

**RFA Number (1007301230)**

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

**Request for Applications  
Comprehensive Adolescent Pregnancy Prevention  
(CAPP)**

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**RFA Release Date: September 13, 2010**  
**Applicant Conference: October 1, 2010**  
**Registration due for  
Applicant Conference: September 30, 2010**  
**Letter of Interest due: September 30, 2010**  
**Questions Due: September 30, 2010**

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## **I. Comprehensive Adolescent Pregnancy Prevention**

### **A. Introduction**

This multi-component Request for Applications (RFA) represents the New York State Department of Health's (NYSDOH) commitment to comprehensive adolescent pregnancy prevention and sexual health.

**Component A, Comprehensive Adolescent Pregnancy Prevention (CAPP) Community-Based Initiative**, with total annual funding of approximately \$17.2 million, integrates two current initiatives, Adolescent Pregnancy Prevention and Services (APPS) and Community-Based Adolescent Pregnancy Prevention (CBAPP), into a single comprehensive community-based adolescent sexual health initiative funding up to 84 community projects. Component A is focused on the prevention of pregnancy, reduction of racial and ethnic disparities in sexual health outcomes, and promotion of sexual health among male and female eligible adolescents, age 10 to 21 years of age through local community projects. An eligible adolescent means a person aged twenty-one or under who is at risk of becoming pregnant or a parent or is pregnant or a parent.

Addressing adolescent sexual healthcare needs by increasing access to and the utilization of reproductive and sexual healthcare services is a public health priority. **Component B, Improving Community Healthcare Services for Adolescents**, with total annual funding of \$300,000, will expand NYSDOH's opportunity to improve the capacity of community health providers, as well as the quality of sexual healthcare services that are provided for adolescents across New York State. This will be achieved by providing professional educational opportunities and resources statewide for community healthcare providers (physicians, nurse practitioners, and physician assistants) who serve adolescents in primary and specialty care settings through community-based training, online educational opportunities and the dissemination of current and emerging health information, clinical tools and other resources.

### **B. Background**

In preparation for this procurement the NYSDOH held a symposium in 2009 focused on adolescent sexual health. The symposium was convened with national experts on adolescent sexual health and teen pregnancy prevention and also key stakeholders from across the state to review data, research and best practices and share experiences from practice and make recommendations for future programming. Additionally, 27 youth focus groups were conducted in order to learn more about how young people across New York State acquire information about sexual health and access services and treatment. The focus groups also provided forums for young people to share their ideas on how to improve adolescent sexual healthcare to guide both the symposium and ongoing NYSDOH planning efforts. The symposium and the focus groups were facilitated by the NYSDOH-funded Assets Coming Together (ACT) for Youth Center of Excellence (COE), which is based at Cornell University in partnership with the University of Rochester School of Medicine, the New York State Center for School Safety and New York City Cornell Cooperative Extension.

Both the symposium and focus groups provided input from experts and stakeholders to inform and provide guidance to the NYSDOH for future initiatives. Adolescents clearly asked for quality, accurate comprehensive sexuality education to be provided in schools, and for the adults in their lives, including parents, caregiver(s), healthcare providers, and teachers, to be better informed in order to provide and support this education. Adolescents and researchers also stated that a new approach to sexuality education is needed; one that conveys accurate messages about avoiding pregnancy, sexually transmitted diseases (STD) and HIV infection as part of a broader context which includes information about what constitutes a healthy relationship, effective communication and decision making skills, and sexual activity as part of a healthy relationship. Additionally, both stakeholders and researchers emphasized the need to provide community healthcare providers with information, tools and other resources on current and emerging adolescent sexual health issues and how to work effectively with adolescents in order to improve the preventive/primary healthcare provided to them.

Key findings and recommendations from the symposium and focus groups include:

- Incorporating evidence-based programming that is appropriate for gender, stage of development and cultural/ethnic populations served.
- Improving access to a full range of coordinated services that are delivered confidentially and efficiently.
- Increasing the capacity of healthcare providers to effectively serve adolescents in primary care and specialty care settings.
- Mobilizing the talents, skills, and assets of adolescents and supportive adults within the target community.
- Utilizing technology to raise awareness, provide information, and improve clinical services.

A copy of the report from the symposium is available on the ACT for Youth COE website at <http://www.actforyouth.net/>.

## **C. Adolescent Pregnancy**

Adolescent pregnancy is a significant public health problem facing New York State (NYS) today with 57.6 out of every 1000, 15 to 19-year-old females becoming pregnant each year (2008 rate). Racial and ethnic disparities in adolescent sexual health outcomes remain a critical issue. Pregnancy and STD rates are consistently almost three times higher for black and Hispanic teens than for white teens. Adolescent pregnancy and birth rates by region demonstrate the continued trend of higher pregnancy and birth rates in New York City and in specific upstate communities.

Pregnancy at too early an age interrupts and disrupts normal adolescent development and often results in significant academic, social and economic costs for the mother, father and child. Adolescent mothers are more likely to drop out of school, remain unmarried and live in poverty. Adolescent fathers are more likely to have lower economic stability, income, educational attainment, and more turbulent relationships. Children born to single adolescent mothers are

more likely to not do as well in school, have more emotional and behavioral problems, have worse physical health, more likely to use drugs, tobacco, and alcohol and more likely to enter the juvenile justice system. The lost social, educational and vocational opportunities and perpetual poverty for the teen mother or teen father becomes intergenerational and shapes personal development, relationships, career, and educational prospects.

In addition to social costs associated with teen childbearing, there are significant economic costs. According to a study conducted by the National Campaign to Prevent Teen and Unintended Pregnancy, New York State spent \$421 million in 2004 on related costs for children born to teenage mothers. These costs include healthcare, child welfare, incarceration and lost tax revenue due to decreased earning and spending.

The 2009 NYS Youth Risk Behavior Survey indicated an average of 42.0% of all high school students in 9<sup>th</sup> through the 12<sup>th</sup> grades (9<sup>th</sup> grade 26.4%, 10<sup>th</sup> grade 37.3%, 11<sup>th</sup> grade 46.2% and 12<sup>th</sup> grade 61.8%) have had sexual intercourse. An analysis of the National Longitudinal Study of Adolescent Health conducted by Cheng and Udry (2002) demonstrated that on average 43.2% of students with disabilities in grades 7 through 12 were sexually active. Currently, STD rates remain highest in the 15 to 24-year-old population, with an estimated prevalence of one of every two sexually active persons having a STD by age 25. In addition, in 2007, there were 198 newly confirmed cases of HIV (not AIDS) among persons aged 13 through 19 in NYS. During the same time period, 95 AIDS cases were diagnosed among persons in this same age group. Delays in treatment for a STD may increase the chances of passing it to others and may also cause difficulty getting pregnant in the future, brain damage, heart disease, cancer or death.

Please see <http://www.health.state.ny.us/statistics/chac/chds.htm> for county level community health data, including teen pregnancy and birth rates and the number of STDs, and refer to Attachments 1a and 1b for ZIP code level teen pregnancy and birth rates. These statistics underscore the necessity for comprehensive pregnancy prevention efforts that include programming related to STD and HIV prevention.

A sexually healthy adolescent is able to realize his/her individual potential around critical developmental tasks related to sexuality. These tasks include: accepting his/her body, gender identity and sexual orientation; communicating effectively with family, peers and partners; possessing accurate knowledge of human anatomy and physiology; understanding the risks, responsibilities, outcomes and impacts of sexual activity; possessing the skills needed to take action to reduce his/her risk; knowing how to use and access the healthcare system and other community institutions to seek information, and services as needed; setting appropriate sexual boundaries; acting responsibly according to his/her personal values; and, forming and maintaining meaningful, healthy relationships. 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. Adolescents involved in sexual risk-taking that results in pregnancy or STDs are often involved in other risky behaviors. Although adolescents may have knowledge on how to prevent pregnancy, including access to contraception, without the motivation and desire to do so they may still engage in risky sexual behavior. The connection between youth, family, school, and the community is critical in fostering a sense of

self-worth and a promising future to motivate adolescents to avoid risky behaviors. Programs that provide opportunities for youth to develop assets ultimately support youth transitioning into adulthood. Adolescents who are pregnant and/or parenting may need additional supports to continue with their normal adolescent development while additionally transitioning to early parenthood. Among adolescents with disabilities, physical and sexual maturation usually parallels that of their peers without disabilities; yet delayed emotional and cognitive development may create the need for targeted supports and approaches to enable achievement of critical developmental tasks related to sexuality.

Adolescent health issues are rapidly emerging and changing. Examples of specific opportunities and challenges for youth and youth-serving providers include:

- Immigrant populations have increased and dramatically expanded beyond New York City, creating increasingly diverse populations in communities.
- Technology has changed the way youth communicate and receive health information and has increased exposure to negative health images and messages, while also providing new opportunities for engaging and communicating with youth.
- Adolescents are identifying as lesbian, gay, bisexual or transgender at younger ages, creating increased opportunities for community healthcare providers to provide critical support and linkages for adolescents and their families.
- Adolescents with disabilities are increasingly becoming integrated into the larger community and typical activities of this life stage. Yet peer, provider, and societal attitudes have lagged in the recognition and support of these individuals.

Increasing the accessibility, utilization and quality of reproductive, sexual health, and other preventive healthcare services is a critical element of a comprehensive approach to support adolescent health. Further, increasing the capacity of healthcare providers who serve adolescents in primary care and specialty care settings was a key recommendation from the 2009 symposium. New York State data supports the need for further attention in this area. In New York State, all managed care plans (including Medicaid, Child Health Plus, and commercial plans) are assessed annually for a variety of clinical and administrative quality performance measures through the Quality Assurance Reporting Requirements (QARR) initiative. Additional information about QARR is available on the NYSDOH web site at:

[http://www.nyhealth.gov/health\\_care/managed\\_care/reports/](http://www.nyhealth.gov/health_care/managed_care/reports/). QARR includes seven specific performance measures related to preventive care of adolescents ages 14-18: BMI screening and assessment or counseling or education about nutrition, exercise, sexual health, depression, tobacco, and substance abuse. These measures reflect current standards of well care for adolescents; assessment and counseling related to risk behaviors and their associated future health implications are recommended as part of annual well care for adolescents. Not only do these behaviors have significant potential to impact an adolescent's short-term health, but many preventable adverse health outcomes and deaths in adulthood result from health related behaviors (such as tobacco use, inactivity, poor diet, and risky sexual behavior) that were initiated in adolescence.

The most recent QARR data indicate significant need for improvement in the number of adolescents who receive well care and preventive visits. The statewide percentage of adolescents (ages 12-21) who had well care or preventive care visits based on 2007 data was 58%, compared to 81% of children aged 3 to 6 receiving annual well-child and preventive care visits in the same year.

In addition, researchers and other stakeholders at the 2009 symposium indicated that healthcare providers may have gaps in knowledge, skills, and basic comfort level related to working effectively with adolescents. New professional education and development activities are needed to address these gaps to improve the quality of healthcare services for adolescents statewide. These activities should complement other community-based preventive programming supported by the Department.

## **II. Component A: Comprehensive Adolescent Pregnancy Prevention (CAPP) Community-Based Initiative**

### **A. Purpose**

The NYSDOH is issuing this RFA to announce the availability of approximately \$17.2 million to implement a statewide Comprehensive Adolescent Pregnancy Prevention Community-Based Initiative awarding up to 84 community projects. The purpose of the CAPP Community-Based initiative is to develop and expand primary prevention programs aimed at decreasing the incidence of adolescent pregnancy through the establishment of a comprehensive and coordinated approach to reduce the risk of initial and repeat pregnancies, STDs and HIV/AIDS rates among New York State adolescents. Further, the initiative will more effectively address issues associated with adolescent parenting and the racial, ethnic, and geographic disparities that are related to adolescent sexual health outcomes.

The specific goals of the CAPP community-based initiative and local CAPP projects are to:

- Promote healthy sexual behaviors and reduce the practice of risky sexual behaviors among adolescents;
- Ensure access to comprehensive reproductive healthcare and family planning services for adolescents;
- Expand opportunities and provide support and alternatives to sexual activity for adolescents, including pregnant and parenting teens, in order to promote an optimal transition through adolescent developmental milestones into a healthy young adulthood;
- Advance a comprehensive and sustainable local community effort to improve the community environment for adolescents through the development of a coordinated community plan.

### **B. Overview: CAPP Community-Based Projects Initiative**

CAPP community-based projects are the basis of a statewide primary prevention initiative which utilizes a youth development framework (Attachment 16) and implements evidence-based

programming (Attachment 3) in order to promote health and reduce risk in targeted high-need communities.

CAPP projects will be located in targeted high-need areas that have been identified based on an Adolescent Sexual Health Needs Index (ASHNI), Attachment 2. The **ASHNI** is an indicator, calculated at the ZIP code level, to provide a single, multidimensional measure related to adolescent pregnancy and STDs. The ASHNI takes into consideration a variety of key factors related to these outcomes, including the size of adolescent population, actual burden (number) of adolescent pregnancies and STD cases, and a number of specific demographic and community factors (education, economic, and race/ethnicity indicators) that are significantly associated with adverse sexual health outcomes. For the purpose of this RFA, the ASHNI will be used to identify eligible target communities, to prioritize the selection of funded projects, and to determine the amount of funding that funded projects are eligible to receive. Refer to section II.F, Review and Award Process for the award methodology.

When developing a local CAPP project, applicants are encouraged to work in collaboration and partnership with local youth, families, schools and other community stakeholders who are representative of the social, economic, functional ability and racial/ethnic composition of the community to identify community demographics, needs, and resources. Funded projects will be required to be an active participant on a community advisory council made up of volunteers who intend to improve the target community's living environment relevant to the prevention of adolescent pregnancy, STDs and HIV/AIDS rates by developing a community plan.

Within the proposed targeted communities, through four core strategies as described in section II.D, Work Scope, the project is to serve male and female adolescents age 10 to 21 including pregnant and parenting youth, high risk and disconnected youth, as well as their families and community members. For the purpose of this RFA, reference to "high risk and disconnected youth" includes but may not be limited to youth who are: out of school; living with a disability; residing in institutions or foster care; lesbian, gay, bisexual, transgender, or questioning (LGBTQ); involved in the juvenile justice system; recently immigrated; and/or homeless. Particular focus should be given to the reduction of racial/ethnic disparities. Services are to be delivered to individuals or groups in schools, faith-based institutions, community organizations, day habilitation programs, the juvenile justice system, juvenile detention centers, foster care, homeless shelters, etc.

Since technology has changed the way youth communicate and receive health information, there are new opportunities for engaging and communicating with youth to raise awareness, provide information, and improve clinical services. Applicants who are approved under Article 28 of the Public Health Law to provide family planning services are uniquely positioned to maximize the use of information communication technologies that are appropriate and consistent with current adolescent modes of communication to improve reproductive and family planning service delivery and decrease barriers for adolescents. For example, in the narrated presentation: Using Media and Technology to Improve Sexual Health Outcomes for Youth, from ACT for Youth

(<http://www.actforyouth.net/?training>), Alwyn Cohall, MD, demonstrates that in clinical practice, using youth-friendly technology can lead to far better outcomes for adolescent sexual health. An associate professor at Mailman School of Public Health, Dr. Cohall directs the Harlem Health Promotion Center.

