name and address of any collaborating organizations:

Name	Address

Amount of Funding Requested: _____

ATTACHMENT 6:
Budget Instructions and Forms

Attachment 6
Community Based Adolescent Pregnancy Prevention Program
INSTRUCTIONS
For Completing
Operating Budget and Funding Request

General Information

All expenses for your project must be in line item detail on the forms provided. NYS funded administrative costs may not exceed ten percent (10%) of your budget and must be identified and shown in line item detail, not as a percentage of total costs. **Indirect costs applied as a percentage may not be charged to NYS.**

Budget Instructions

The budget should reflect all costs and funding for the CBAPP program from all sources, including in-kind contributions and other grants.

APPENDIX B: BUDGET

TABLE A: Summary Budget Request

This table should be completed last and will include the subtotal lines only from Tables A-1 and A-2.

Lines 1 through 2e: Enter appropriate amounts from the detailed budget pages.

Line 2f: Add lines 2a through 2e for each column to get the total Nonpersonal Services.

Grand Total: Reflect the totals of the major budget categories entered in items 1 and 2 above.

Other Sources of Funds (Column 2): All funds and resources the applicant will be providing to support CBAPP activities.

Amount Requested from NYS (Column 3): Funds requested from the state for this grant.

Other Sources of Funds Detail (Bottom of Summary Budget Request)

- a. Funds available from the applicant's own sources and monetary value of in-kind services. This can also include fees from education services and fund raising efforts.
- b. Funds available from the CBAPP subcontractors own sources and monetary value of in-kind services. This can also include fees from education services and fund raising efforts.
- c. Other Grant funds; includes other state, local or federal grants not requested in this application. Private foundation grants should also be included. Also other miscellaneous income must be disclosed here.
- d. The total Other Sources of Funds must equal the amount entered under the column headed "Other Sources of Funds", column 2, Grand Total line of the Summary Budget Request.

Attachment 6

Complete the enclosed Compressed Sub Contractor Budget and Compressed Sub Contractor Budget Justification Attachment for each CBAPP subcontractor. This information is to be summarized on your, the lead agency's budget, line 2a Contractual. Submit each CBAPP subcontractor's compressed forms with your grant application.

TABLE A-1: Detailed Personal Service Budget Request

Personnel with the exception of consultants and per diems contributing any part of their time to the CBAPP project should be included.

- In the top row of the heading, fill in the applicant name.
- In column 1, enter **all job titles** connected with administration or service provision for CBAPP. Include all titles, regardless of funding source.
- In column 2, enter the annual (12 month) salary rate for each position which will be filled for all or any part of the budget period. Regardless of the amount of time spent on this project, the total annual salary for each position should be given for the number of months applicable to that salary. **For example, if a union negotiated salary increase will impact a portion of the 15 month budget period it should be shown on Table A-1 as follows (the same position will use two lines in the budget):**

Title (Column 1)	Annual Salary (Column 2)	X	# Months (Column 3)	X	%FTE = (Column 4)	Total Amount Required (Column 11)
Health Educator	\$30,000		10		100%	\$20,000
Health Educator	\$35,000		5		100%	\$11,667

- In column 3, show the number of months out of 15 worked for each title. (If an employee works 9 months out of 15, then 9 months/15 month =.60 This ratio is part of the Total Expense calculation below.)
- In column 4, the proportion of time spent on the CBAPP project based on a full time equivalent (FTE) should be indicated. One FTE is based on the number of hours worked in one week by salaried employees (e.g. 40 hour work week). To obtain % FTE, divide the hours per week spent on the project by the number of hours in a work week. For example an individual working 10 hours per week on CBAPP given a 40 hour work week =10/40=.25(show in decimal form).
- In column 11, enter the total amount required for each position using the following formula:

Annual Salary X (Column 2)	Number of Months/15 (Column 3)	X	%FTE = (Column 4)	Total Expense (Column 11)
-------------------------------	-----------------------------------	---	----------------------	------------------------------

- In columns 5 - 9, indicate costs allocated to each “Offering and Arranging” activity. These amounts are determined by multiplying the amount in column 11 by the percent of time dedicated to each activity. The definitions for each of the categories are below.
- In column 10, enter costs allocated to activities **not** related to offering and arranging of family planning services. This is determined by multiplying the amount in column 11 by the percent of time dedicated to

Attachment 6

activities not related to offering and an arranging for family planning services. The sum of columns 5 through column 10 will equal the amount in column 11.

- In column 12, enter the amount of other sources of funding for each position. This includes both "in kind" contributions and funds from all other sources.
- In column 13, enter the amount of funding requested from the State.
- The sum of columns 12 and 13 must equal the amount in column 11.
- **Fringe Benefits** – Insert the Agency-Wide Fringe Benefit rate (from Form B-2) in space provided. Multiply this rate by the sub-total Personal Service for each column.
- **TOTAL PS:** In the total Personal Services row, add vertically to obtain totals for each column.

Activities Related to "Offering and Arranging for Family Planning Services" Definitions

"Community Education/Outreach" includes activities specifically aimed at promoting the CBAPP project within the community and educating the public about issues related to adolescent pregnancy prevention provided by staff, peer educators and/or contract entities. Community Education/Outreach includes and may be activities to promote abstinence, delay the onset of sexual activity among youngsters and encourage responsible behavior among the sexually active population. This also includes the development and dissemination of public relation materials (i.e. brochures, posters, newsletters, wallet cards) and conducting media campaigns that market preventive messages and services.

"Classroom Presentations" include staff and peer educator involvement in school-based education designed to provide students with knowledge, attitude and skills needed to promote responsible sexual behavior.

"Peer Leadership Groups" includes the recruitment and training of peer educators regarding family planning services by staff and trained peer educators. This includes information about the biology of reproduction and pregnancy prevention and discussions regarding social influence that lead to early sexual involvement and strategies to resist these pressures. It also includes discussions regarding common human sexuality myths, responsible sexual behavior, the provision of accurate information about where and how to obtain quality family planning services.

"Counseling and Referrals" for family planning services, including abstinence and contraceptive methods. This includes individual and group counseling and referrals that help adolescents obtain family planning services. This includes counseling and referrals provided by staff and trained peer educators.

"Other" includes services and activities that are not listed above that you believe are consistent with offering and arranging of family planning services. For instance, parent workshops that include individual or group sessions designed to provide parents the skills and knowledge necessary to communicate effectively with their children regarding human sexuality should be included here. Follow-up for missed family planning appointments, transportation, and extended hours will also be included here. **If you include this category, please provide a justification detailing the specific activities on a separate sheet of paper.**

Attachment 6

“Activities Not Related to Offering & Arranging for FP Services” includes personnel not providing direct services (for example bookkeeper, accountant, etc...), payroll costs, audit costs, maintenance fees, etc...

TABLE A-2: Detailed Nonpersonal Services Budget Request

All NPS expenses for the CBAPP program should be listed regardless of whether or not funding for these expenses is requested from New York State. In addition to Table A-2, please provide detail for information below in Form B-3 - Budget Narrative/Justification.

A. Contractual - This section must include the acquisition of all personal services and CBAPP subcontractors as well as property or equipment, purchased through a formal contract agreement. Specific line items must be categorized as “CBAPP subcontracts”, “Lead Agency Contracts other than subcontractors” or “Other”. Examples of Lead Agency Contracts are per diem staff. Examples of "Other" are bookkeeping, payroll or audit services. Training consultants should be itemized under Staff Development. A Compressed Sub Contractor Budget must be submitted for each CBAPP subcontractor.

B. Equipment - Delineate each piece of equipment and the estimated cost for each. Equipment is defined as any item which cost \$300 or more and has a life expectancy of at least two years. Items which cost less than \$300 should be included in the Supplies and Materials category. All equipment purchases are subject to annual inventory requirements.

C. Supplies and Materials - This category of expense should be categorized as follows: office supplies, educational materials etc. Include any office equipment purchased costing less than \$300 (e.g. calculators) in this category rather than the equipment category. Computer software should be included under office supplies.

D. Staff Development - This line includes costs incurred for stipends, travel, tuition, and fees and other charges for staff training sessions. Training material purchased for "in house" instruction and other services used to train project staff should be included on this line. It also includes conferences sponsored by CBAPP projects for neighborhood residents, adolescents and community professionals on teen pregnancy prevention. Training costs must be categorized as "Travel" "Travel per diem", "Training Consultants" or "Other". Please detail.

E. Other - All other allowable costs incurred exclusively for the project pursuant to the agency's normal operations should be included on this line. These costs include: travel exclusive of training costs; maintenance and operation, including rent for space, building cleaning and maintenance; communications, including telephone expenses, postage, and printing; and all other items or services purchased for the provision of program services. Line items must be itemized under the categories indicated on the detailed budget page.

Travel - Bus tokens, van or other transportation services provided to clients

Communications - Travel, postage, printing, advertising

Maintenance and Operations - Occupancy, utilities, janitorial services

Attachment 6

Media development/distribution- Include the OTPS costs of developing, printing and distributing media campaigns and educational materials regarding family planning services and adolescent pregnancy prevention messages.

Other -Subscriptions, recruitment, etc.

A total for each sub-category must be provided.

TABLE A-3 Nonpersonal Service (NPS) “Offering and Arranging” Activities Detail

- In the top row of the heading, fill in the applicant name.
- In columns 1 through 5, indicate costs allocated to each activity. Please refer to the definitions under instructions for Table A-1 for each of the categories of activities related to Offering & Arranging for Family Planning Services to ensure accurate reporting.
- In column 6, enter costs allocated to items **not** related to offering and arranging of family planning services. The sum of columns 1 through 6 will equal the amount in column 7.
- In column 8, enter the amount of other sources of funds funding for each NPS item. This includes both “in kind” contributions and funds from all other sources.
- In column 9, enter the amount of funding requested from the State.
- TOTAL Nonpersonal Services: In the Total NPS row add vertically to obtain totals for columns 1 through 9.
- TOTAL PS: In the Total P/S row refer to the detailed budget request for personal services. Transfer the Corresponding amounts from the Total P/S row.
- TOTAL NPS & PS: In the final row, add the Total NPS and Total PS in each column to produce the combined cost for personal and nonpersonal services for the budget period.

BUDGET NARRATIVE/JUSTIFICATION FORMS

Use the Budget Narrative/Justification Forms to provide a justification/explanation for all the NPS expenses included in the Operating Budget and Funding Request. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (e.g. if your total travel cost is \$1,000, show how that amount was determined-client transportation costs, local staff travel etc.),and if appropriate, an explanation of how these expenses relate to the goals and objectives of the CBAPP program. All expenses must be justified, regardless of whether NYS funding is requested or not.

FORM B-1: Personal Services Detail

Include the title, name of incumbent, and a description of each personal service item included on Budget Table A-1. Please indicate if the position is currently vacant.

Attachment 6

FORM B-2: Fringe Benefit Detail

Specify the components (FICA, Health and Life Insurance, Unemployment Insurance, Disability Insurance, Worker's Compensation, and Retirement) and their percentages comprising the fringe benefit rate, then total the percentages to show the fringe benefit rate used in budget calculations. Form B-2 already lists the standard components of a fringe benefit rate that are allowable under this contract. The fringe benefit rate used should be your agency-wide rate.

FORM B-3: Nonpersonal Services Detail

This page is to be used for detailed cost breakdowns of all NPS items. Please provide narrative/justification for each total expense item. Also, itemize and include a breakdown of cost per item/service for each total expense.