Through the CAPP initiative, projects will offer and arrange for family planning services, hereafter referred to as “Offering and Arranging.” These activities are eligible for federal Medicaid matching funds. In order to assure adequate continued funding for this program, a minimum of 75% of each grantee’s award amount should be used to support the Offering and Arranging of family planning services. Offering and Arranging activities may be incorporated in Core Strategy 1 by providing comprehensive, age appropriate, evidence-based, and medically accurate sexuality education to promote healthy sexual behaviors including abstinence, delay the onset of sexual activity and reduce the practice of risky sexual behaviors among youth; and Core Strategy 2 by ensuring access to comprehensive reproductive healthcare and family planning services for teens to prevent pregnancies, STDs, and HIV/AIDS. Please refer to Attachment 6 for additional detailed guidance on Offering and Arranging of family planning services.

The remaining 25% of each grantee’s funding may be used to support other comprehensive multidimensional program activities including but not limited to: life skills development (educational, social and recreational, vocational and economic opportunities as described in section II.D, Core Strategy 3) and specific activities that reduce barriers to adolescents’ access to clinical services such as expanding clinic operating hours, meeting staffing needs for adolescents, and improving the proximity and accessibility of clinics to target populations.

Further detail, related to core project strategies and activities, is described in section II.D: Work Scope.

## **C. Requirements (Component A)**

### **Program Requirements:**

- The applicant organization/agency, if awarded a contract, will be responsible for: employing a 100% full-time CAPP project director/coordinator within their organization that will be accessible to the department including by e-mail; performing the essential tasks required to administer the project; be the lead in programmatic activities; and ultimately responsible for the successful completion of the project/contract.
- The applicant will need to ensure that programming is held in fully accessible spaces and program modifications and accommodations for participants with disabilities are ascertained and provided. Applicants will need to attest to this requirement on the Statement of Assurances, Attachment 9a.
- An organization may submit only one application in response to this RFA – i.e., the same organization may not apply for funding under both Component A and Component B, and may submit only one application for Component A. In the event that an organization submits more than one application in response to this RFA, the Department will contact the

applicant to ask them which application they would prefer to be reviewed. An organization that applies for funding under either Component A or Component B may also be included as a partner or subcontractor in another organization's application.

- Applicants may propose to serve a geographic area, which may include a county, municipality or any subdivision thereof, or a combination of counties, municipalities or subdivisions thereof. Outside of New York City, applicants may propose to provide project activities in **no more than two counties**. New York City applicants may propose to serve any combination of the five boroughs (i.e., Bronx, Kings, New York, Queens, Richmond counties) provided the work scope is achievable.
- Applicants are to define their target project area by ZIP code. The ASHNI score for each target ZIP code is calculated by locating each proposed ZIP code on Attachment 2, and finding the associated ASHNI score for that ZIP code. If a project proposes to serve more than one ZIP code, the ASHNI score for all target ZIP codes are added together to calculate a total project ASHNI.

### **Minimum Eligibility Requirements:**

Please note: Applications not meeting the following minimum eligibility requirements will not be reviewed.

- Applications will be accepted from state and local government entities such as city and county health departments, school districts, and youth bureaus; and from not-for-profit 501(c)(3) organizations, including, but not limited to, Article 28 healthcare providers, community-based health and human service providers, and local health and human service agencies.
- Applicants not approved under Article 28 of the Public Health Law to provide family planning services **must** provide a letter from one or more family planning provider serving the targeted community stating their intent to collaborate with the **CAPP** applicant organization/agency. The letter needs to indicate the provider's willingness to accept referrals, including referrals of Medicaid clients; appropriate assessment and referral; ability to provide a full range of medical family planning services; and follow-up agreements.
- **A minimum total project ASHNI score of 200 is required to be eligible for funding. There is one exception to this rule:** Applicants who propose to limit programming to a single county that has a total county ASHNI below 200 (see Attachment 2) may request funding to implement a limited scope of programming as described in section II.D, Work Scope.
- This RFA specifically requires that projects are to implement, age appropriate, evidence-based, and medically accurate sexuality education, which includes abstinence (not abstinence only), to address the needs of project's primary target population from the list of resources in Attachment 3. Applicants who propose to implement abstinence only programs will be disqualified.

## **Preferred Eligibility Requirements:**

Preference will be given to applicants that demonstrate the following:

- Propose to serve communities that will reach racial and ethnic minorities in order to reduce disparities in sexual health outcomes. The NYSDOH reserves the right to require a funded project to adjust their proposed service area to better address the initiative outcomes, which includes reducing the racial/ethnic disparities within communities.
- A Board of Directors and staff, including senior management staff, who are representative of the racial, ethnic and/or cultural populations they plan to serve and intend to reach through the proposed project.
- Demonstrate agency and staff experience serving racial and ethnic minorities, providing comprehensive multidimensional youth programming and strengthening connections with schools, school-based health centers, institutional settings, and/or community organizations who serve high-risk and disconnected youth.
- Demonstrate in-kind project support.
- Demonstrate evidence of support for the organization including any substantial current relationships with parent(s), caregiver(s), schools district(s), state, county, city, and local community leader(s), community healthcare providers who serve adolescents in primary and specialty care settings, family planning providers, service providers, disability service and advocacy organizations, institutions and organizations in the proposed target community. Ability to access target audiences to support proposed project strategies is detailed in II D: Work Scope. Letters of commitment should be included from schools, local community officials, service providers, institutions and organizations or other venues where project services will take place.

## **D. Work Scope**

CAPP community-based projects are to serve both male and female eligible adolescents age 10 to 21, including pregnant and parenting, high risk and disconnected youth, their families and the target community (ies) through comprehensive and coordinated local projects. Within a framework of core strategies described in detail below, applicants are to develop and implement specific activities based on the needs and resources of the target community and the developmental, socio-economic, racial ethnic and cultural needs and perspectives of the population(s) to be served. As noted, in section II.B, Overview: CAPP Community-Based Projects Initiative above, at least 75% of all grantee's awards should be used to support activities related to Offering and Arranging of family planning services. Offering and Arranging activities may be incorporated within program strategies one and two as described below. Please refer to Attachment 6 for additional detailed guidance on Offering and Arranging of family planning services.

**All proposed projects need to include activities to implement all four of the core project strategies described below. There is one exception to this rule:** Applicants who propose to limit programming to a single county that has a total county ASHNI below 200 (see Attachment

2) may request funding to implement a limited scope of programming. The limited programming includes Core Strategy 1 and a mechanism to refer youth to comprehensive reproductive healthcare and family planning services for teens to prevent pregnancies, STDs, and HIV/AIDS. Applicants that meet these exception criteria do not need to implement Core Strategies 2 through 4. **Only** applicants who meet these exception criteria are eligible to request funding for this limited scope of programming.

**Core Strategy 1: Provide comprehensive, age appropriate, evidence-based, and medically accurate sexuality education to promote healthy sexual behaviors including abstinence, delay the onset of sexual activity and reduce the practice of risky sexual behaviors among youth.**

Comprehensive sexuality education provides a full range of medically accurate information and options for reducing the potential negative outcomes of sexual behavior. This RFA specifically requires that funded projects implement evidence-based sexuality educational programming. Evidence-based educational programming should be comprehensive and provide a full range of information and skills which includes abstinence (not abstinence only), comprehensive sexual health education; methods to reduce risky behaviors, prevent pregnancy; STDs and HIV; and increase access to comprehensive sexual healthcare for adolescents.

In order to assure the requirement for use of evidence-based educational programming is met, **applicants must select one or more evidence-based program(s) from the list of resources in Attachment 3 and propose a plan to implement the selection(s).** There are a wide variety of comprehensive evidence-based programs included in this list, representing programs with demonstrated effectiveness in a wide range of target communities, program settings, and population groups. A program should be selected based on the target community, culture (ethnicity, race, religion, language, ability, gender, and sexual orientation), setting (individual, small and/or large groups) and venue (schools, faith-based institutions, community centers, institutional settings or community organizations) to be served.

**Note:** Once a project is notified of their award under this RFA, NYSDOH and the DOH-funded COE will collaborate with each individual CAPP project to implement their selected comprehensive, age appropriate, evidence-based, and medically accurate sexuality education pregnancy prevention program. Any potential adaptations will be consistent with guidelines on program adaptation from the Centers for Disease Control and Prevention (CDC) and Healthy Teen Network.

The recent focus groups conducted by NYSDOH and the ACT for Youth COE indicated that many adolescents view adults in their lives as a primary source of information regarding sexual behaviors. Parents, caregivers and other adults in the community often need effective strategies in order to begin a dialogue related to sexual matters with youth. Projects are strongly encouraged to incorporate education for parents, caregivers, and other adults in the community in order to provide improved knowledge and communication skills related to adolescent sexual

health and risky behaviors.

Offering and Arranging may be incorporated within this strategy by including activities which involve:

- Disseminating written and oral information about the importance of family planning/reproductive healthcare and available family planning health services in community and school settings.
- Providing for individual and/or group discussions, presentations, recruitment and training of peer educators, and parent workshops about the full range of methods of family planning and family planning services.

**Core Strategy 2: Ensure access to comprehensive reproductive healthcare and family planning services for teens to prevent pregnancies, STDs, and HIV/AIDS.**

This strategy may be accomplished by assuring or increasing access to family planning services, options education and STD/HIV screening for male and female adolescents. Projects **must** demonstrate direct linkages and connections with community family planning service providers. *Note: Applicants not approved under Article 28 of the Public Health Law to provide family planning services **must** provide a letter from one or more family planning provider serving the targeted community stating their intent to collaborate with the **CAPP** applicant organization/agency. The letter needs to indicate the provider’s willingness to accept referrals, including referrals of Medicaid clients; appropriate assessment and referral; ability to provide a full range of medical family planning services; and follow-up agreements.*

Also, projects are expected to identify any and all barriers adolescents may face to obtaining family planning services within their communities and indicate strategies to reduce those identified barriers. Examples of barriers may be lack of knowledge of available resources, concerns related to confidentiality, lack of insurance, limited family planning clinic service hours, geographical remoteness, cultural considerations or limited family planning staff resources to address the unique needs of adolescent clients. Further, the adolescents who identify as having a disability, LGBTQ, immigrant, transient or sexually abused may face additional barriers that require sensitivity, professional knowledge and awareness to effectively ensure access.

Applicants who are approved under Article 28 of the Public Health Law to provide family planning services are uniquely positioned to maximize the use of information communication technologies that are appropriate for adolescents to improve their capacity and are eligible for additional funding, up to \$50,000, to implement these additional activities. The use of information communication technologies that are consistent with current adolescent modes of communication can improve service delivery and decrease barriers to reproductive healthcare and family planning services for adolescents. Information communication technologies can be maximized to raise awareness, provide accessible information, enhance education, and improve clinical services and patient follow-up. Specific examples include: text appointment reminders; daily reminders for oral contraceptives and other medications; using “waiting time” to offer

educational presentations or videos and/or to elicit information about sexual history/other sensitive subjects through a computer assisted questionnaire system.

As described in section II.B, Overview: CAPP Community-Based Projects Initiative and Attachment 6, a minimum of 75% of each grantee's award amount, should be used for Offering and Arranging. In this strategy, Offering and Arranging activities may include:

- Providing for individual and/or group discussions about the full range of methods of family planning and family planning services.
- 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, assisting with transportation arrangements and assistance in acquiring accommodations to effectively obtain family planning services.

Also, described in section II.B, Overview: CAPP Community-Based Projects Initiative a maximum of 25% of grantee funding may be used to support comprehensive multidimensional program activities and/or specific activities that reduce identified community barriers to adolescents' accessing clinical services. Allowable expenses include expanding clinic operating hours, additional clinic staffing during peak adolescent service times, staffing costs associated with extending clinic hours to serve adolescents, improving the proximity and accessibility of clinics to target populations, and specific costs associated with establishing clinic services in remote underserved locations, including staffing and basic infrastructure/overhead costs (e.g., rent, utilities, telephone).

**While CAPP 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. If non-fundable items are included in an applicant's budget, they will be removed.

**Core Strategy 3: Expand educational, social, recreational, vocational and economic opportunities for teens, including pregnant and parenting, high risk and disconnected youth, to provide alternatives to sexual activity and to develop skills that can support a successful transition into healthy young adulthood.**

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 and a positive outlook for the future. The initiative strives to implement the dual strategy of risk reduction and building protective factors that are necessary for optimal transition through adolescent developmental milestones into a healthy, productive, connected adulthood. This may be achieved through creating opportunities while also providing the mentoring and support necessary for youth to practice life skills. As described in section II.B, Overview: CAPP Community-Based Projects Initiative, a maximum of

25% of grantee funding may be used to support comprehensive multidimensional program activities and/or specific activities that reduce identified community barriers to adolescents' accessing clinical services (described above). Activities should be part of a comprehensive, multidimensional program, be ongoing and incorporate at least three of the following topics:

- Healthy relationships, such as positive self esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions.
- Adolescent development such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.
- Financial literacy.
- Parent-child communication.
- Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work productivity.
- Healthy life skills such as goal setting, decision making, negotiation, communication and interpersonal skills and stress management.

In addition to at least three of the topics listed above, project activities may also include:

- Family life and parenting education.
- Community connectedness and service learning.

The societal, cultural and personal experience of adolescents with disabilities should be factored into these activities to ensure successful skill-building. Also, special considerations such as location, providing child care and/or a child friendly environment may be necessary to engage pregnant and parenting teens, high risk and disconnected youth to ensure access to programming.

Since adolescents may require additional supports and services that are outside the scope of the CAPP initiative, projects are expected to implement mechanisms to refer individuals to other federal, state, county, city, school district, and local community service providers for physical, social, emotional, educational, and developmental support and services as necessary. This initiative will not fund direct services such as case management, GED preparation, employment placement, mental health counseling, crisis intervention, and child care or services that are available through other resources. However, applicants should incorporate partnerships and strategies to identify needs for such services and make referrals to address the needs that have been identified.

**Core Strategy 4: Advance a comprehensive and sustainable local community effort to improve the community environment for adolescents, reduce initial and subsequent adolescent pregnancy, STD, and HIV/AIDS rates and reduce health disparities related to race, ethnicity, socioeconomic status and geography.**

In order to assure optimal sexual health for adolescents in identified target communities, projects are expected to engage their community in actions that change social norms that improve sexual health outcomes. People who are educated about adolescent sexual health are empowered to be better decision makers. CAPP project staff will function as experts in the community to enhance community knowledge and provide community resources related to adolescent sexual health.

Projects are expected to identify and utilize existing community resources and maximize the use of federal or other state, private and local resources; educate community members and decision makers; and, collaborate with local youth, families, schools, family planning providers and other community stakeholders. This will ensure a system of integrated, comprehensive and coordinated efficient resources, reduce duplication of services and solidify a network of community services. This network of collaborative community resources will create sustainable local response in the targeted community for adolescents, including pregnant and parenting, out-of-school and other at-risk youth, and will assure access to the available physical, social, emotional, and developmental supports necessary to transition into a healthy, productive, connected adulthood.

Funded projects are to be an active participant on a community advisory council that intends to improve the target community's living environment relevant to the prevention of adolescent pregnancy, STDs and HIV/AIDS rates. If the community does not have an established group, the CAPP project is expected to develop one. If the CAPP project proposes to serve separate and distinct communities, they are expected to participate in a community advisory council for each community. Ideally, the volunteer group will represent a cross-section of the community and include representation from but not limited to: community residents; youth and parents or caregivers of adolescents; local government; local community-based organizations; local social services, agencies providing vocational, housing services, child care agencies serving youth and youth service agencies, charitable organizations, health and labor departments; healthcare providers/family planning providers; perinatal network; local school; individuals with disabilities, disability service and advocacy organizations; business community; local police departments; legal services; recreational and cultural organizations.

The group function(s) should include but not be limited to, an annual assessment of adolescent pregnancy in the target community, and to provide guidance, and direction for a coordinated community plan that is aimed at reducing adolescent pregnancy, STD, and HIV/AIDS rates in the proposed target community.

## **E. Application Content (Component A):**

All completed applications are to include the following sections 1 through 8. A Grant Application Checklist, Attachment 7a, has been provided to assist applicants. It is recommended that each application be submitted complete, titled in the order presented in the RFA and labeled.

### **1. Grant Application Cover Page (0 points)**

The Grant Application Cover Sheet, Attachment 8a, is the first page of the application and is to provide relevant information about the applicant organization/agency, proposed project, target ZIP codes, total ASHNI per project, proposed evidence-based educational program(s) (selected from Attachment 3) to be implemented and the amount of core funding requested. Please indicate if your agency is an Article 28 of the Public Health Law family planning service provider and you are applying for the additional funding.

Applicants not approved under Article 28 of the Public Health Law to provide family planning services **must** also indicate one or more family planning providers who serve the targeted community and intend to collaborate with the CAPP applicant organization/agency to accept referrals. *Note: Applicants not approved under Article 28 of the Public Health Law to provide family planning services **must** provide a letter from one or more family planning provider serving the targeted community stating their intent to collaborate with the **CAPP** applicant organization/agency. The letter needs to indicate the provider's willingness to accept referrals, including referrals of Medicaid clients; appropriate assessment and referral; ability to provide a full range of medical family planning services; and follow-up agreements.*

## **2. Statement of Assurances**

**(0 points)**

Complete and sign the attached Statement of Assurances, Attachment 9a. The form should be signed by an individual authorized to sign for the applicant organization/agency.

## **3. Project Summary**

**(5 points)**

Two page limit.

The purpose of this section is to summarize the entire proposed project in two pages or less.

- a) Describe the geographic service area for each proposed community. Applicants may choose to serve more than one community; however, each separate and distinct target community is to be clearly reflected. Include in the description the proposed ZIP codes and the total ASHNI for the proposed project. Refer to section II.C, Eligibility Requirements, for detail on calculating an ASHNI score.
- b) Describe the project staff structure.
- c) Include a statement of project goals and objectives and a description of the services to be provided to meet such goals and objectives that is consistent with the four core strategies described in section II.D, Work Scope. Describe the age range proposing to serve and the gender; cultural, racial and ethnic composition of the population(s) to be served. Also, include in the description how the proposed project activities will target pregnant and parenting, high risk and disconnected youth, and parents, other adult care givers and community members.
- d) Include critical issues or unmet needs contributing to adolescent initial and subsequent pregnancy and STD, HIV/AIDS rates in the target area. Identify the prevalence and incidence of adolescent pregnancy and parenting and related problems to be addressed by the project in the geographic area; and a description, by number and characteristics, of the project's target population to be served.
- e) Identify health disparities identified for each proposed community that are related to race, ethnicity, disability, socioeconomic status and/or geography.
- f) Indicate the proposed comprehensive, age appropriate, evidenced-based sexual health educational program; from Attachment 3.

## **Additional Funding**

**Pass/Fail**

- a) Applicants who are approved under Article 28 of the Public Health Law to provide family planning services and who are applying for additional funding to improve service delivery and decrease barriers to reproductive healthcare and family planning services for adolescents

are to describe the additional proposed activities they plan to implement to improve their capacity for information communication technologies that are appropriate for adolescents.

#### 4. Organizational Experience and Capacity

(20 points)

Three page limit.

(Please note: the written agreements, letters of commitment or support, and organizational chart are to be included in the appendices to the application and do not count towards the three page maximum for this section).

The purpose of this section is for the applicant to describe the applicant organization/agency and each proposed subcontractor or major collaborating organization/agency, current services and capacity to implement and administer the proposed project *and* evidence of prior success with similar initiatives that have included serving; racial, ethnic and/or cultural minorities' high risk, and disconnected youth.

- a) Describe the agency and any proposed subcontractor's mission; include the mission statement(s) as an appendix to the application.
- b) Demonstrate evidence of support for the organization including any substantial current relationships with parent(s), caregivers, schools district, disability service and advocacy organizations, federal, state, county, city, and local community official(s), community-based service providers, institutions and organizations, physicians and family planning providers in the proposed target community. Describe ability to access target audiences to support proposed project strategies as detailed in II D: Work Scope. Include letters of commitment from schools, local community officials, service providers, institutions and organizations or other venues where project services will take place.  
*Note: Applicants not approved under Article 28 of the Public Health Law to provide family planning services **must** provide a letter from one or more family planning provider serving the targeted community stating their intent to collaborate with the CAPP applicant organization/agency. The letter needs to indicate the provider's willingness to accept referrals, including referrals of Medicaid clients; appropriate assessment and referral; ability to provide a full range of medical family planning services; and follow-up agreements.*
- c) Describe the Board of Directors and staff, including senior management staff, and how they represent the racial, ethnic and/or cultural populations the proposed project intends to reach and serve.
- d) Provide the agency's current organizational chart as an appendix to the application. Indicate how the proposed CAPP project will be integrated within the agency.
- e) Applicant organization/agency is to employ a 100% full-time CAPP project director/coordinator that will be accessible to the department including by e-mail. Duties are to include general project oversight and coordination between the subcontractors and collaborating agencies. Describe proposed CAPP project staff, qualifications, and previous experience. Indicate how staff is representative of the racial, ethnic and/or cultural populations the project proposes to serve.

- f) Indicate a competent plan to train staff, if necessary, and provide ongoing staff development. Topics may include normal adolescent growth and development, healthy relationship/communication, cultural competency, disability awareness, LGBTQ issues, substance abuse, mental health issues, domestic and sexual violence prevention, technology, etc.
- g) Indicate the agency's length of experience with administrative, fiscal, and programmatic oversight of government contracts, including timely and accurate submission of fiscal and project reports. Indicate any present/prior collaborations with the NYSDOH.

## **5. Community Needs and Resources Assessment**

**(15 points)**

Two page limit

The purpose of this section is to determine local health and human services needs and available resources effecting adolescent pregnancy and STD rates. Applicants may choose to serve more than one community; however, each separate and distinct target community is to be clearly reflected in the community's needs and resources assessment.

(Potential resources: <http://www.actforyouth.net/>; Attachment 4: Data Sources (Internet) and Attachment 5: Community Needs and Resources Assessment.

- a) Describe the proposed project's specific target community/population including the ASHNI and specific academic, physical, social, safety and economic outcomes that have resulted from adolescent sexual activity.
- b) Discuss the identified **needs** in the proposed project target community that pose an increase in risk for unintended initial and subsequent pregnancy, STDs and HIV infection. Include a description of the common sexual risk taking behavior(s) among youth in the proposed target community.
- c) Discuss the identified community **resources** currently available to serve the eligible adolescents in the proposed project target community that provide protective factors to reinforce the goals and objectives of the community service project, decrease unintended initial and subsequent adolescent pregnancy, STD and HIV infection rates and support adolescents through developmental milestones into a healthy, productive, connected adulthood.

## **6. Description of Project Narrative**

Six page limit.

**(20 points)**

The purpose of this section is to describe the proposed project activities and how they fit together into a coherent local program. The applicant is to clearly:

- a) Describe the proposed plan to address each identified need described in section II.E 5, Community Needs and Resources Assessment, for the proposed project target community. Describe how services for eligible adolescents will be coordinated within such project plans, and efforts to be made to improve client access to such services by improving interagency cooperation and program coordination.

- b) Indicate the proposed comprehensive, age appropriate, evidenced-based sexual health educational program from Attachment 3 to be implemented and the reason that the particular evidenced-based sexual health educational program was selected.
- c) For each of the four core project strategies described in section II.D, Work Scope: provide a description of the activities that will be developed, implemented and evaluated.  
**There is one exception to this rule:** Applicants who propose to limit programming to a single county that has a total county ASHNI below 200 (see Attachment 2) may request funding to implement a limited scope of programming. The limited programming includes Core Strategy 1 and a mechanism to refer youth to comprehensive reproductive healthcare and family planning services for teens to prevent pregnancies, STDs, and HIV/AIDS. Applicants who meet these exception criteria do not need to implement Core Strategies 2 through 4. **Only** applicants who meet these exception criteria are eligible to request funding for this limited scope of programming.
- d) Indicate how the activities proposed were developed based on the developmental, socio-economic, ethnic and cultural needs and perspectives of the population(s) to be served and will progress towards narrowing the gap in health disparities related to race and ethnicity.
- e) Include in the description for each activity described above the venue and the proposed number of youth, parent(s), caregivers or members of the community to be served. Assure the locations where services and projects will be provided are appropriate and fully accessible.
- f) Describe how the proposed services are relevant to the population being served and how the project will incorporate the input of a diverse group of stakeholders, including youth, parents/caregivers, racial, ethnic and/or cultural minority groups and persons with disabilities, in project planning, implementation and evaluation.
- g) Describe the community's involvement in the project plan, and the involvement of relevant agencies and appropriate groups involved within the project plan.
- h) Describe the proposed/actual membership of the community advisory council for each proposed separate and distinct community. Include the mission statement, meeting schedule if available and community advisory council roles and activities that are consistent with the goals of the CAPP initiative. Indicate if the community advisory council had any direct participation in preparing the community needs and resource assessment and/or the application for the CAPP project.
- i) Describe a plan for staff development.

**Additional Funding**

**Pass/Fail**

- a) Applicants who are approved under Article 28 of the Public Health Law to provide family planning services and who are applying for additional funding to improve service delivery and decrease barriers to reproductive healthcare and family planning services for adolescents are to describe the additional proposed activities they plan to implement to improve their capacity for information communication technologies that are appropriate for adolescents.

## 7. Work Plan

No page limit

(20 points)

The purpose of this section is to use the attached Work Plan forms (see Attachment 13a) to describe the proposed project goals, objectives, and activities, person responsible and measureable time frames for the proposed project. The Work Plan needs to be consistent with the proposed project activities as described in number 6 above: Description of the Project narrative.

### Additional Funding

Pass/Fail

- a) Applicants who are approved under Article 28 of the Public Health Law to provide family planning services and who are applying for additional funding to improve service delivery and decrease barriers to reproductive healthcare and family planning services for adolescents are to describe the additional proposed activities they plan to implement to improve their capacity for information communication technologies that are appropriate for adolescents.

**Note:** For all funded projects, the COE will work with each individual project and NYSDOH to develop and conduct an evaluation for their local project and for the overall CAPP initiative. Please note all proposed educational programming will be subject to initial and ongoing review by the NYSDOH and COE for appropriateness.

## 8. Budget and Staffing Plan

(20 points)

No page limit.

The budget is to be submitted in the format prescribed. The applicant should carefully review the detailed instructions and submit completed budget forms that are included in Attachment 10a. Applicants will develop a cost allocation methodology for compliance with grant requirements regarding administration and allowable costs using the principles applicable to your organization as outlined in Attachment 12, Grant Contract (Standard), Appendix A-1 (Agency Specific Clauses for All Department of Health Contracts), (3)(a) Administrative Rules and Audits.

Clearly label each page of the budget with the applicant name. If the budget is not within the stated amount of funding available as indicated in section II.F, Review and Award Process, the award amount will be adjusted downward.

- a) Applicants are to submit a 12-month budget, assuming a 1/01/11 start date. Final budgets will be negotiated with successful applicants and are dependent upon the availability of funds. Describe how the project funds received shall be used; justification for each cost should be detailed in a supporting narrative. Ineligible items will be removed before the budget is scored and the amount requested will be reduced to reflect these changes.
- b) Applicant organization/agency is to employ a 100% full-time CAPP project director/coordinator within their organization/agency and need to provide current (dated) job descriptions, which include title, function, and specific responsibilities for all staff proposed for project.
- c) Administrative Expenses [personal service and other than personal service (OTPS)] should be in line item detail and not exceed 10% of the amount requested from the state under the RFA. **Lump sum administrative costs or rates will not be considered.** Total

administrative costs exceeding 10% should be substantially justified in order to be considered as potentially acceptable and fundable. 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://osc.state.ny.us/agencies/travel/travel.htm>

- d) Funds may be used to ensure cultural sensitivity, for instance, to translate materials to appropriate languages, provide formats that are accessible to those who are visually or hearing impaired, hiring of bi-lingual staff, and/or as needed to provide wheelchair accessible transportation or sign language interpreters.
- e) The purchase of major pieces of depreciable equipment will only be financially supported by NYS if the equipment is shown to be vital to the project.
- f) Funds may be used to increase access by reducing barriers. Specific costs that are allowable under this grant include but are not limited to **demonstrated need** for 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 (Offering and Arranging definition see Attachment 6). **While funding may be used to help improve access to family planning services for adolescents as described above, this funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities, and allocation of personnel costs to grant funds must be proportionate across revenue streams.** The initiative will **not** fund other direct clinical/medical/laboratory services and supplies, including, but not limited to: case management, mental health counseling, crisis intervention, pap smears (supplies or laboratory costs), pregnancy test supplies or laboratory costs, contraceptives including condoms, and STD test supplies and associated laboratory costs. This project will also not include GED preparation, job placement and child care or services that are available through other resources.
- g) The proposed budget should reflect the requirement described, in section II.B, Overview of the CAPP Community-Based Projects Initiative, 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 6 for additional information on Offering and Arranging Definitions and Activities.

### **Additional Funding**

### **Pass/Fail**

- a) Applicants who are approved under Article 28 of the Public Health Law to provide family planning services and who are applying for additional funding to improve service delivery and decrease barriers to reproductive healthcare and family planning services for adolescents are to describe how the project funds received shall be used; justification for each cost should be detailed in a supporting narrative for the additional proposed activities they plan to

implement to improve their capacity for information communication technologies that are appropriate for adolescents.

## **F. Review and Award Process**

- Applications will be reviewed and scored by a NYSDOH team of trained reviewers using a standardized review tool developed specifically for this RFA. An application **must** have a minimum score of 65 to be considered for funding.
- In the event of a tie score, a higher score in section E.5, Community Needs and Resources Assessment breaks the tie.
- Applicants **must** propose a defined service area with a minimum total project ASHNI score of 200 for the community(ies) the project plans to serve, except for applicants who propose to serve one county in Tier 4 that has a total county ASHNI below 200 (see Attachment 2). The total project ASHNI score is the sum of the ASHNI scores for each of the ZIP code(s) included in the proposed service area. **Applicants who do not propose a minimum total project ASHNI score of 200 will be disqualified**, except for applicants who propose limited programming to serve one county in Tier 4 that has a total county ASHNI below 200 (see Attachment 2).
- All proposed projects will be assigned to a tier based on the county in which their proposed service area is located, as described below. Tiers were determined based on overall county ASHNI. Projects that include services in two counties will be ranked in the higher tier level. Outside of New York City, applicants may propose to provide project activities in **no more than two counties**. Within New York City applicants may propose to serve any combination of the five boroughs (i.e., Bronx, Kings, New York, Queens, Richmond counties).
- Applicants may request up to the maximum award amount corresponding to the designated tier as described below. The requested funding needs to be consistent with the proposed scope of services and be reasonable and cost effective.

## **CAPP Award Methodology**

### **Component A: Comprehensive Adolescent Pregnancy Prevention (CAPP) Community-Based Initiative**

#### **Core Funding:**

##### **Tier 1**

Tier 1 includes the following counties: Bronx, Kings, New York, Queens, and Staten Island. Awards will be made in the amount ranging from approximately \$300,000 to \$550,000 until a maximum of 25 awards are made or until \$8,150,000 has been awarded.

##### **Tier 2**

Tier 2 includes the following counties: Erie, Monroe, Nassau, Onondaga, Suffolk, and Westchester.