Contractual – Provide a justification of why each service listed is needed. Justification should include the name of the consultant/contractor, the specific service to be provided and the time frame for delivery of services. Number of hours and rate of pay must be included for contractual staff. **You should submit a Sub Contractor Budget and Justification for each subcontractor.**

Equipment – Delineate each piece of equipment and estimated cost along with a justification of need. Equipment is defined as any item with a cost of \$300 or more with a life expectancy of at least two years.

Supplies/Materials – Provide justification of need and a breakdown for all items. (e.g. if your total expense is for education materials or office supplies, in addition to providing a narrative justification of need, provide a breakdown of each item as total # x cost per item = total expense for that item.)

Staff Development – Provide a delineation of the items of expense and estimated cost. Include travel costs associated with conferences, including transportation, meals, lodging, and registration fees, along with a justification of need. (e.g. if your total expense is for a conference, provide location and name of conference, # of people attending, cost breakdown per person, per item expense – train ticket, lodging, food etc.)

Other -

Travel - Provide a delineation of expenses and justification of need for Travel for direct patient services (i.e. agency cars, tokens, taxi, etc.). Or staff travel exclusive of training/ staff development (i.e., to clinic sites, agency staff travel to meetings).

Communications – Provide delineation by category (i.e. telephone, postage, and advertising) including a justification of need.

Maintenance and Operations - Occupancy costs must include square foot value of space and total square footage.

Media Development /Disbursement - Provide a delineation of the items of expense associated with the development, printing and disbursement of educational and media campaign supplies and materials. Include a justification of need.

Other – Provide a delineation of all expenses not included in the above categories.

Applicant: _____

NYSDOH Community Based Adolescent Pregnancy Prevention Program
SUMMARY BUDGET REQUEST
 10/01/2009 -12/31/2010

TABLE A

	Total Expense 1 (2&3)	Other Sources of Funds 2	Amount Requested From NYS 3
1. PERSONAL SERVICE			
a. Total PS			
2. NONPERSONAL SERVICE			
a. Contractual			
b. Equipment			
c. Supplies & Materials			
d. Staff Development			
e. Other			
f. Total NPS			
3. GRAND TOTAL			

4. OTHER SOURCES OF FUNDS DETAIL	
a. Applicant (Lead agency)	
I. Unrestricted Funds	
ii. In-Kind Contributions	
b. CBAPP Coalition Members (Subcontractors)	
I. Unrestricted Funds	
ii. In-Kind Contributions	
c. Other Grant Funds	
d. Total Other Sources of Funds (must equal Column 2, Grand Total, above)	

Attachment 6

TABLE A-1

Applicant:

NYSDOH Community Based Adolescent Pregnancy Prevention Program
DETAILED PERSONAL SERVICE BUDGET REQUEST
10/01/2009 -12/31/2010

Personal Service Items ¹	Annual Salary Rate	# Mos	% Time On Project	Activities Related to Offering & Arranging For Family Planning Services					Activities Not Related to Offering & Arranging for FP Services	Total Expense (12 + 13)	Other Sources of Funds	Amount Requested From NYS
				Columns 5 – 10 should equal amount in column 11								
				Comm. Ed & Outreach	Classroom Presentations	Peer Leadership	FP Counsel & Referral	Other Offer & Arranging Activities				
1	2	3	4	5	6	7	8	9	10	11	12	13
Subtotal Personal Service												
Fringe Benefits Rate _____%												
Total Personal Service												

¹ List each position separately & group by title

Attachment 6

TABLE A-2

Page ____ of ____

Applicant:

NYSDOH Community Based Adolescent Pregnancy Prevention Program
DETAILED NONPERSONAL SERVICES BUDGET REQUEST
10/01/2009 -12/31/2010

	Total Expense 1	Other Sources of Funds 2	Amount Requested From NYS 3
1. CONTRACTUAL			
Subtotal, Contractual			
2. EQUIPMENT			
Subtotal, Equipment			

Attachment 6

TABLE A-2

Page ____ of ____

Applicant:

NYSDOH Community Based Adolescent Pregnancy Prevention Program
DETAILED NONPERSONAL SERVICES BUDGET REQUEST
10/01/2009 -12/31/2010

	Total Expense 1	Other Sources of Funds 2	Amount Requested From NYS 3
3. SUPPLIES/MATERIAL			
Subtotal, Supplies/Materials			
4. STAFF DEVELOPMENT			
Subtotal, Travel/Staff Development			

Attachment 6

TABLE A-2

Page ____ of ____

Applicant:

NYSDOH Community Based Adolescent Pregnancy Prevention Program
DETAILED NONPERSONAL SERVICES BUDGET REQUEST
10/01/2009 -12/31/2010

	Total Expense	Other Sources of Funds	Amount Requested From NYS
	1	2	3
5. OTHER			
Travel			
Communications			
Maintenance & Operations			
Media Development /Disbursement			
Other (specify)			

Subtotal, Other			
------------------------	--	--	--

Attachment 6
TABLE A-3

Applicant:

NYSDOH Community Based Adolescent Pregnancy Prevention Program
NONPERSONAL SERVICE BUDGET REQUEST
10/01/2009 -12/31/2010

Nonpersonal Services (NPS)	Activities Related to Offering & Arranging For Family Planning Services					Activities Not Related to Offering & Arranging for FP Services	Total Expense (8 + 9)	Other Sources of Funds	Amount Requested from NYS
	Columns 1 – 6 should equal amount in column 7								
	Community Education & Outreach 1	Classroom Presentations 2	Peer Leadership 3	FP Counseling & Referral 4	Other Offer & Arranging Activities 5	6	7	8	9
Contractual									
Equipment									
Supplies/Materials									
Staff Development									
Other									
Total NPS									
Total Personal Service (PS)									
Total NPS & PS									

Attachment 6

FORM B-1

**NYSDOH Community Based Adolescent Pregnancy Prevention Program
BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT
PERSONAL SERVICES**

Applicant:

Contract Period: *10/01/2009 -12/31/2010*

PERSONAL SERVICES

Title	Incumbent	Description

Attachment 6

Page ____ of ____

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT
NYSDOH Community Based Adolescent Pregnancy Prevention Program
FORM-B-2
FRINGE BENEFITS

Applicant:

Contract Period: *10/01/2009 -12/31/2010*

FRINGE BENEFITS

Component	Rate
FICA	
Health/Life Insurance	
Unemployment Insurance	
Disability Insurance	
Worker's Compensation	
Retirement	
TOTAL FRINGE BENEFIT RATE*	

*This amount must equal the percentage used in budget calculations.