Awards will be made in the amount ranging from approximately \$250,000 to \$550,000 until a maximum of 21 awards are made or until \$5,600,000 has been awarded.

### **Tier 3**

Tier 3 includes the following counties: Albany, Dutchess, Niagara, Oneida, and Orange. Awards will be made in the amount ranging from approximately \$250,000 to \$400,000 until a maximum of 7 awards are made or until \$1,800,000 has been awarded.

### **Tier 4**

Tier 4 includes the following counties: Allegany, Broome, Cayuga, Cattaraugus, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Fulton, Franklin, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Ontario, Orleans, Oswego, Otsego, Putnam, Rensselaer, Rockland, Schenectady, Schoharie, Schuyler, Seneca, Steuben, St. Lawrence, Sullivan, Saratoga, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, and Yates.

Awards will be made in the amount ranging from approximately \$150,000 to \$200,000 for a maximum of 10 full awards; or approximately \$50,000, for limited scope of programming awards, for a maximum of 31 awards or a combination of both until \$1,700,000 has been awarded.

Applicants who are approved under Article 28 of the Public Health Law to provide family planning services may apply for additional funding to maximize the use of information communication technologies consistent with current adolescent modes of communication and specifically designed to improve service delivery and decrease barriers to reproductive healthcare and family planning services for adolescents. The maximum award amount is up to \$50,000. Applicants who propose to implement a limited program to a single county that has a total county ASHNI below 200 are not eligible for additional funding.

Applicants who propose to limit programming to a single county that has a total county ASHNI below 200 (see Attachment 2) may request funding to implement a limited scope of programming. The limited programming includes Core Strategy 1 and a mechanism to refer youth to comprehensive reproductive healthcare and family planning services for teens to prevent pregnancies, STDs, and HIV/AIDS. Applicants who meet these exception criteria do not need to implement Core Strategies 2 through 4. **Only** applicants who meet these exception criteria are eligible to request funding for this limited scope of programming. Awards for these limited programs will be up to a maximum of \$50,000.

**Note:** The scope of the proposed service needs to match the requested funding.

- The number of awards or dollar allocation in each tier identified above must be met in order to meet the geographical distribution of funds that serve the best interests of the State.
- In the event the Department does not receive an application for a county identified in Tier 1, 2 and/or 3, the Department reserves the right to request an applicant from a contiguous area

serve the county. If the applicant agrees, the application will be assigned to the tier for the county with the highest ASHNI.

- In the event that a full award cannot be made to an applicant in a tier, the funds would apply to the next descending tier.
- Within each tier, applicants will be ranked based on score from highest to lowest and selected for awards in rank order until the number of awards or funding designated for that tier has been achieved. Applicants selected for funding will receive the amount requested *or* the maximum allowable award for their respective tier, whichever is lower. Any applications that achieve the minimum passing score but are not selected for an award will be designated as “approved but not funded.” If additional funding becomes available for this initiative, an additional number of awards exceeding the designated maximum number of awards and maximum dollar amount may be made in the same manner as outlined in the award process described above.
- If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above.
- Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

Following the award of grants from this RFA, applicants may request a debriefing from the NYSDOH 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. In the event that unsuccessful applicants wish to protest awards, please follow the procedures established by the New York State Comptroller found at: [www.osc.state.ny.us](http://www.osc.state.ny.us). In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at: [http://www.osc.state.ny.us/agencies/gbull/g\\_232.htm](http://www.osc.state.ny.us/agencies/gbull/g_232.htm).

### **III. Component B: Improving Community Healthcare Services for Adolescents Initiative**

#### **A. Purpose**

The purpose of the Improving Community Healthcare Services for Adolescents initiative is to increase the capacity of community healthcare providers who serve adolescents in primary and specialty care settings to provide accessible, high quality sexual and reproductive and other preventive healthcare services to adolescents. This will be accomplished through the delivery of community-based professional training, online educational opportunities and dissemination of emerging health information, clinical tools and other resources. The grantee will be responsible for coordinating the availability of Continuing Medical Education (CME) credits, Continuing Education Units (CEU) and other continuing education credits for these educational opportunities.

Specifically, the goals of the Improving Community Healthcare Services for Adolescents initiative are to:

- Increase the knowledge and skills of community healthcare providers on current and emerging adolescent health issues, with an initial focus on sexual and reproductive health;

- Improve the accessibility, utilization and quality of adolescent friendly sexual, reproductive and other preventive healthcare services; and,
- Improve communications between adolescents and community healthcare providers, and support adolescents in becoming informed and effective healthcare consumers.

## **B. Overview: CAPP Improving Community Healthcare Services for Adolescents Initiative**

The NYSDOH is issuing this RFA to announce the availability of funds up to \$300,000 annually to develop and implement an initiative to increase the delivery and utilization of accessible, high quality, “adolescent friendly” sexual, reproductive and other preventive healthcare services for adolescents. Through this initiative, the selected grantee will develop and implement a mechanism to provide information, clinical tools and other resources on current and emerging adolescent health issues to community healthcare providers to improve primary and specialty sexual healthcare of adolescents. The funded project will be expected to collaborate with the NYSDOH and the DOH-funded COE in order to provide professional education and training opportunities through in-person statewide professional meetings (with taping for future viewing on the organization’s website), teleconferencing, DVD/CD-ROM, website clearinghouse, newsletters, email and other venues. The initiative will serve New York State practicing pediatricians, family practitioners, obstetrician/gynecologists, nurse practitioners, physician assistants and other health professionals that provide healthcare for adolescents and young adults. The grantee will be responsible for coordinating the availability of Continuing Medical Education (CME) credits, Continuing Education Units (CEU) and other continuing education credits for these educational opportunities.

The applicant agrees to ensure that programming is held in a fully accessible space and program modifications and accommodations for participants with disabilities are ascertained and provided.

The selected grantee for Component B will work closely with NYSDOH staff and the DOH-funded COE to assist in the development of content for these trainings. The COE contract provides NYSDOH access to leading national adolescent medicine experts and a growing collaborative network of additional adolescent specialists across New York State and nationally. This collaboration results in a rich network of experts on various topics related to adolescent health, behavioral health and healthcare services.

## **C. Requirements**

### **Program Requirements:**

- An organization may not apply for funding under both Component A and Component B. In the event that an organization submits more than one application in response to this RFA, the

Department will contact the applicant to ask which application they would prefer to be reviewed.

- Applicants are to demonstrate organizational capacity/previous experience to provide statewide in-person professional meetings (with taping for future viewing on the organization's website), teleconferencing, DVD/CD-ROM, website clearinghouse, continuing education courses, newsletters, email and other venues.
- The applicant will need to ensure that programming is held in fully accessible spaces and program modifications and accommodations for participants with disabilities are ascertained and provided. Applicants will need to attest to this requirement on the Statement of Assurances, Attachment 9A.

### **Minimum Eligibility Requirements:**

Applications not meeting the following minimum eligibility requirements will not be reviewed.

- Applications will be accepted from New York State based not-for-profit 501 (C) (3) organizations with acknowledged expertise in adolescent development and health professionals' education and strong clinical expertise on adolescent health issues.

### **Preferred Eligibility Requirements:**

Preference will be given to applicants who demonstrate the following:

- Experience providing education and training to healthcare providers regarding adolescent issues statewide.
- Experience working with continuing postgraduate professional educational programs, including necessary approvals to obtain continuing education credits (CMEs, CEUs).
- Demonstrate evidence of support for the organization including any substantial current relationships with national and/or professional organizations that support the needs of community healthcare providers.

## **D. Work Scope**

The selected grantee for Component B will implement a statewide initiative focused on increasing the capacity of community healthcare providers who serve adolescents in primary and specialty care setting. This will be accomplished by a collaborative effort between the selected grantee, NYSDOH, the funded Center for Excellence and the rich network of experts on various topics related to adolescents.

The grantee is to:

**Identify professional development and technical assistance needs of community healthcare providers related to emerging adolescent health issues.** Through local, regional and/or statewide collaborative dialogue, focus groups, and/or surveys identify community healthcare

providers' professional development and technical assistance needs at the onset of and throughout the grant term.

**Develop mechanisms to disseminate professional educational opportunities that will effectively increase the capacity of community healthcare providers who serve adolescents in primary and specialty care settings.** Through educational opportunities on emerging adolescent health issues, with an initial focus on sexual health, resources will be made readily available for community healthcare providers to improve the delivery of care to adolescents; improve access and utilization of adolescent friendly healthcare; and improve communications between adolescents and community healthcare providers. The selected applicant will be responsible for the logistics, development and coordination of statewide and regional in-person professional trainings and other resources for community healthcare providers and others interested in these content areas through teleconferencing, DVD/CD-ROM, website and newsletter.

## **E. Application Content (Component B)**

All completed applications are to include the following sections 1 through 8. A Grant Application Checklist, Attachment 7b, has been provided to assist applicants. It is recommended that each application be submitted complete, titled in the order presented in the RFA and labeled.

### **1. Grant Application Cover Page (0 points)**

The Grant Application Cover Sheet, Attachment 8b, is the first page of your application and is to provide relevant information about the designated applicant organization/agency, proposed project, and the amount of funding requested.

### **2. Statement of Assurances (0 points)**

Complete and sign the attached Statement of Assurances (Attachment 9b). The form should be signed by an individual authorized to sign for the applicant organization/agency.

### **3. Project Summary (5 points)**

Two page limit.

The purpose of this section is to summarize the entire proposed project in two pages or less.

- a) Indicate identified technical assistance and professional training needs of community healthcare provider's statewide.
- b) Identify the health disparities related to race, ethnicity, disability, socioeconomic status and/or geography and how these disparities will be addressed with community healthcare providers.
- c) Describe the intent of the project; the scope of activities; and the anticipated project outcomes.
- d) Describe the mechanism(s) that will be used to provide professional educational

trainings statewide.

#### **4. Organizational Experience and Capacity**

**(20 points)**

Three page limit.

(Please note: the written agreements, letters of commitment or support, and organizational chart are to be included in the appendices to the application and do not count towards the three page maximum for this section).

The purpose of this section is for the applicant to describe the applicant organization/agency and each proposed sub-contracted or major collaborating organization/agency current services and capacity to implement and administer the proposed project. Applicants will be judged on the basis of the agency's capacity to implement and administer the proposed project and evidence of prior success with similar initiatives.

- a) Describe your organization's mission and services and how the proposed services will be integrated within the organization.
- b) Provide a current organizational chart of your agency that includes a clear representation of your proposed project. **This chart will not count toward the page limit.**  
**Note:** It is expected that there will be a designated contact person who is also accessible to the department, including via e-mail.  
*Provide evidence of a presence in all regions of the state as well as experience working with various communities within the regions.*
- c) Describe your organization's ability to provide professional meetings and technical support statewide, including working with continuing postgraduate professional educational programs, to healthcare providers obtaining necessary approvals for continuing education credits (CMEs, CEUs).
- d) Describe your agency's experience:
  - 1) Collaborating with healthcare professionals/organizations serving youth and families.
  - 2) Addressing adolescent development and risk behaviors.
  - 3) Experience with accessing and engaging youth for their input on adolescent topics.
  - 4) Providing professional educational training including clinical expertise.
  - 5) Utilization of on-line technology.
- e) List current associations with other state and national organizations and individuals with clinical expertise and expertise in adolescent development. Also, describe a plan for establishing and maintaining new relationships in these areas.

**Provide the information in this section for each subcontract or major collaborating organization/agency.**

#### **5. Community Needs and Resource Assessment**

**(15 points)**

Two page limit

The purpose of this section is to determine community healthcare provider's identified professional development need(s) and available resources in order to effectively improve the healthcare for adolescent clients' statewide.

- a) Describe the community healthcare providers that will be served by this initiative.
- b) Discuss the need for professional educational trainings and technical support and how the need was identified.

## **6. Description of the Project Narrative**

Six page limit

**(20 points)**

The purpose of this section is to describe the proposed project activities.

The applicant is to clearly:

- a) Indicate how the community healthcare providers professional development needs will be determined and assessed on an ongoing basis.
- b) Provide a listing of proposed topic areas.
- c) Provide a tentative professional meeting schedule by region indicating anticipated number of participants and how meetings will be geographically accessible to all healthcare providers.
- d) Describe other informational sources/methods that will be developed, including teleconferencing, DVD/CD-ROM, website and newsletter.
- e) Describe how the clearinghouse of materials and other resources for community healthcare providers and others interested in these content areas will be developed and made available.
- f) Indicate a plan for evaluating pre/post knowledge of skills, changes in practice.
- g) Provide specific criteria for evaluating the impact on the target population. For instance, demonstrated: improvements in the delivery of care to adolescents; improved access and utilization of adolescent friendly healthcare; and improved communications between adolescents and community healthcare providers.
- h) Provide outcome measures for the educational opportunities provided, number of participants, and other measures of participation.
- i) Describe how the initiative will honor and support the multi-cultural, racial, socio-economic disability-related equity and geographic diversity and build capacity related to cultural competence.

## **7. Work Plan**

**(20 points)**

No page limit.

The purpose of this section is to use the attached Work Plan forms (see Attachment 13b) to describe the proposed project goals, objectives, and activities, person responsible and measureable time frames for the proposed project. The Work Plan needs to be consistent with the proposed project activities as described in number 6 above: Description of the Project Narrative.

## **8. Budget and Staffing Plan**

**(20 points)**

No page limit.

The budget is to be submitted in the format prescribed. The applicant should carefully review the detailed instructions and submit completed budget forms that are included in Attachment 10a.

Applicants will develop a cost allocation methodology for compliance with grant requirements regarding administration and allowable costs using the principles applicable to your organization as outlined in Attachment 12, Grant Contract (Standard), Appendix A-1 (Agency Specific Clauses for All Department of Health Contracts), (3)(a) Administrative Rules and Audits. Clearly label each page of the budget with the applicant name. If the budget is not within the stated amount of funding available as indicated in section III.F, Review and Award Process, the award amount will be adjusted downward.

- a) Applicants are to submit a 12-month budget, assuming a 1/01/11 start date. Final budgets will be negotiated with successful applicants and are dependent upon the availability of funds. Justification for each cost should be detailed in a supporting narrative. Ineligible items will be removed before the budget is scored and the amount requested will be reduced to reflect these changes.  
In-kind services indicate an organizational commitment to this project.
- b) Applicant organization/ agency is to designate a contact person and need to provide current (dated) job descriptions, which include title, function, specific responsibilities, and qualifications for all staff existing and proposed.
- c) Administrative Expenses [personal service and other than personal service (OTPS)] should be in line item detail and not exceed 10% of the amount requested from the state under the RFA. **Lump sum administrative costs or rates will not be considered.** Total administrative costs exceeding 10% should be substantially justified in order to be considered as potentially acceptable and fundable. 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://osc.state.ny.us/agencies/travel/travel.htm>
- d) Funds may be used to ensure sensitivity for racial and ethnic minority groups and persons with disabilities. For instance, to translate materials to appropriate languages, hiring of bi-lingual staff, provide formats that are accessible to those who are visually or hearing impaired, provide wheelchair accessible transportation and other supports necessary for the participation of persons with disabilities.
- e) The purchase of major pieces of depreciable equipment will only be financially supported by NYS if the equipment is shown to be vital to the project.

## **F. Review and Award Process**

### **Component B: Improving Community Healthcare Services for Adolescents initiative**

- Applicants may request up to the maximum award amount not to exceed \$300,000. The requested funding needs to be consistent with the proposed scope of services are reasonable, and cost effective.
- Applications meeting the minimum eligibility criteria will be reviewed and scored by a NYSDOH team of trained reviewers using a standardized review tool developed specifically for this RFA.
- An application **must** have a minimum score of 65 to be considered for funding.

- In the event of a tie score, a higher score in section E.5, Community Needs and Resources Assessment breaks the tie.

## **CAPP Award Methodology**

### **Component B: Improving Community Healthcare Services for Adolescents Initiative**

- Applicants will be ranked in order from highest to lowest score. The highest scoring application will be selected for funding.
- The selected applicant will be awarded the amount requested or \$300,000, whichever is lower.
- If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above.
- Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

Following the award of grants from this RFA, applicants may request a debriefing from the NYSDOH 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. In the event that unsuccessful applicants wish to protest awards, please follow the procedures established by the New York State Comptroller found at: [www.osc.state.ny.us](http://www.osc.state.ny.us). In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at: [http://www.osc.state.ny.us/agencies/gbull/g\\_232.htm](http://www.osc.state.ny.us/agencies/gbull/g_232.htm).

## **IV. Completing the Application for Component A and Component B**

### **A. Application Format**

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Applications should not exceed the page limits specified below and should be double spaced typed pages (not including the cover page, budget and attachments), using a 12 pitch font and one-inch margins. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

1. Grant Application Cover Page	(1 page)	(0 Points)
2. Statement of Assurances	(1 page)	(0 Points)
3. Project Summary	(2 pages or less)	(5 points)
4. Organizational Experience and Capacity	(3 pages or less)	(Maximum Score: 20 points)

- |  |                        |                            |
|--|------------------------|----------------------------|
| 5. Community Needs and Resource Assessment | (2 pages or less)      | (Maximum Score: 15 points) |
| 6. Description of Project Narrative        | (6 pages or less)      | (Maximum Score: 20 points) |
| 7. Work Plan                               | (use Work Plan format) | (Maximum Score: 20 points) |
| 8. Budget Justification                    | (use Budget Format)    | (Maximum Score: 20 points) |

**V. Administrative Requirements for Component A and Component B**

**A. Issuing Agency**

This RFA is issued by the NYSDOH, Division of Family Health, Bureau of Maternal and Child Health, Adolescent Health Unit, which is responsible for the requirements specified herein and for the evaluation of all applications.

**B. Letter of Interest**

Submission of a Letter of Interest, Attachment 15, 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. 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.

**C. Question and Answer Phase:**

All substantive questions are to be submitted to:

[capp@health.state.ny.us](mailto:capp@health.state.ny.us)

or

**Carolyn Perry**

**NYS Department of Health**

**Bureau of Maternal and Child Health**

**Corning Tower, Room 1805**

**Albany, New York 12237-0621**

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until 5:00 pm on the date posted on the cover of this RFA.

Questions of a technical nature can be addressed in writing via e-mail to:

[capp@health.state.ny.us](mailto:capp@health.state.ny.us) or via telephone by calling Carolyn Perry at (518)-473-6172. Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.

Prospective applicants should note that all clarification 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 NYSDOH'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 NYSDOH's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

#### **D. Applicant Conference**

An Applicant Conference will be held for this project. This conference will be held via teleconference on the date posted on the cover sheet of this RFA. The Department requests that potential applicants register for the conference call by returning the attached form "Registration for Applicant Conference" (Attachment 14) by the date posted on the cover sheet of this RFA. This will help the Department know the involved audience and ensure the availability of sufficient telephone lines for participants.

[capp@health.state.ny.us](mailto:capp@health.state.ny.us)  
or  
**Carolyn Perry**  
**NYS Department of Health**  
**Bureau of Maternal and Child Health**  
**Corning Tower, Room 1805**  
**Albany, New York 12237-0621**

#### **E. How to file an application**

Applicants shall submit 1 original, signed application and 4 copies. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. Applications will not be accepted via fax or e-mail.

Applications **must** be **received** at the following address by the date and time posted on the cover sheet of this RFA. Late applications will not be accepted. It is the applicant's responsibility to see that applications are delivered to the address below prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the NYSDOH's discretion.

**Carolyn Perry  
Bureau of Maternal and Child Health  
NYS Department of Health  
Corning Tower, Room 1805  
Albany, NY 12237-0618  
Telephone No.: (518) 473-6172**

**F. The Department of Health Reserves the Right to:**

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.

14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. 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 contracts resulting from this RFA will have the following time period: 1/1/11 through 12/31/11 with four annual renewals depending on performance and availability of funding.

## **H. Payment & Reporting Requirements of Grant Awardees**

1. The State (NYSDOH) may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25% percent.
2. The grant contractor will be required to submit quarterly invoices and required reports of expenditures 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

Grant contractors shall provide complete and accurate billing vouchers to the Department's designated payment office in order to receive payment. Billing vouchers submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [epunit@osc.state.ny.us](mailto:epunit@osc.state.ny.us) or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such vouchers 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.**

3. The grant contractor will be required to submit the following periodic reports:
  - Quarterly Progress Reports
  - Annual Self-Evaluation Report

In addition, the NYSDOH will conduct site visits and evaluations.

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

## **I. Vendor Responsibility Questionnaire**

(see Attachments 11, 11a, 11b and 11c)

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](http://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](mailto: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](http://www.osc.state.ny.us/vendrep) or may contact the NYSDOH 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 11c.

## **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, including the terms and conditions of the contract. Any exceptions allowed by the NYSDOH during the Question and Answer Phase (section IV.B) **must** be clearly noted in a cover letter attached 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**

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	Work Plan
APPENDIX G -	Notifications
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**:

**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

**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. Attachments**

- Attachment 1: Figures 1-3
- Attachment 1a: NYS Teen Pregnancy Rates by ZIP Code (2006-2008)
- Attachment 1b: NYS Teen Birth Rates by ZIP Code (2006-2008)
- Attachment 2: Adolescent Sexual Health Needs Index (ASHNI) for **Component A**
- Attachment 3: Comprehensive, Age Appropriate, Evidence-Based, and Medically Accurate Sexuality Education Programs for **Component A**
- Attachment 4: Data Sources (Internet) for **Component A**
- Attachment 5: Community Needs and Resources Assessment for **Component A**
- Attachment 6: Offering and Arranging Definition and Activities for **Component A**
- Attachment 7a: Grant Application Checklist **Component A**
- Attachment 7b: Grant Application Checklist **Component B**
- Attachment 8a: Grant Application Cover Page for **Component A**
- Attachment 8b: Grant Application Cover Page for **Component B**
- Attachment 9a: Statement of Assurances for **Component A**
- Attachment 9b: Statement of Assurances for **Component B**
- Attachment 10a: Budget Forms for **Component A**
- Attachment 10b: Budget Forms for **Component B**
- Attachment 11: Instructions for Vendor Responsibility Alternate Format Questionnaires for **Component A and Component B**
- Attachment 11a: NYS Vendor Responsibility Definitions List for **Component A and Component B**
- Attachment 11b: NYS Vendor Responsibility Questionnaire for **Component A and Component B**
- Attachment 11c: Vendor Responsibility Attestation for **Component A and Component B**
- Attachment 12: Grant Contract (Standard) for **Component A and Component B**
- Attachment 13a: Work Plan for **Component A**
- Attachment 13b: Work Plan for **Component B**
- Attachment 14: Registration for Applicant Conference for both **Component A and Component B**
- Attachment 15: Letter of Interest for both **Components A and Component B**
- Attachment 16: Positive Youth Development Philosophy

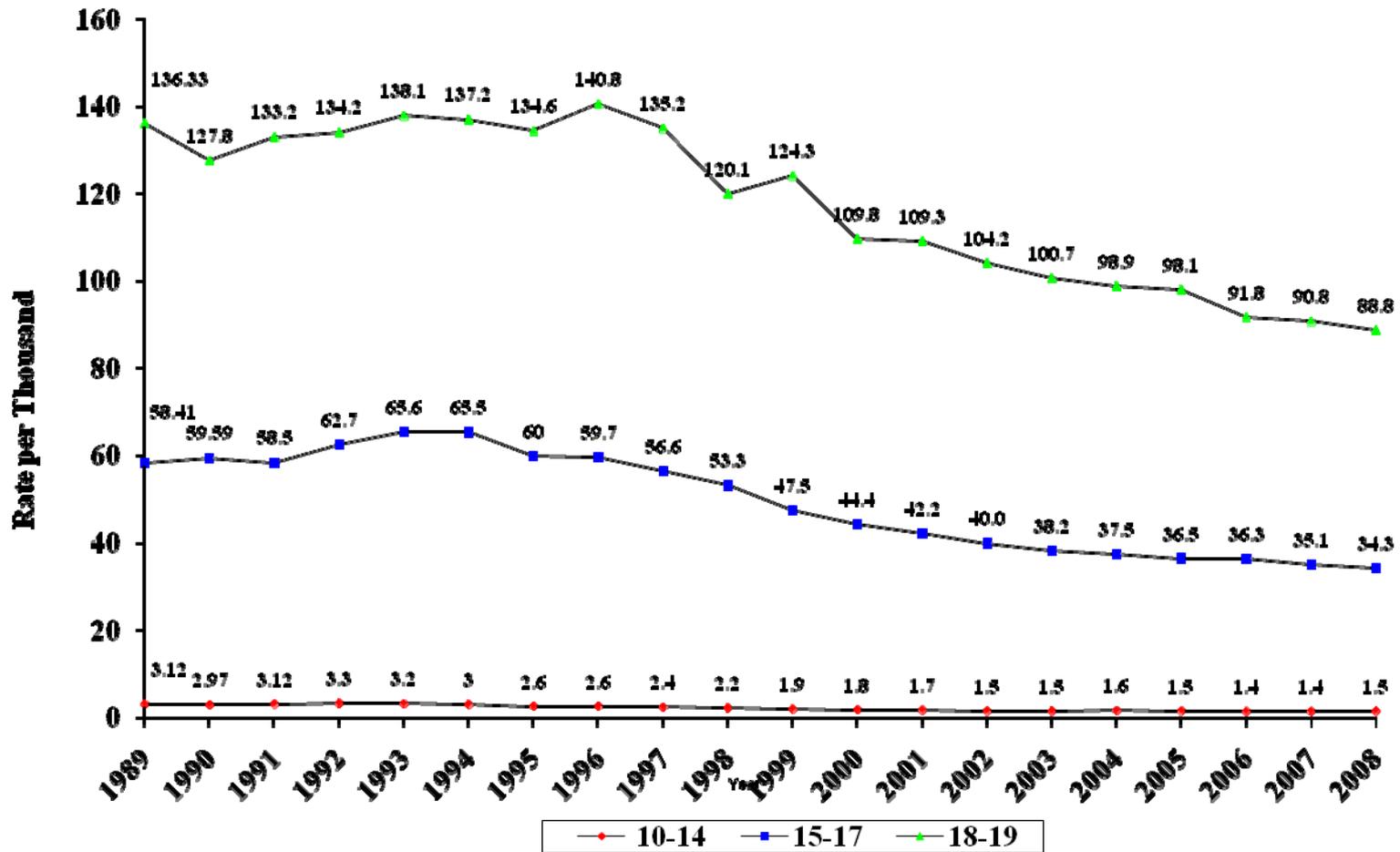
**Attachment 1:**  
Figures 1-3

# Attachment 1, Figure 1

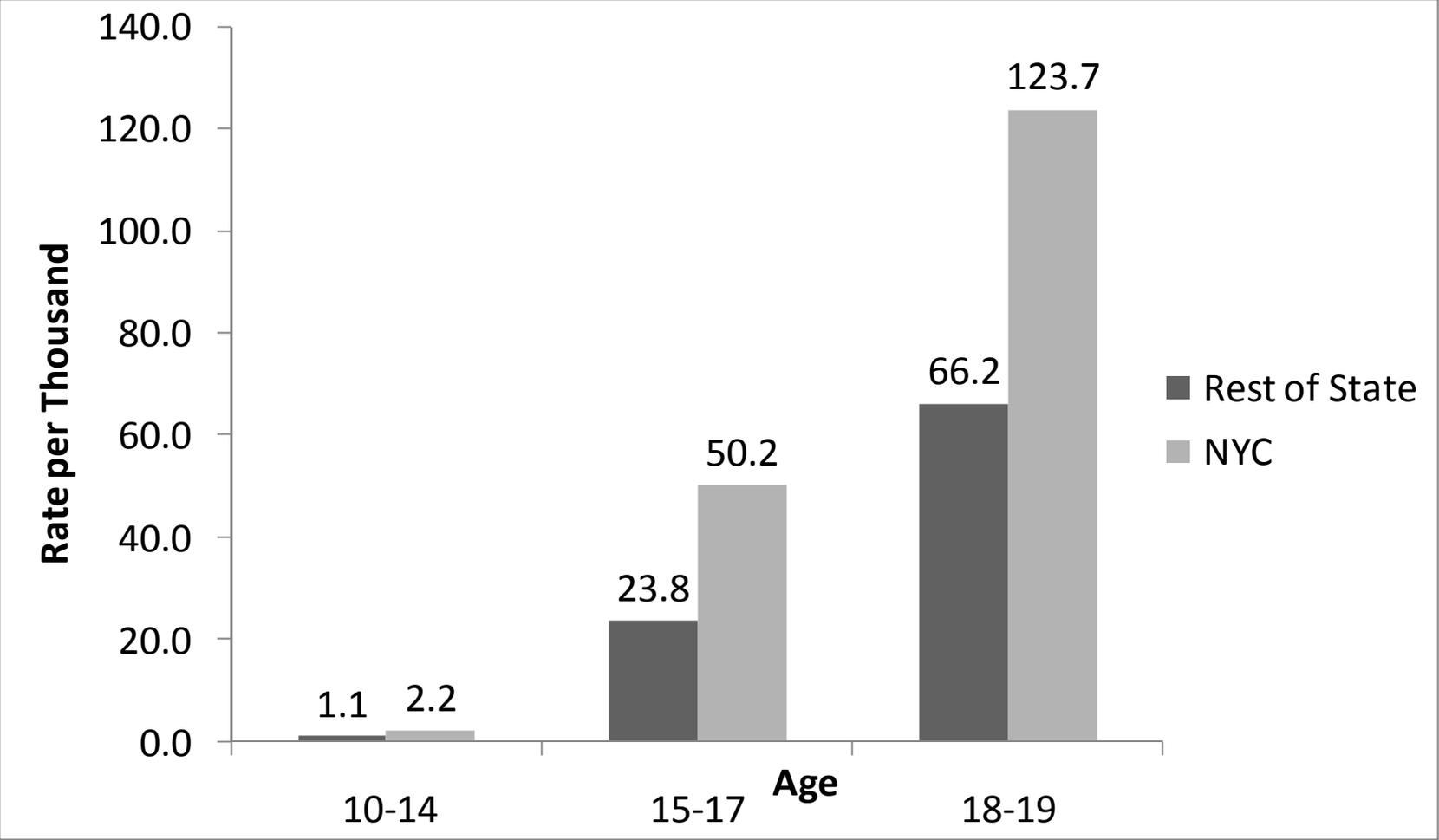
## Adolescent Pregnancy Rates Per Thousand

### by Age Group

### New York State, 1989-2008



**Attachment 1, Figure 2**  
**Adolescent Pregnancy Rates Per Thousand**  
**by Region and Age Group**  
**New York State, 2008**