Attachment 6

Page ____ of ____

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT
NYSDOH Community Based Adolescent Pregnancy Prevention Program
FORM B-3
NONPERSONAL SERVICES

Applicant:

Contract Period: *10/01/2009 -12/31/2010*

NONPERSONAL SERVICES

Item	Total Expense	Description

ATTACHMENT 6a:

CBAPP Offering and Arranging Definition and Activities

Correlation of CBAPP Activities with Offering and Arranging Activities

CBAPP Offering and Arranging Definition and Activities

CBAPP projects provide a variety of services that are eligible for federal Medicaid matching funds. Eligible activities include “offering and arranging for family planning services.”

Offering and Arranging for family planning services is defined in 18 NYCRR 505.13 by three broad categories as follows: disseminating written and oral information about available family planning health services, providing for individual and/or group discussions about all methods of family planning and family planning services, and assisting with arranging visits to a medical family planning provider.

This definition is represented by distinct categories of service as reflected in the CBAPP budget Table A-1 (see attached). The following displays how these categories meet the definition and gives examples of acceptable activities. This list is not all-inclusive:

1. Disseminating written and oral information about available family planning health services.

- Community Education and Outreach (Column 5) includes presentations to local groups and school staff, PTA’s, clinic orientation tours, door to door outreach in high-need areas, media campaign to raise awareness of the full range of family planning methods (including abstinence)/services available. Community education and outreach may also be provided at local community and national observances, for example, providing speakers and tabling for National Teen Pregnancy Awareness month and World Aids Day events.
- Education and Informational Materials Costs (Column 9,Other) includes development and distribution of family planning services information and outreach materials, production of program newsletter addressing barriers to access of services. Costs may also include dissemination through media outlets such as cable, T.V. and internet. For example a CBAPP program website aimed at teens which includes information on locations of clinics and how to access family planning services through the Family Planning Benefit Program. This outreach would be accompanied by palm cards and flyers.

2. Providing for individual and/or group discussions about all methods of family planning and family planning services.

- Classroom Presentations (Column 6) Providing comprehensive age-appropriate, and medically accurate sexuality education to youth in schools, school-based health centers and other community settings. For example, delivering a comprehensive reproductive health curriculum in school health classes that educates on the importance of family planning services and how to access services locally..
- Peer Leadership Activities (Column 7) Recruiting and training peer educators to reach adolescents in school and community settings. aimed at reducing barriers to family planning services. For example: peer led activities may include group

- presentations, one on one education, clinic education sessions and community outreach.
- Parent Workshops (Column 9, Other) enhancing parent-child communication around sexuality, relationships and how to access services through youth and parent group discussions on family planning and workshops to assist parents in discussing sexual health issues with youth. Also included are strategies aimed at engaging parents/caregivers in local efforts to support and promote the use of family planning services. For example, training Adult Role Models to engage parents and other caregivers in increasing their comfort and knowledge around communicating with their teens about sexuality issues.

3. Assisting with arranging visits to family planning provider.

- Family Planning Counseling and Referrals (Column 8) includes after-school health resources counseling by CBAPP staff and/or peer educators, referrals to a family planning provider, assistance with scheduling appointments, intake and the follow up of missed appointments, assistance in accessing Medicaid for family planning coverage, assisting with transportation arrangements. For example assisting adolescents in enrolling in the Family Planning Benefit Program.

Correlation of CBAPP Activities with
Offering and Arranging Activities

Attachment 6a

<p style="text-align: center;">CBAPP Activities</p> <p style="text-align: center;">Offering and Arranging Activities</p>	<p>Early, comprehensive, evidence-based, age-appropriate, and medically accurate sexuality education to delay the onset of sexual activity and to reduce the practice of risky sexual behaviors.</p>	<p>Ensuring access to family planning and comprehensive reproductive health services that are confidential and free of charge to the adolescent utilizing the services for adolescents who are sexually active.</p>	<p>Community information and education efforts to sensitize the public</p>	<p>Programs that enhance parent/child communication about sexuality</p>	<p>Outreach to high-risk and hard to reach youth</p>	<p>Youth development activities that improve youth self-esteem, life skills and opportunities</p>	<p>Mentoring and/or counseling programs to promote positive decision making and life choices</p>	<p>Male-oriented projects</p>	<p>Coordination/ Collaboration</p>
<p>Disseminating written and oral information about available family planning health services.</p>	<p>Education sessions / workshops / teen theater Peer education program Youth Conference</p>	<p>Street outreach, community events, health fairs</p>	<p>PSAs mailings / newsletters , brochure / web sites / My Space / YouTube Media Campaigns Community meetings, presentations Professional training</p>	<p>Parent-Child communication workshops Adult Peer Educators</p>	<p>Street outreach, Group education/counseling peer educators</p>	<p>Youth development of media i.e. educational video / newspaper / poster campaign</p>	<p>Education/ counseling/ mentoring</p>	<p>Sexuality education for males through schools, sports teams, recreation centers, etc. Community role models Young men's forums</p>	<p>N/A</p>
<p>Providing for individual and/or group discussions about all methods of family planning and family planning services.</p>	<p>One-on-one and group sexuality education</p>	<p>Promotion of the Family Planning Benefit Program Peer educators conduct clinic education sessions Clinic tours</p>	<p>Community education Media campaign to promote reproductive health services</p>	<p>Parent education on reproductive health services</p>	<p>Street outreach Group education/counseling</p>	<p>Clinic tours Education sessions part of youth development activities</p>	<p>Peer Mentoring at teen clinic Referrals as indicated Adult/Adolescent Mentoring Program</p>	<p>Male-only discussion groups</p>	<p>N/A</p>
<p>Assisting with arranging visits to family planning provider.</p>		<p>Transportation, i.e. bus token, metro card, cab fare Teen Clinic hours Collaboration with schools and community agencies to facilitate access to reproductive health services</p>	<p>Promotion of public transportation</p>		<p>Collaboration with schools and CBO's to implement referral system</p>				<p>N/A</p>