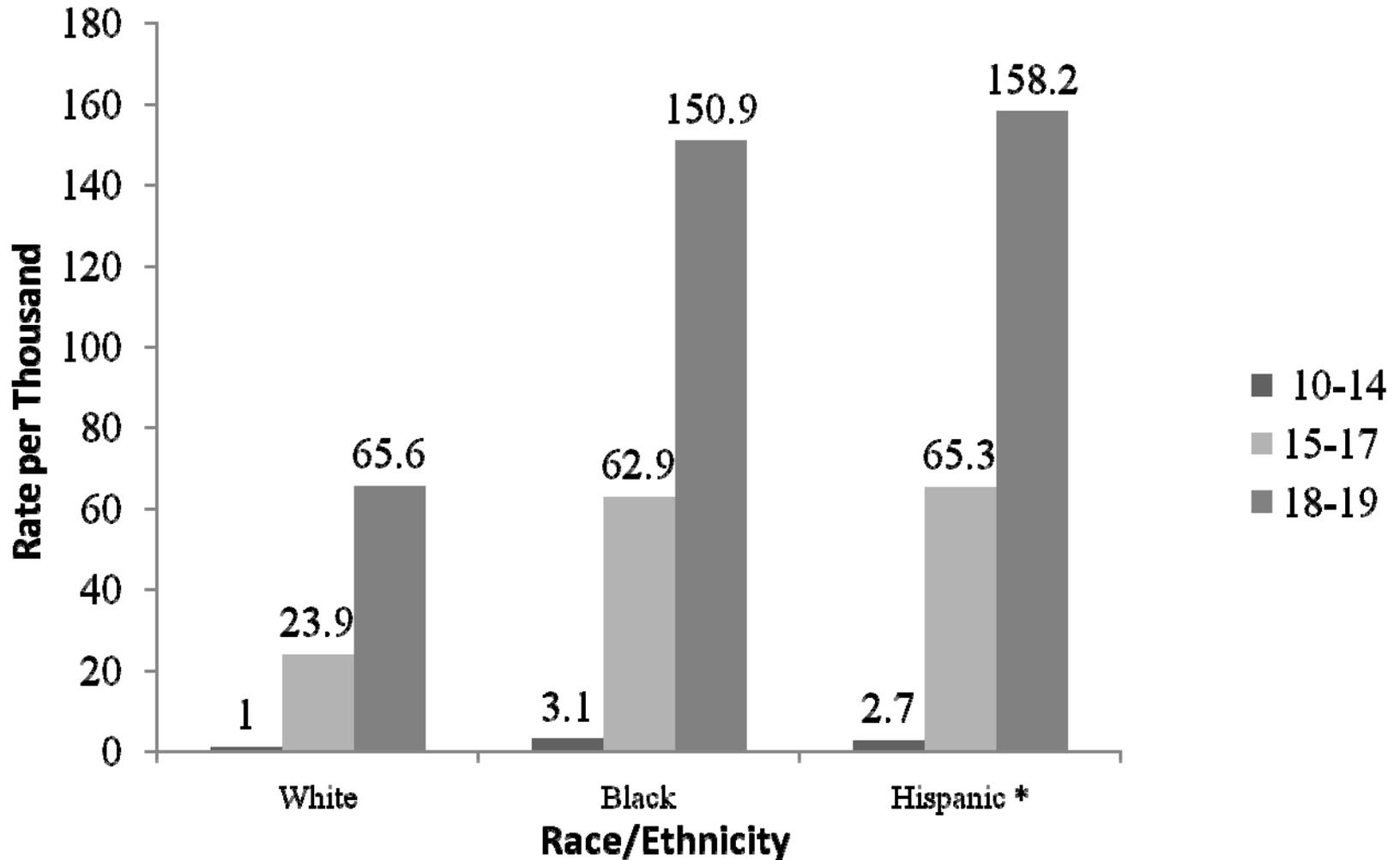


# Attachment 1, Figure 3

## Adolescent Pregnancy Rates Per Thousand

### by Race/Ethnicity and Age

#### New York State, 2008



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

# **Attachment 1a:**

NYS Teen Pregnancy Rates by Zip Code (2006-2008)

NYS Teen Pregnancy Rates by ZIP Code (2006-2008)

ALBANY COUNTY		ALLEGANY COUNTY (CONT)		BRONX COUNTY (CONT)		CATTARAUGUS COUNTY (CONT)		CHAUTAUQUA COUNTY (CONT)		CHEMUNG COUNTY (CONT)	
12210	145.83	14803	19.23	10025	55.15	14743	59.70	14733	66.01	14843	23.24
12202	127.48	14754	18.02	10464	47.95	14737	55.19	14781	61.90	14825	15.87
12209	74.58	14813	16.67	12180	47.64	14065	54.73	14782	54.35	<b>CHEMUNG COUNTY</b>	
12023	64.52	14711	16.13	10474	42.55	14770	44.44	14787	52.43	<b>CHENANGO COUNTY</b>	
12047	48.25	14744	3.66	10543	22.94	14719	40.32	14138	42.86	13733	61.66
12183	42.25	14802	2.05	10010	22.60	14741	39.80	14724	40.82	13411	58.48
12205	35.42	<b>BRONX COUNTY</b>		10471	16.30	14755	34.63	14757	35.71	13778	57.89
12208	33.73	<b>BRONX COUNTY</b>		10502	9.49	14729	32.26	14723	35.09	13815	53.74
12193	28.17	10459	158.60	<b>BROOME COUNTY</b>		14753	30.86	14710	34.12	13460	49.38
12143	27.49	10460	158.37	<b>BROOME COUNTY</b>		14092	28.17	14750	28.01	13332	46.41
12189	25.53	10454	158.14	13905	103.86	14738	22.60	14716	27.03	13485	45.75
12186	18.71	10453	156.77	13901	88.44	14171	22.52	14062	25.64	13830	38.85
12110	17.57	10457	156.29	13797	85.11	14706	17.89	14712	25.40	13464	27.78
12084	17.09	10456	153.56	13790	83.00	14726	14.04	14747	24.69	13780	27.78
12059	16.13	10451	152.18	13904	72.41	14731	7.58	14718	24.31	13843	23.15
12009	14.78	10029	151.48	13754	64.33	<b>CAYUGA COUNTY</b>		14784	22.22	13730	22.22
12067	13.07	10468	144.30	13903	59.20	<b>CAYUGA COUNTY</b>		14775	20.41	13809	20.20
12203	9.00	10035	143.47	13795	56.07	13092	65.36	14740	19.23	<b>CLINTON COUNTY</b>	
12159	8.47	10455	141.60	13865	52.42	13034	59.70	14728	15.87	<b>CLINTON COUNTY</b>	
12158	8.16	10452	138.90	13833	50.23	13071	53.76	14769	15.87	12959	81.30
12211	8.15	10472	135.85	13787	49.89	13081	52.63	14063	9.52	12912	68.78
12077	7.60	10473	120.39	13748	41.67	13111	47.62	14767	3.97	12935	66.67
12054	7.09	10466	117.63	13760	40.10	13160	39.55	<b>CHEMUNG COUNTY</b>		12958	57.69
<b>ALLEGANY COUNTY</b>		10467	116.62	13862	35.38	13156	39.47	<b>CHEMUNG COUNTY</b>		12985	51.28
<b>ALLEGANY COUNTY</b>		10458	108.40	13746	25.93	13118	39.43	14903	68.07	12979	49.81
14739	83.33	10469	98.14	13820	15.59	13033	29.91	14864	62.50	12934	45.45
14715	61.73	10470	87.99	13744	8.55	13166	23.81	14901	61.52	12901	41.93
14735	50.39	10601	83.63	13850	4.26	13147	18.87	14894	54.95	12910	38.25
14822	37.88	10475	80.76	<b>CATTARAUGUS COUNTY</b>		13026	6.85	14845	44.44	12919	35.71
14836	30.42	10462	80.64	<b>CATTARAUGUS COUNTY</b>		<b>CHAUTAUQUA COUNTY</b>		14904	43.92	12972	34.78
14804	28.99	10940	76.72	14042	80.09	<b>CHAUTAUQUA COUNTY</b>		14872	38.46	12992	32.38
14806	23.81	10461	75.15	14779	74.22	14048	91.17	14889	37.56	12962	28.17
14709	23.26	10463	66.57	14760	68.53	14701	84.71	14814	37.04	12981	27.25
14897	22.99	10465	55.71	14101	61.11	14136	69.35	14861	28.57	12921	24.82

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NYS Teen Pregnancy Rates by ZIP Code (2006-2008)

CLINTON COUNTY (CONT)		DELAWARE COUNTY (CONT)		DUTCHESS COUNTY (CONT)		ERIE COUNTY (CONT)		14052	11.36	FRANKLIN COUNTY (CONT)	
12918	13.75	13838	49.55	12533	15.04	14727	49.89	14032	11.16	12989	22.73
<b>COLUMBIA COUNTY</b>		13757	46.30	12581	13.89	14012	49.38	14025	10.42	12937	19.61
12521	79.71	13839	44.03	12572	12.86	14009	47.62	14085	10.42	<b>FULTON COUNTY</b>	
12534	50.14	13775	38.46	12545	12.64	14217	46.31	14051	9.07	12078	68.69
12523	49.65	12468	31.45	12570	12.56	14202	44.44	14170	4.63	12117	65.36
12125	47.62	12430	29.24	12564	10.71	14006	44.38	14260	1.97	12095	59.31
12123	44.57	13739	21.28	12594	9.42	14219	41.78	<b>ESSEX COUNTY</b>		13452	47.62
12037	38.93	13731	20.83	12604	2.26	14080	34.41	12883	85.42	12025	45.61
12075	34.01	12474	12.35	<b>ERIE COUNTY</b>		14139	34.19	12956	70.92	12134	27.52
11944	34.48	13753	9.57	14608	181.22	14102	34.01	12928	65.57	<b>GENESEE COUNTY</b>	
12075	34.01	13842	6.17	14211	157.10	14226	33.19	12941	49.02	14058	62.80
12513	32.52	<b>DUTCHESS COUNTY</b>		14215	152.95	14111	32.68	12913	44.44	14143	61.40
12106	29.30	12592	97.56	14204	150.92	14141	31.42	12974	41.67	14020	59.70
12516	28.99	12601	64.41	14201	149.86	14223	31.34	12932	35.09	14013	57.14
12173	27.13	12508	57.18	14129	140.35	14055	29.63	12870	31.45	14005	36.53
12526	25.45	12583	44.44	14212	133.94	14228	29.36	12996	25.64	14125	32.58
12529	18.12	12583	44.44	14209	133.69	14043	28.84	12997	23.81	14525	26.67
12184	15.37	12522	42.79	14207	129.58	14224	28.61	12993	18.18	14036	26.27
12060	11.11	12501	36.23	14209	111.11	13812	27.03	12946	14.31	14040	18.26
12503	10.42	12578	32.41	14091	111.11	14075	25.93	12960	9.01	<b>GREENE COUNTY</b>	
<b>CORTLAND COUNTY</b>		12514	31.91	14206	92.13	14227	25.81	<b>FRANKLIN COUNTY</b>		12463	56.74
13040	59.75	12585	31.75	14218	86.53	14047	24.58	12916	85.71	12413	53.97
13158	57.69	12538	30.69	14070	81.48	14001	23.07	12920	68.63	12414	44.80
13077	48.03	12590	29.82	14210	78.25	14033	19.38	12953	64.81	12496	34.01
13803	40.86	12546	28.49	14208	77.47	14004	18.07	12966	60.61	12083	29.10
13101	28.99	12580	27.78	14030	74.07	14057	17.61	12986	54.88	12087	25.16
13045	27.29	12524	25.59	14098	71.68	14034	16.67	12944	49.02	12451	24.69
<b>DELAWARE COUNTY</b>		12569	25.42	14220	71.40	14221	16.45	12926	47.62	12450	20.20
12167	66.67	12603	25.10	14216	67.06	14127	15.87	12917	40.82	12015	13.97
13783	63.29	12540	21.32	14214	65.94	14072	14.47	12957	40.65	12431	11.11
13856	61.93	12567	21.21	14225	61.32	14086	14.23	12970	24.24	12192	10.00
13755	52.63	12531	20.83	14222	56.80	14059	14.13				
		12582	16.58	14081	54.55	14031	14.07				
		12571	16.11	14150	50.94	14068	11.70				

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NYS Teen Pregnancy Rates by ZIP Code (2006-2008)

GREENE COUNTY (CONT)		JEFFERSON COUNTY (CONT)		KINGS COUNTY (CONT)		LIVINGSTON COUNTY (CONT)		MONROE COUNTY (CONT)		MONTGOMERY COUNTY	
12051	6.78	13618	20.00	11235	51.76	14423	31.96	14620	60.04	13339	73.72
<b>HAMILTON COUNTY</b>		13624	13.81	11211	51.24	14435	30.70	14616	50.62	12010	67.53
		13661	9.66	11218	49.53	14533	29.85	14622	50.35	13428	57.69
12842	20.83	13602	9.26	11229	42.45	14414	26.53	14482	41.81	12072	50.63
<b>HERKIMER COUNTY</b>		13685	9.26	11214	41.74	14485	25.78	14167	40.82	12166	46.78
		<b>KINGS COUNTY</b>		11215	38.51	14487	11.70	14626	36.01	13317	41.67
13350	88.97	<b>KINGS COUNTY</b>		11222	37.19	14454	6.93	14416	35.35	12068	35.62
13439	61.11			11212	161.08	11354	37.09	<b>MADISON COUNTY</b>		14546	33.73
13329	60.61	11207	150.65	11209	36.33	<b>MADISON COUNTY</b>		14464	33.45	12070	27.45
13365	56.76	11233	147.58	11228	32.44			13334	59.26	14612	33.20
13324	56.28	11221	144.57	11204	32.33	13421	56.85	14624	31.54		
13407	51.61	11208	139.69	11230	31.94	13032	50.45	14617	30.56	11575	131.56
13357	51.48	11237	130.00	11374	30.47	13052	42.42	14445	29.30	11553	73.66
13416	36.59	11216	127.18	<b>LEWIS COUNTY</b>		13037	40.37	14610	27.08	11550	68.29
13340	35.02	11206	124.85	14213	104.13	13030	28.65	14559	25.82	11520	66.26
13420	28.57	11226	120.24	13433	88.44	13082	26.85	14467	25.00	11590	62.85
<b>JEFFERSON COUNTY</b>		11213	114.30	13473	53.76	13061	21.74	14468	22.44	11003	39.66
		11203	113.38	13343	43.01	13122	15.50	14586	21.11	11542	28.63
13616	84.34	12206	113.07	13367	37.30	13408	14.34	14580	19.02	11561	26.72
13607	78.13	11224	109.12	13327	36.46	13409	12.50	14420	18.05	11510	24.69
13603	73.84	11239	109.12	13620	33.82	13035	9.89	14526	17.34	11552	24.01
13637	69.77	11232	107.56	13368	31.25	13346	4.64	14625	16.67	11580	23.41
13626	68.63	11225	102.49	13648	18.52	<b>MONROE COUNTY</b>		14623	15.66	11801	20.61
13622	60.61	11236	101.18	<b>LIVINGSTON COUNTY</b>		14621	200.66	14472	15.20	11501	18.76
13601	60.54	11220	95.60	14510	71.60	14611	195.17	14614	14.81	11558	17.76
13679	55.56	11717	95.46	14846	58.82	14613	176.71	14514	13.30	11771	16.47
13673	50.79	11238	93.41	14560	47.62	14605	171.99	14450	12.90	11756	16.13
13606	47.62	11217	91.16	14517	46.51	14619	161.64	14534	7.92	11579	15.78
13619	46.83	11231	90.53	14466	44.03	14609	132.31	14618	6.96	11563	13.59
13656	46.59	11201	82.48	14437	42.04	14607	123.91	14506	6.80	11554	12.71
13650	37.04	11372	78.57	14481	39.43	14606	119.89	14543	3.16	11570	12.40
13634	34.06	11234	63.36	14470	35.60	14615	108.15	14627	1.71	11572	12.22
13691	31.50	11210	61.46			14604	103.70			11577	11.68
13612	22.65	11223	60.87							11709	11.64

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NYS Teen Pregnancy Rates by ZIP Code (2006-2008)

NASSAU COUNTY (CONT)		NEW YORK COUNTY (CONT)		NIAGRA COUNTY (CONT)		ONEIDA COUNTY (CONT)		ONONDAGA COUNTY (CONT)		ONTARIO COUNTY (CONT)	
11758	11.51	10030	165.07	14028	62.89	13477	41.67	13164	43.48	14561	28.57
11559	10.95	10036	148.76	14105	56.41	13478	40.12	13088	40.52	14471	24.69
11762	10.63	10032	134.84	14304	52.07	13338	33.33	13212	38.40	14504	18.02
11581	10.24	10026	121.63	14094	44.95	13424	33.03	13057	30.63	<b>ORANGE COUNTY</b>	
11565	10.22	10034	102.51	14120	39.96	13354	32.00	13080	29.41		
11545	9.20	10040	100.40	14131	39.22	13490	29.41	13116	27.49	12550	93.27
11024	9.01	10019	88.02	14867	39.22	13302	28.99	13210	27.16	10919	77.78
11010	8.87	10009	83.06	14132	36.20	13456	28.11	13041	27.16	12204	64.52
11596	8.77	10002	81.38	14067	30.48	13303	27.78	13039	24.84	12771	60.66
11793	8.48	10027	78.89	14008	29.41	13495	25.25	13219	24.55	12586	50.39
11030	8.47	10001	70.58	14174	24.24	13328	25.16	13063	23.81	12543	46.10
11566	7.31	10011	58.32	14108	16.34	13492	24.00	13090	23.26	10941	41.75
11710	7.22	10038	46.98	14172	16.18	13431	23.47	13027	21.85	12542	41.22
11548	7.02	10017	44.12	14109	2.49	13425	22.83	13110	21.10	12575	37.80
11507	6.97	10018	43.48	<b>ONEIDA COUNTY</b>		13322	22.73	13031	20.28	12850	32.13
11518	6.57	10012	41.13			13413	19.30	13084	18.14	12729	31.25
11783	6.54	10007	36.81	13501	111.38	13304	18.02	13078	17.32	12577	30.30
11514	6.37	10016	35.26	13402	99.29	13323	10.33	13108	15.50	12553	30.27
11530	4.90	10024	33.79	13502	94.23	13403	7.41	13159	14.78	12549	29.75
11023	4.76	10044	32.15	13054	71.90	<b>ONONDAGA COUNTY</b>		13215	14.27	12780	28.57
11803	4.64	10028	30.86	13438	65.04			13112	12.35	12746	27.78
11560	4.63	10023	26.18	13440	64.78	13202	209.94	13214	12.04	10928	25.93
11576	4.21	10128	21.62	13308	64.58	13204	185.29	13066	9.76	10958	25.21
11598	3.97	10022	20.69	13801	62.89	13205	177.35	13104	9.60	10925	24.90
11020	3.85	10014	17.23	13309	60.76	13207	135.61	13152	6.31	10918	23.96
11732	2.92	10003	16.46	13363	54.26	13208	119.36	<b>ONTARIO COUNTY</b>		10963	23.81
11021	2.80	10013	13.35	13417	53.50	13203	111.80			10924	23.36
11516	2.77	10021	13.13	13480	53.44	13206	102.62	14456	53.74	10921	22.49
11753	2.51	10280	10.05	13461	51.02	13224	70.39	14548	48.89	10992	21.58
11568	2.30	<b>NIAGRA COUNTY</b>		13316	49.53	13120	58.08	14432	47.15	10990	20.37
<b>NEW YORK COUNTY</b>				13042	49.02	13211	56.47	14532	45.98	10926	20.36
		14301	160.62	13471	48.25	13209	48.97	14424	40.00	10998	20.10
10037	193.43	14305	130.21	13318	43.86	13060	46.51	14469	34.85	12518	14.44
10039	179.37	14303	120.53	13476	43.10	13029	43.97	14425	34.14	10916	12.70

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NYS Teen Pregnancy Rates by ZIP Code (2006-2008)

ORANGE COUNTY (CONT)		OTSEGO COUNTY		QUEENS COUNTY (CONT)		QUEENS COUNTY (CONT)		RENSSELAER COUNTY (CONT)		ROCKLAND COUNTY (CONT)	
10969	12.12	13810	48.78	11433	121.81	11415	40.71	12052	20.83	10986	34.72
10987	11.30	13320	44.03	11691	115.78	11219	40.26	12140	19.61	10970	27.49
10930	8.31	13335	35.09	11434	112.35	11367	38.07	12018	18.74	10960	27.30
10973	7.58	13849	33.53	10033	111.90	11365	37.64	12121	18.52	10952	22.55
12520	6.01	13825	32.52	11413	108.01	11355	35.52	12033	16.89	10976	21.28
10917	5.38	12116	28.99	11421	106.86	11103	33.21	12168	14.08	10980	19.77
10996	2.29	13807	28.74	11693	100.16	11105	30.90	12138	13.33	10920	19.39
<b>ORLEANS COUNTY</b>		13808	28.74	11429	96.70	11379	30.84	12061	12.64	10954	18.77
		13491	24.51	11369	95.08	11414	26.65	12196	12.58	10956	17.40
14411	64.57	13348	22.22	11416	94.68	11375	26.04	12062	11.11	10962	15.05
14103	50.48	12197	18.52	11101	93.14	11366	25.28	12057	9.66	10968	14.71
14476	48.89	13315	17.09	11418	88.63	11361	24.99	12198	9.32	10994	13.16
14571	25.00	13796	16.26	11435	87.62	10950	24.90	<b>RICHMOND COUNTY</b>		10901	10.61
<b>OSWEGO COUNTY</b>		13326	12.58	11422	87.03	11004	24.73			10965	8.87
		<b>PUTNUM COUNTY</b>		11423	85.83	11358	24.69	10303	123.82	10989	7.81
13028	78.01			11419	83.23	11363	19.80	10310	113.11	10984	7.49
13493	75.27	10537	28.99	11411	83.18	11364	18.83	10302	103.80	10913	2.68
13069	68.43	14477	25.97	11102	81.53	11360	18.81	10304	96.52	<b>SARATOGA COUNTY</b>	
13135	56.47	10512	19.88	11205	78.89	11357	18.67	10301	82.25		
13044	54.98	10579	18.26	11432	77.91	11426	16.56	10305	46.01	12835	91.95
13144	50.00	10509	12.98	11417	77.82	11362	13.89	10306	32.48	12822	83.84
13142	49.38	10983	11.49	11420	77.72	11697	13.55	10314	30.16	12803	63.80
13083	46.88	10541	11.31	11373	76.47	11001	11.19	10546	24.39	12859	53.57
13021	46.41	10570	10.37	11428	72.16	11040	10.84	10307	20.43	12871	49.46
13076	45.66	10524	8.89	11385	67.64	<b>RENSSELAER COUNTY</b>		10309	18.71	12170	44.80
13132	44.92	12563	8.86	11356	63.52			10312	18.48	12020	36.50
13074	44.87	10516	3.55	11370	61.58	12182	53.42	10308	15.25	12118	29.30
13131	36.28	<b>QUEENS COUNTY</b>		11377	59.18	12058	43.21	<b>ROCKLAND COUNTY</b>		12188	27.69
13036	36.10			11106	54.65	12154	42.11			12833	27.47
13126	30.41	11692	156.73	11427	49.11	12090	39.93	10927	72.64	12065	20.76
13167	25.06	10031	136.69	11096	47.79	12022	38.10	10977	49.64	12866	19.48
13114	24.10	11368	129.88	11104	46.39	12144	35.93	10923	43.82	12831	18.63
10706	13.47	11412	127.85	11378	42.79	12094	31.37	10993	43.01	12019	16.28
13145	13.33	11436	122.52	11694	41.51	12185	24.39	10974	40.12	12074	13.07

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NYS Teen Pregnancy Rates by ZIP Code (2006-2008)

SARATOGA COUNTY		SCHYLER COUNTY (CONT)		ST LAWRENCE COUNTY (CONT)		SUFFOLK COUNTY (CONT)		SUFFOLK COUNTY (CONT)		SUFFOLK COUNTY (CONT)	
12148	9.01	14812	34.83	13617	19.97	11901	65.03	11786	21.65	11721	10.42
12027	5.38	14805	30.30	13676	13.63	11701	64.12	11978	20.83	11050	10.32
<b>SCHENECTADY COUNTY</b>		14815	28.37	13625	11.49	11726	62.31	11738	20.62	11731	10.28
		14869	22.73	13680	6.41	11713	62.28	11741	20.56	11795	10.06
12307	201.20	<b>SENECA COUNTY</b>		13699	1.72	12306	54.33	11735	19.51	11733	9.82
12308	145.78	<b>STEUBEN COUNTY</b>				11706	52.65	11719	19.42	11705	9.50
12304	88.14	14860	76.19			11715	47.62	11964	19.23	11725	9.40
12303	58.86	13148	64.24	14898	96.74	11946	42.41	11971	19.16	11766	8.88
12137	48.48	13165	61.69	14879	71.04	11967	41.62	11961	18.57	11724	8.06
12302	29.70	14541	38.17	14821	68.38	11789	41.32	11777	17.48	11954	7.81
12305	26.53	14521	24.69	14809	59.42	11772	39.55	11752	17.28	11769	7.75
12056	22.22	14847	12.11	14877	53.76	11763	38.10	11941	16.95	11790	7.48
12309	15.87	<b>ST LAWRENCE COUNTY</b>		14572	52.63	11749	36.76	11742	16.76	11780	7.17
12053	15.33			14837	51.72	11746	36.58	11718	16.18	11747	7.01
12066	9.52	13655	91.19	14858	48.78	14772	35.93	11716	15.24	11768	6.03
<b>SCHOHARIE COUNTY</b>		13667	79.21	14855	42.25	11727	34.59	11796	15.15	11935	5.42
		12967	66.67	14512	36.81	11778	33.68	11702	15.03	11794	4.79
12157	55.94	13642	61.54	14885	35.66	11937	32.73	11782	14.54	11797	2.93
12149	45.98	13662	58.46	14801	32.97	11703	32.54	11976	14.49	11791	1.90
12092	45.05	13669	57.32	14826	26.80	11784	30.87	11949	14.01	<b>SULLIVAN COUNTY</b>	
12076	44.44	13658	47.62	14819	23.19	11729	30.06	11788	13.99		
13459	43.29	13630	44.87	14810	22.99	11952	28.21	11764	13.29	12779	162.60
12122	40.82	13608	44.78	14870	22.49	11980	27.57	11714	13.21	12754	81.41
12035	30.30	13694	43.86	14830	20.20	11934	27.26	11755	12.99	12701	81.14
12093	28.37	13668	42.42	14808	18.35	11757	27.20	11963	12.77	12759	76.19
12043	28.15	13652	42.33	14839	14.04	11720	26.76	11743	12.73	12748	74.63
12155	12.12	13613	41.03	<b>SUFFOLK COUNTY</b>		11968	26.49	11730	12.30	12721	63.29
12160	9.26	13684	39.22			11940	26.46	11792	12.29	12789	60.61
<b>SCHYLER COUNTY</b>		13605	36.40	12207	141.03	11953	26.14	11751	12.18	12783	54.42
		13660	33.82	11798	91.64	11704	25.25	11754	11.70	12734	52.63
14891	60.49	13697	29.17	11722	78.60	11942	24.63	11740	11.66	12788	50.72
14841	52.55	13635	26.67	11950	76.58	11779	23.40	11767	11.58	12775	50.00
14878	51.28	13646	24.10	11951	72.02	11977	22.41	11787	11.28	12758	45.91
14865	49.32	13654	20.62	11955	69.44	11776	22.09	11933	10.82	12768	38.10

ZIP codes with fewer than thirty 15 to 19-year-old females are not included.  
 Pregnancy rates are the number of pregnancies per 1,000 females age 15 to 19 years.

NYS Teen Pregnancy Rates by ZIP Code (2006-2008)

SULLIVAN COUNTY (CONT)		ULSTER COUNTY		WARREN COUNTY		WAYNE COUNTY (CONT)		WESTCHESTER COUNTY (CONT)		WYOMING COUNTY	
12747	35.29	12401	92.40	12843	40.82	14522	34.56	10567	19.46	14550	57.69
12764	32.68	12446	89.91	12804	37.71	14568	31.47	10710	16.39	14427	48.39
12726	32.52	12428	89.64	12814	23.26	14505	28.99	10803	14.95	14037	44.44
12790	31.67	12548	86.67	12845	23.06	14589	25.64	10528	14.64	14569	40.52
12740	28.81	12458	62.15	12860	20.33	14502	17.30	10547	14.18	14024	40.40
12737	24.51	12466	57.24	12853	19.42	14564	3.83	10548	13.44	14530	38.76
12763	21.51	12404	57.14	<b>WASHINGTON COUNTY</b>		<b>WESTCHESTER COUNTY</b>		10520	13.42	14011	32.26
12777	20.20	12515	56.50					10522	12.74	14054	28.37
12765	19.61	12440	53.33	12839	97.05	10701	103.19	10526	11.76	14066	26.88
12719	18.02	12455	48.31	12828	65.45	10550	100.00	10589	11.44	14591	21.86
12776	11.36	12449	47.22	12865	57.06	10705	84.75	10530	10.90	<b>YATES COUNTY</b>	
12723	7.69	12449	47.06	12809	45.98	10553	83.78	10709	10.75	14544	38.65
<b>TIOGA COUNTY</b>		12477	42.35	12827	42.51	10801	82.08	10527	10.58	14418	36.04
		12472	38.46	12832	40.16	10566	69.57	10598	8.00	14527	30.55
14859	60.61	12566	38.25	12834	37.91	10607	67.71	10538	7.94	14507	22.99
13827	48.28	12491	35.71	14428	29.41	10606	65.25	10590	7.75	14478	2.02
14892	47.62	12487	34.06	12887	27.87	10703	59.91	10708	7.60		
13811	42.51	12481	33.90	12028	21.16	10603	55.98	10577	6.77		
13743	40.27	12589	31.52	12816	20.96	10501	47.62	10594	5.82		
13835	40.00	12464	30.30	12821	7.75	10523	45.88	10532	5.52		
13736	38.76	12498	28.74	<b>WAYNE COUNTY</b>		10562	44.89	10533	5.31		
13734	38.19	12484	21.28			10573	42.44	10804	4.39		
13732	29.74	12461	20.51	14489	69.02	10591	38.72	10510	4.14		
14883	25.64	12525	19.28	14551	68.47	10805	37.60	10504	3.86		
<b>TOMPKINS COUNTY</b>		12443	18.67	14555	66.67	10511	35.09	10560	3.64		
		12528	18.60	14513	66.52	10552	31.53	10576	3.62		
14886	48.61	12561	18.18	14590	66.27	10578	27.03	10583	3.55		
14817	44.87	12486	6.06	13146	64.10	10507	26.02	10580	3.45		
13073	44.64	<b>WARREN COUNTY</b>		14433	63.60	10588	25.97	10595	3.12		
13053	33.93			14516	54.90	10549	25.11	10514	3.08		
14882	30.05	12801	85.18	13140	54.22	10604	23.66	10506	2.81		
14850	29.41	12817	59.93	14519	43.88	10605	23.23	10536	1.13		
13068	21.56	12885	57.26	13143	43.86	10704	21.06				
14881	10.97	12846	52.81	14422	42.81	10707	20.33				

ZIP codes with fewer than thirty 15 to 19-year-old females are not included.  
 Pregnancy rates are the number of pregnancies per 1,000 females age 15 to 19 years.