ATTACHMENT 7:
Work Plan Format

Instructions for Completing the Community Based Adolescent Pregnancy Prevention WORKPLAN

All applicants are required to complete the attached standard workplan forms. We have identified nine program goals and request that you develop **measurable objectives and activities**. Please number these objectives and activities in a systematic method. ***Together with the Summary Narrative, the workplan will serve as the operating plan for the contract year.***

- The workplan serves as the operating guide; the Summary Narrative document complements the workplan by providing descriptions and detail in support of workplan activities.
- The Workplan

Objectives support and reflect the mission of the related goal. (Goal 1- Provide education to youth that promotes abstinence-first and delays the onset of sexual activity. with the ___ curriculum to youth in two community schools).

Activities support the objective in accomplishing the mission of the related goal. The activities column has **specific, measurable, detailed information**. (What, To Whom, Where, When, and How Often) ***Remember*** to number the objectives and activities.

- For example: Objective 1, Activity 1- “ the ___ curriculum, a 6 week program with 12 sessions, will be provided to 200 youth in the 6th grade at School X and 200 youth each, in grades 7 and 8, at school Y, two times a week, from Sept. – June”.
- Additional *descriptive* information should be provided in the Summary Narrative document.
- Goals, objectives and activities should not seem disconnected to the mission of the CBAPP initiative, but rather, the descriptions of activities clearly support the related objective/goal. A project that chooses and describes suitable objectives and activities can easily portray how those activities reflect the mission of the related goal.

Time Frame should be specific. (By quarters or months) If activities will be performed only in a specified time period, this must be indicated on the workplan in this column. For example: summer program, July 1, 2009-August 25, 2009, or Abstinence-first education in schools, Sept-June, or, parent education, quarter 2 and 4.

Person Responsible should indicate the primary person(s) responsible for overseeing, and/or providing the service or activity. Only CBAPP personnel requested by the grant should be noted.

Evaluation Method, - (process) A process evaluation focuses on what services *were provided* to whom, when and how. Its purpose is to describe how the program will be implemented. A process evaluation can be useful for monitoring program implementation; for identifying changes to make the program operate as planned; and, generally, for program improvement.

Evaluation Method - (Outcome) An outcome evaluation assesses the changes in target audiences' awareness, knowledge, attitudes, and behaviors related to the intervention. The purpose of an outcome evaluation in the workplan is not only to measure change, but to establish that the intervention caused the changes. What was the impact of the effort? Explain how the intervention caused the change?

Do not change the workplan forms in any way except to add additional objectives and/or activities. Please keep them in the order provided, Goal 1-9, and do not add or delete any information in the goal statements. In addition, the applicant name must be on every page of the workplan.

**Community Based Adolescent Pregnancy Prevention Project
Work Plan Implementation Worksheet
Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 1: Provide education to youth that promotes abstinence-first and delays the onset of sexual activity.

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
Obj 1.1	1.1A 1.1B 1.1C				
1.2	1.2A 1.2B 1.2C				
1.3	1.3A 1.3B 1.3C				
	Total Unduplicated Youth to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
Work Plan Implementation Worksheet
Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 2: Ensure that sexually active adolescents obtain access to family planning and comprehensive reproductive health care services to prevent pregnancies, HIV and sexually transmitted diseases.

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
2.1	2.1A 2.1B 2.1C				
2.2	2.2A 2.2B 2.2C				
2.3	2.3A 2.3B 2.3C				
	Total Unduplicated Youth to be Served Through this Goal:_____				

**Community Based Adolescent Pregnancy Prevention Project
Work Plan Implementation Worksheet
Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 3: Community information and education efforts to sensitize the public about the local needs to promote abstinence-first, delay the onset of sexual activity among adolescents, and promote access to comprehensive reproductive health services for adolescents that are sexually active.

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
3.1	3.1A 3.1B 3.1C				
3.2	3.2A 3.2B 3.2C				
3.3	3.3A 3.3B 3.3C				
	Total # of Education Efforts Through This Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
Work Plan Implementation Worksheet
Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 4: Enhance parent/youth communication about sexuality

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
4.1	4.1A 4.1B 4.1C				
4.2	4.2A 4.2B 4.2C				
4.3	4.3A 4.3B 4.3C				
	Total Unduplicated Parents or Parent/Youth pairs To Be Served Through This Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
 Work Plan Implementation Worksheet
 Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 5: Provide outreach to youth at high risk for sexual activity

PERSON RESPONSIBLE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
5.1	5.1A 5.1B 5.1C				
5.2	5.2A 5.2B 5.2C				
5.3	5.3A 5.3B 5.3C				
	Total Unduplicated Youth to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
Work Plan Implementation Worksheet
Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 6: Provide youth development activities that improve self-esteem, life skills and opportunities

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
6.1	6.1A 6.1B 6.1C				
6.2	6.2A 6.2B 6.2C				
6.3	6.3A 6.3B 6.3C				
	Total Unduplicated Youth to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
Work Plan Implementation Worksheet
Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 7: Provide mentoring programs and individual education that promote abstinence-first and delays the onset of sexual activity

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
7.1	7.1A 7.1B 7.1C				
7.2	7.2A 7.2B 7.2C				
7.3	7.3A 7.3B 7.3C				
	Total Unduplicated Youth to be Served Through this Goal:_____				

**Community Based Adolescent Pregnancy Prevention Project
Work Plan Implementation Worksheet
Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 8: Provide male-oriented projects

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
8.1	8.1A 8.1B 8.1C				
8.2	8.2A 8.2B 8.2C				
8.3	8.3A 8.3B 8.3C				
	Total Unduplicated Males to be Served Through this Goal: _____				

**Community Based Adolescent Pregnancy Prevention Project
Work Plan Implementation Worksheet
Contract Year October 1, 2009 - December 31, 2010**

Applicant: «Organization Name»

GOAL 9: Build partnerships in the community to develop a comprehensive, long-term local response that promotes abstinence-first and delays the onset of sexual activity among adolescents.

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
9.1	9.1A 9.1B 9.1C				
9.2	9.2A 9.2B 9.2C				
9.3	9.3A 9.3B 9.3C				
	Total # of New Partnership Efforts/Coalition Meetings Through This Goal: _____				

ATTACHMENT 7a:
Work Plan Example

GOAL 9: Build partnerships in the community to develop a comprehensive, long-term local response that promotes abstinence from sexual activity among adolescents (Advisory Council)

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
<p>EXAMPLE:</p> <p>1) Form an advisory council representative of community stakeholders, other interested community representatives, adolescent consumers and parent representatives that will guide a community plan to address this goal</p> <p>2) Regularly convene advisory council</p>	<p>EXAMPLE:</p> <p>1) Contact and invite community members, community based organizations, local interested government representatives, youth and parent representatives for participation in this partnership</p> <p>2) Establish a regular time and place for first meeting, hold meeting</p> <p>2) Determine a schedule for future meetings , hold meetings</p> <p>2) Develop and implement agenda items</p>	<p>EXAMPLE:</p> <p>1) Quarter 1</p> <p>2) Quarter 1-4</p>	<p>EXAMPLE:</p> <p>1) Contract agency administrator or program coordinator</p> <p>2) Program administrator or program coordinator</p>	<p>EXAMPLE:</p> <p>1) Number of active partnership members participating in the advisory council</p> <p>2) Meeting held at scheduled time and place</p> <p>2) Meeting schedule determined, meetings ongoing</p> <p>2) Agenda items developed and implementation in process</p>	<p>EXAMPLE:</p> <p>1) Roster of active council members representative of the community who participate in the advisory council</p> <p>2) Time, place and # of members in attendance</p> <p>2) Frequency of advisory council meetings and # of members in attendance</p> <p>2) Plan developed by council, list implementation outcomes</p>

ATTACHMENT 8:
Statement of Assurances

Community Based Adolescent Pregnancy Prevention Project

To be eligible for approval to operate a Community Based Adolescent Pregnancy Prevention (CBAPP) project, the Chief Executive Officer, or designee, of the applicant organization and the President of the Board of Directors of the organization must attest to compliance with all the statements below. Original signatures in ink must appear at the bottom of the page.

- Ensure access to comprehensive family planning and reproductive health care services to prevent pregnancies, STIs and HIV.
- There will be a designated individual who will be responsible for CBAPP administration, operation and oversight. This individual will be e-mail accessible and attend CBAPP Provider Meetings along with other appropriate staff.
- Any changes in services, the designated contact person, staffing levels, space, or CBAPP sites will **be reported immediately in writing** to the Department of Health, Adolescent Health Unit.
- Professional and legal standards of client confidentiality will be strictly maintained per Public Health Law.
- Quarterly and an annual project reports will be submitted to the New York State Department of Health within 45 days of the completion of the quarter.
- The State Department of Health will be given access to conduct site visits as necessary.

.....
We hereby certify that the information contained in this application is correct and in compliance with appropriate federal and state laws and regulation, and that we are the authorized representatives to file this application.

	CEO/Designee	President, Board of Directors
Print Name:	_____	_____
Signature:	_____	_____
Title:	_____	_____
Agency:	_____	_____
Date:	_____	_____

ATTACHMENT 9:

**Vendor Responsibility Questionnaire
and Attestation**

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

BUSINESS ENTITY INFORMATION				
Legal Business Name			EIN	
Address of the Principal Place of Business/Executive Office			Phone Number	Fax Number
E-mail		Website		
Authorized Contact for this Questionnaire				
Name:			Phone Number	Fax Number
Title			Email	
List any other DBA, Trade Name, Other Identity, or EIN used in the last five (5) years, the state or county where filed, and the status (active or inactive): (if applicable)				
Type	Name	EIN	State or County where filed	Status

I. BUSINESS CHARACTERISTICS	
1.0 Business Entity Type – Please check appropriate box and provide additional information:	
a) <input type="checkbox"/> Corporation (including PC)	Date of Incorporation
b) <input type="checkbox"/> Limited Liability Co. (LLC or PLLC)	Date Organized
c) <input type="checkbox"/> Limited Liability Partnership	Date of Registration
d) <input type="checkbox"/> Limited Partnership	Date Established
e) <input type="checkbox"/> General Partnership	Date Established County (if formed in NYS)
f) <input type="checkbox"/> Sole Proprietor	How many years in business?
g) <input type="checkbox"/> Other	Date Established
If Other, explain:	
1.1 Was the Business Entity formed in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No' indicate jurisdiction where Business Entity was formed:	
<input type="checkbox"/> United States State _____	
<input type="checkbox"/> Other Country _____	
1.2 Is the Business Entity currently registered to do business in New York State with the Department of State? <i>Note: Select 'not required' if the Business Entity is a General Partnership.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
If "No" explain why the Business Entity is not required to be registered in New York State.	
1.3 Is the Business Entity registered as a Sales Tax vendor with the New York State Department of Tax and Finance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain and provide detail, such as 'not required', 'application in process', or other reasons for not being registered.	
1.4 Is the Business Entity a Joint Venture? <i>Note: If the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for the Business Entity comprising the Joint Venture.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

I. BUSINESS CHARACTERISTICS

1.5 Does the Business Entity have an active Charities Registration Number?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter Number: _____ If Exempt/Explain: _____ If an application is pending, enter date of application: _____ Attach a copy of the application		
1.6 Does the Business Entity have a DUNS Number?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter DUNS Number _____		
1.7 Is the Business Entity's principal place of business/Executive Office in New York State?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', does the Business Entity maintain an office in New York State?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the address and telephone number for one New York Office.		
1.8 Is the Business Entity's principal place of business/executive office:		
<input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord Name (if 'rented') _____ <input type="checkbox"/> Other Provide explanation (if 'other') _____		
Is space shared with another Business Entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other Business Entity _____		
Address _____		
City _____ State _____ Zip Code _____ Country _____		
1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10 Identify current Key Employees of the Business Entity. Attach additional pages if necessary.		
Name	Title	
1.11 Identify current Trustees/Board Members of the Business Entity. Attach additional pages if necessary.		
Name	Title	

II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS

2.0 Does the Business Entity have any Affiliates? Attach additional pages if necessary (If no proceed to section III)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliate Name	Affiliate EIN (If available)	Affiliate's Primary Business Activity
Explain relationship with the Affiliate and indicate percent ownership, if applicable (enter N/A, if not applicable):		
Are there any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual's Name	Position/Title with Affiliate	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

III. CONTRACT HISTORY	
3.0 Has the Business Entity held any contracts with New York State government entities in the last three (3) years? ? If "Yes" attach a list including the Contract Number, Agency Name, Contract Amount, Contract Start Date, Contract End Date, and the Contract Description.	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. INTEGRITY – CONTRACT BIDDING	
Within the past five (5) years, has the Business Entity or any Affiliate	
4.0 been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 agreed to a voluntary exclusion from bidding/contracting with a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

V. INTEGRITY – CONTRACT AWARD	
Within the past five (5) years, has the Business Entity or any Affiliate	
5.0 been suspended, cancelled or terminated for cause on any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 entered into a formal monitoring agreement as a condition of a contract award from a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

VI. CERTIFICATIONS/LICENSES	
6.0 Within the past five (5) years, has the Business Entity or any Affiliate had a revocation, suspension or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

VII. LEGAL PROCEEDINGS	
Within the past five (5) years, has the Business Entity or any Affiliate	
7.0 been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

VII. LEGAL PROCEEDINGS	
Within the past five (5) years, has the Business Entity or any Affiliate	
7.3 had any New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 other than the previously disclosed: (i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination; or (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

VIII. LEADERSHIP INTEGRITY	
Note: If the Business Entity is a Joint Venture, answer 'N/A- Not Applicable' to questions 8.0 through 8.4.	
Within the past five (5) years has any individual previously identified, any other Key Employees not previously identified or any individual having the authority to sign execute or approve bids, proposals, contracts or supporting documentation with New York State been subject to	
8.0 a sanction imposed relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.1 an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.2 an indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.3 a misdemeanor or felony charge, indictment or conviction for: (i) any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or (ii) any crime, whether or not business related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.4 a debarment from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
For each "Yes" answer provide an explanation of the issue(s), the individual involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

IX. FINANCIAL AND ORGANIZATIONAL CAPACITY	
9.0 Within the past five (5) years, has the Business Entity or any Affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.1 Within the past five (5) years, has the Business Entity or any Affiliates had any liquidated damages assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.2 Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments over \$15,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the lien holder or claimant's name(s), the amount of the lien(s), claim(s), or judgments(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.3 Within the last seven (7) years, has the Business Entity or any Affiliate initiated or been the subject of any bankruptcy proceedings, whether or not closed, regardless of the date of filing, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide the Business Entity involved, the relationship to the submitting Business Entity, the Bankruptcy Chapter Number, the Court name, the Docket Number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed". Provide answer below or attach additional sheets with numbered responses.	
9.4 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide the Business Entity involved, the relationship to the submitting Business Entity, the taxing jurisdiction (federal, state or other), the type of tax, the liability year(s), the Tax Liability amount the Business Entity failed to file/pay, and the current status of the Tax Liability. Provide answer below or attach additional sheets with numbered responses.	
9.5 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide the Business Entity involved, the relationship to the submitting Business Entity, the year(s) the Business Entity failed to file/pay the insurance, explain the situation, and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.6 During the past three (3) years, has the Business Entity or any Affiliates had any government audits? If "Yes", did any audit reveal material weaknesses in the Business Entity's system of internal controls If "Yes", did any audit reveal non-compliance with contractual agreements or any material disallowance (if not previously disclosed in 9.6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

X. FREEDOM OF INFORMATION LAW (FOIL)	
10.0 Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the question number(s) and explain the basis for your claim.	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

Certification

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the State or its agencies or political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; and acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the question set in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of their knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments; if applicable;
- understands that New York State will rely on information disclosed in this questionnaire when entering into a contract with the Business Entity; and
- is under obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the state's contracting entity or the Office of the State Comptroller prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Officer _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

Sworn to before me this _____ day of _____, 20____;

_____ Notary Public

Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, H. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.

- A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.

- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

ATTACHMENT 10:

**10a: From What Works 2009
Curriculum-Based Programs That
Prevent Teen Pregnancy
the National Campaign To Prevent Teen
and Unplanned Pregnancy:**

**10b: Science and Success, Second Edition;
Sex Education and Other Programs that
Work to Prevent Teen Pregnancy, HIV
and Sexually Transmitted Infections**

Attachment 10A: From “What Works 2009 Curriculum-Based Programs That Prevent Teen Pregnancy” National Campaign To Prevent Teen and Unplanned Pregnancy
<http://www.thenationalcampaign.org/resources/pdf/pubs/whatworks09.pdf>

List of Effective Programs

1. * All4You!
2. * Aban Aya Youth Project
3. * Becoming a Responsible Teen
4. * Be Proud! Be Responsible!
5. * Children’s Aid Society (CAS)- Carrera Program
6. * ¡Cuidate!
7. * Draw the Line/Respect the Line
8. * Focus on Kids
9. * Focus on Kids plus ImPACT
10. Get Real about AIDS (Quasi-Experimental)
11. Healthy Oakland Teens (Quasi-Experimental)
12. * HIV Prevention for Adolescents in Low-Income House Developments
13. * Keepin’ It R.E.A.L.!
14. Learn and Serve America (Quasi-Experimental)
15. * Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention
16. * Making Proud Choices! A Safer Sex Approach to HIV/STD and Teen Pregnancy Prevention
17. * McMaster Teen Program
18. Poder Latino: A Community IDS Prevention Program for Inner City Latino Youth (Quasi Experimental)
19. * Positive Prevention
20. * Postponing Sexual Involvement, Human Sexuality, and Health Screening Curriculum
21. Postponing Sexual Involvement (PSI) and Human Sexuality (Quasi-Experimental)
22. * Reach for Health Community Youth Service (RFH-CYS)
23. * REAL Men
24. Reasons of the Heart (Quasi-Experimental)
25. Reducing the Risk (Quasi-Experimental)
26. Rochester AIDS Prevention Project (Quasi-Experimental)
27. * Safer Choices
28. Seattle Social Development (Quasi-Experimental)
29. * SiHLE (HIV Prevention Intervention)
30. * Teen Outreach Program

* As a general manner, programs that have been evaluated using an experimental design provide stronger evidence of effectiveness than those using a quasi-experimental design. Programs evaluated using an experimental design are noted with an asterisk.

SCIENCE AND SUCCESS, SECOND EDITION: SEX EDUCATION AND OTHER PROGRAMS THAT WORK TO PREVENT TEEN PREGNANCY, HIV AND SEXUALLY TRANSMITTED INFECTIONS ADVOCATES FOR YOUTH, 2008

		Impact on Adolescents' Risk for Pregnancy, HIV & STIs										Settings & Populations Served											
		Delayed Initiation of Sex	Reduced Frequency of Sex	Reduced Number of Sex Partners	Increased Monogamy	Reduced Incidence of Unprotected Sex	Increased Use of Condoms	Increased Use of Contraception	Increased Use of Sexual Health Care/ Treatment Compliance	Reduced Incidence of STIs	Decreased Number or Rate of Teen Pregnancy/Birth	Urban	Suburban	Rural	Elementary School	Middle School	Sr. High	18-24	White	Black	Hispanic/Latino	Asian	Sex
School-Based Programs	1. AIDS Prevention for Adolescents in School			X	X		X			X			X			X		X	X	X	X		Both Sexes
	2. Get Real about AIDS			X			X						X	X	X		X		X		X		Both Sexes
	3. Postponing Sexual Involvement (Augmenting a Five-Session Human Sexuality Curriculum)	X	X					X					X		X				X				Both Sexes
	4. Postponing Sexual Involvement: Human Sexuality and Health Screening	X						X					X		X				X	X			Females
	5. Reach for Health Community Youth Service	X	X				X	X					X		X				X	X			Both Sexes
	6. Reducing the Risk	X				X		X					X	X	X		X		X	X	X	X	Both Sexes
	7. Safer Choices	X				X	X	X	X				X	X		X		X	X	X	X	X	Both Sexes
	8. School/ Community Program for Sexual Risk Reduction Among Teens	X					X				X			X	X	X	X		X	X			Both Sexes
	9. Seattle Social Development Project*	X		X			X					X		X	X			X	X			X	Both Sexes
	10. Self-Center (School-Linked Reproductive Health Care)	X				X		X	X		X		X		X	X	X		X				Females
	11. Teen Outreach Program										X		X	X	X		X		X	X	X		Both Sexes
Community-Based Programs	12. Abecedarian Project									X		X	X		X				X			Both Sexes	
	13. Adolescents Living Safely: AIDS Awareness, Attitudes & Actions		X	X			X					X		X	X	X	X		X	X			Both Sexes
	14. Be Proud! Be Responsible!		X	X								X		X	X	X	X		X				Males
	15. Becoming a Responsible Teen	X	X			X	X					X		X	X	X	X		X				Both Sexes
	16. California's Adolescent Sibling Pregnancy Prevention Project	X						X			X		X	X	X	X				X			Both Sexes
	17. Children's Aid Society—Carrera Program	X					X	X	X		X		X	X	X				X	X			Females
	18. Community-level HIV Prevention for Adolescents in Low-Income Developments	X					X						X		X	X			X			X	Both Sexes
	19. ¡Cuidate!		X	X		X	X						X		X		X				X		Both Sexes
	20. Making Proud Choices!	X	X			X	X						X		X	X			X				Both Sexes
	21. Poder Latino: A Community AIDS Prevention Program for Inner City Latino Youth	X		X									X		X	X	X				X		Both Sexes
Clinic-Based Programs	22. HIV Risk Reduction for African American & Latina Adolescent Women			X		X				X		X		X	X	X	X		X	X		Females	
	23. Project SAFE (Sexual Awareness for Everyone)			X	X	X			X	X		X		X		X	X		X	X		Females	
	24. SiHLE			X		X	X			X	X		X	X		X	X		X			Females	
	25. Tailoring Family Planning Services to the Special Needs of Adolescents							X	X		X		X	X	X		X					Females	
	26. TLC: Together Learning Choices			X		X			X				X		X	X	X		X	X			Both Sexes

Note: Blank boxes indicate either 1) that the program did not measure nor aim at this particular outcome/impact or 2) that the program did not achieve a significant positive outcome in regard to the particular behavior or impact.

* This program is also effective with Native American Youth.