**Attachment 1b:**  
NYS Teen Birth Rates by ZIP Code (2006-2008)

## NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>ALBANY COUNTY</b>			<b>ALLEGANY COUNTY (CONT)</b>			<b>BRONX COUNTY (CONT)</b>			<b>BROOME COUNTY (CONT)</b>			<b>CATTARAUGUS COUNTY (CONT)</b>		
12210	54	93.8	14739	14	55.6	10473	308	44.7	13833	17	38.8	14729	1	10.8
12202	80	83.6	14715	15	46.3	11421	155	43.9	13787	16	36.3	14731	1	7.6
12207	13	83.3	14895	36	44.0	10469	246	36.8	13903	59	33.9	14726	1	3.5
12206	119	70.1	14822	5	42.7	11217	91	36.5	13904	25	31.2	<b>CAYUGA COUNTY</b>		
12209	44	49.7	14735	9	34.9	11225	192	32.9	13795	10	31.2			
12204	21	37.6	14727	14	31.7	10601	26	31.1	13835	4	26.7	13092	14	45.8
12047	53	33.7	14806	5	25.3	11223	211	30.6	13862	13	24.2	13081	5	43.9
12183	6	28.2	14813	4	19.9	10470	39	29.1	13760	89	22.7	13071	4	43.0
12083	9	23.8	14804	3	19.2	10462	221	27.4	13748	7	18.2	13034	8	39.8
12205	48	21.8	14754	2	18.0	11238	114	27.0	13746	4	14.8	13021	125	32.1
12023	4	21.5	14711	3	16.1	11219	232	26.2	13850	15	2.0	13140	15	30.1
12208	37	20.8	14709	1	7.8	11236	250	25.0	<b>CATTARAUGUS COUNTY</b>			13118	15	26.9
12189	30	14.7	14744	2	2.4	10475	77	22.6				13156	6	26.3
12143	7	12.0	14802	1	0.4	10461	82	20.3	14129	13	114.0	13160	4	22.6
12186	7	11.9	<b>BRONX COUNTY</b>			11234	145	17.9	14779	44	59.4	13033	10	21.4
12193	2	9.4				10028	38	17.8	14042	27	58.4	13080	7	17.2
12110	17	9.3	10454	351	73.9	10474	100	17.2	14743	11	54.7	13166	9	13.4
12158	6	7.0	10453	586	67.4	10465	69	15.5	14101	9	50.0	13147	1	6.3
12203	59	6.8	10457	571	66.6	11230	124	14.9	14760	91	49.9	13026	1	2.3
12067	1	6.5	10460	415	65.6	10007	2	4.1	14065	9	44.8	<b>CHAUTAUQUA COUNTY</b>		
12009	4	5.4	10451	336	64.5	10471	7	2.9	14737	16	35.3			
12059	1	5.4	10459	335	63.6	10803	3	2.2	14741	7	34.8	14048	98	71.5
12054	8	5.2	10456	617	59.9	10010	2	1.4	14719	12	32.3	14781	13	61.9
12211	7	3.4	10472	455	59.7	<b>BROOME COUNTY</b>			14770	10	31.7	14701	225	59.2
12084	1	2.8	10455	297	59.3				14753	5	30.9	14733	15	49.5
12159	2	2.8	10468	467	59.0	13905	118	58.4	14772	12	24.0	14136	22	49.2
12077	1	1.1	10452	504	56.1	13790	80	53.1	14138	5	23.8	14787	22	41.2
<b>ALLEGANY COUNTY</b>			10466	398	49.2	13901	78	48.2	14755	5	21.6	14724	12	40.8
14880	12	65.6	10458	506	47.8	13797	13	46.1	14171	4	18.0	14782	11	39.9
			10467	473	46.0	13865	29	39.0	14706	19	12.6	14723	6	35.1

## NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>CHAUTAUQUA COUNTY (CONT)</b>			<b>CHENANGO COUNTY</b>			<b>CLINTON COUNTY (CONT)</b>			<b>DELAWARE COUNTY (CONT)</b>			<b>DUTCHESS COUNTY (CONT)</b>		
14757	10	29.8	13733	23	44.3	12918	2	6.9	13838	16	36.0	12524	12	8.5
14750	9	25.2	13815	59	40.1	<b>COLUMBIA COUNTY</b>			13775	5	32.1	12569	8	7.5
14716	9	20.3	13052	6	36.4	12521	8	58.0	13839	5	31.4	12533	16	5.5
14062	6	19.2	13778	20	35.1	12516	4	29.0	13783	7	29.5	12564	4	5.4
14710	7	18.4	13460	17	35.0	12125	6	28.6	13757	3	27.8	12582	3	5.0
14775	4	13.6	13830	14	28.6	12037	11	26.8	13755	3	26.3	12545	3	4.7
14740	2	12.8	13485	3	19.6	12106	7	25.6	12430	4	23.4	12581	1	4.6
14712	4	12.7	13464	3	16.7	12513	3	24.4	13739	6	21.3	12540	4	4.5
14738	4	11.3	13730	5	15.9	11944	10	23.0	13731	2	20.8	12594	3	3.5
14747	2	8.2	13801	2	12.6	12534	50	22.6	12455	4	19.3	12572	3	3.0
14728	1	7.9	13780	1	9.3	12523	3	21.3	12474	1	6.2	12570	2	2.3
14769	1	7.9	13843	2	9.3	12075	5	17.0	13842	1	6.2	12571	4	2.2
14784	1	7.4	<b>CLINTON COUNTY</b>			12526	6	15.3	12155	1	6.1	<b>ERIE COUNTY</b>		
14718	2	6.9	12959	8	65.0	12184	9	10.6	13753	6	4.8	14201	102	98.0
14063	15	4.2	12912	10	52.9	12173	2	7.8	<b>DUTCHESS COUNTY</b>			14211	259	93.5
14767	1	4.0	12958	8	51.3	12529	2	7.2	12592	8	65.0	14207	203	84.6
<b>CHEMUNG COUNTY</b>			12979	11	42.1	12060	1	3.7	12601	203	30.5	14204	76	82.5
14861	7	66.7	12934	5	37.9	<b>CORTLAND COUNTY</b>			12522	12	27.0	14209	44	78.4
14901	138	63.3	12910	6	32.8	13158	7	44.9	12546	8	22.8	14091	9	76.9
14904	88	56.0	12985	5	32.1	13040	14	44.0	12508	45	22.0	14215	341	76.0
14903	32	45.8	12935	4	29.6	13803	14	30.1	12538	26	18.6	14212	98	74.6
14838	7	40.2	12992	14	26.7	13077	18	26.2	12501	5	18.1	14213	236	73.8
14894	6	31.7	12944	10	24.5	13101	5	18.1	12585	2	15.9	14070	28	69.1
14905	28	31.5	12901	97	22.5	<b>DELAWARE COUNTY</b>			12514	4	14.2	14218	97	56.3
14889	3	20.8	12921	6	21.3	13754	18	52.6	12578	3	13.9	14210	90	55.5
14864	2	19.0	12919	7	20.8	13856	22	40.1	12603	62	13.3	14206	88	49.1
14845	31	16.4	12981	9	18.9	12167	9	37.5	12590	44	12.4	14030	6	44.4
14871	8	16.4	12972	12	17.4				12567	4	12.1	14220	105	42.8
14814	1	5.6	12962	11	17.2				12580	4	10.1	14216	81	40.2

## NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>ERIE COUNTY (CONT)</b>			<b>ERIE COUNTY (CONT)</b>			<b>FRANKLIN COUNTY (CONT)</b>			<b>GENESEE COUNTY (CONT)</b>			<b>HERKIMER COUNTY (CONT)</b>		
14081	13	39.4	14086	18	5.4	13655	17	53.5	14125	8	20.1	13416	4	16.3
14208	71	36.2	14221	22	4.7	12953	62	52.2	14005	4	18.3	<b>JEFFERSON COUNTY</b>		
14225	89	33.5	14170	1	4.6	12920	10	49.0	14416	6	15.2	13616	16	64.3
14214	81	29.5	13602	3	3.5	12986	23	46.7	14036	8	13.1	13603	59	62.2
14150	85	25.0	14025	1	3.5	12957	5	40.7	14525	3	10.0	13637	26	50.4
14111	7	22.9	14051	9	3.3	12966	12	40.4	<b>GREENE COUNTY</b>			13601	194	49.6
14219	25	22.7	14052	5	2.8	12926	10	39.7	12413	14	44.4	13622	11	47.6
14055	3	22.2	14032	2	2.8	12917	3	20.4	12468	5	31.4	13673	15	47.6
14141	16	21.9	14057	2	2.5	12980	2	17.5	12463	4	28.4	13607	9	46.9
14006	20	20.6	14059	2	2.4	12983	11	14.6	12414	31	27.8	13679	9	45.5
14102	3	20.4	14085	1	1.3	12937	2	13.1	12087	4	25.2	13619	49	38.9
14217	37	19.9	14068	1	1.2	12989	3	11.4	12496	3	20.4	13656	10	35.8
14139	4	17.1	<b>ESSEX COUNTY</b>			12970	1	6.1	12450	2	20.2	13606	9	35.7
14202	7	14.1	<b>FULTON COUNTY</b>			<b>GENESEE COUNTY</b>			12451	2	12.3	13634	13	31.6
14223	27	13.4	12883	28	58.3	12078	111	46.8	12015	5	10.0	13634	13	31.6
14043	27	12.8	12956	8	56.7	13329	13	39.4	12431	1	5.6	13650	5	30.9
14001	11	12.7	12928	8	43.7	12095	50	37.5	12051	7	4.0	13605	12	23.0
14226	34	12.5	12974	5	29.8	12117	7	22.9	12192	1	3.3	13612	7	22.7
14034	3	12.5	12941	3	29.4	12025	12	21.1	<b>HAMILTON COUNTY</b>			13691	8	21.0
14227	22	12.3	12913	2	22.2	12134	5	15.3	12842	2	20.8	13618	2	13.3
14224	40	12.0	12932	2	17.5	<b>GENESEE COUNTY</b>			<b>HERKIMER COUNTY</b>			13661	2	9.7
14222	8	12.0	12997	2	15.9	14058	12	58.0	13350	40	47.4	13624	4	7.9
14075	44	11.1	12996	2	12.8	14143	5	43.9	13407	16	34.4	13685	1	4.6
14004	11	11.0	12993	2	12.1	14013	9	42.9	13365	25	30.2	<b>KINGS COUNTY</b>		
14047	6	9.2	12960	1	9.0	14020	74	36.8	13357	29	25.3	11237	381	68.3
14080	4	8.6	12870	1	6.3	14422	11	33.6	13324	5	21.6	11212	588	55.2
14228	14	8.6	12946	1	2.0	14482	20	23.2	13340	16	20.8	11232	149	54.7
14031	7	7.6	<b>FRANKLIN COUNTY</b>			14054	3	21.3				11207	589	54.1
14072	13	6.7	12916	13	61.9							10030	150	53.4
14127	16	5.6												

## NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>KINGS COUNTY (CONT)</b>			<b>LEWIS COUNTY</b>			<b>MADISON COUNTY (CONT)</b>			<b>MONROE COUNTY (CONT)</b>			<b>MONTGOMERY COUNTY (CONT)</b>		
11208	551	51.7	13433	11	74.8	13037	25	25.9	14624	52	13.3	12086	2	16.7
11220	444	49.4	13626	12	58.8	13082	9	20.1	14610	11	11.5	12070	4	15.7
11233	356	46.5	13473	4	43.0	13030	7	18.2	14617	23	10.8	12137	2	12.1
11206	414	46.2	13343	7	37.6	13122	2	15.5	14428	8	9.8	12066	1	4.8
11226	414	38.7	13327	5	26.0	13061	2	14.5	14559	16	9.4	<b>NASSAU COUNTY</b>		
11224	176	37.5	13367	20	24.1	13409	3	12.5	14468	20	9.4			
11216	212	36.6	13368	2	20.8	13408	9	8.1	14467	9	8.3	11575	131	89.3
11231	94	35.2	13620	2	9.7	13035	5	3.8	14420	29	7.6	11553	119	49.5
11239	47	35.1	<b>LIVINGSTON COUNTY</b>			13346	4	1.9	14506	1	6.8	11520	210	48.0
11213	244	33.8				<b>MONROE COUNTY</b>			14586	6	6.7	14514	7	6.6
11205	143	30.2	14510	20	49.4				14621	449	124.1	14618	4	1.4
11203	229	29.4	14517	9	34.9	14611	235	120.7	14625	7	6.5	11096	24	28.7
11218	188	26.2	14560	7	33.3	14613	195	115.2	14450	27	6.5	11542	48	20.5
11235	124	25.0	14846	3	33.3	14613	195	115.2	14580	32	6.1	11003	66	17.1
11211	242	24.1	14437	33	33.0	14605	186	109.9	14472	5	5.4	11510	54	16.3
11201	85	22.4	14485	8	14.7	14608	133	96.8	14623	24	5.1	11580	46	13.5
11210	152	19.7	14414	8	13.3	14619	126	79.2	14526	10	5.0	11801	40	11.0
11423	55	19.0	14435	3	13.2	14609	303	73.8	14534	9	2.5	11561	32	10.7
11214	123	18.6	14423	5	11.4	14606	176	67.2	14543	1	1.6	11501	16	10.0
11229	115	17.2	14487	4	5.8	14615	90	66.7	14618	4	1.4	11558	7	9.6
11209	90	16.9	14533	1	5.0	14607	30	52.4	<b>MONTGOMERY COUNTY</b>			11552	23	9.1
11222	42	14.9	14481	1	3.6	14604	6	44.4				11581	16	8.2
11204	97	13.9	14454	11	2.9	14620	57	32.0	13339	28	44.9	11559	8	8.0
11215	56	11.2	<b>MADISON COUNTY</b>			14622	25	25.2	12010	124	44.5	11570	20	7.3
11365	34	9.7				14616	61	23.8	13452	14	33.3	11572	22	6.7
11771	8	7.8	13402	12	85.1	14464	14	16.1	12072	7	29.5	11756	30	6.5
11363	2	3.3	13332	9	38.0	14612	53	14.7	13317	10	26.0	11758	33	5.9
11021	2	1.4	13032	44	36.4	14546	7	13.9	12166	4	23.4	11024	5	5.6
			13421	46	35.8	14626	42	13.9	12068	9	22.9	11554	21	5.2
			13334	4	29.6	14445	17	13.5	13428	3	19.2	11596	5	4.9

NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>NASSAU COUNTY (CONT)</b>			<b>NEW YORK COUNTY</b>			<b>NEW YORK COUNTY (CONT)</b>			<b>ONEIDA COUNTY (CONT)</b>			<b>ONONDAGA COUNTY (CONT)</b>		
11001	12	4.6	11717	415	73.0	10003	6	0.9	13308	17	35.4	13205	218	116.5
11566	15	4.2	10029	469	57.9	<b>NIAGARA COUNTY</b>			13338	4	33.3	13208	181	87.8
11714	9	4.1	10039	143	55.9	14301	117	101.0	13480	13	33.1	13203	114	78.7
11579	2	3.9	10701	354	55.0	14305	127	73.5	13417	7	28.8	13207	122	77.3
11020	2	3.9	10031	308	53.8	14303	32	60.3	13477	4	27.8	13206	94	68.4
11518	4	3.8	10037	73	52.1	14105	11	28.2	13476	9	25.9	13120	15	37.9
11576	5	3.5	10035	175	50.1	14304	71	26.0	13363	6	23.3	13224	33	34.2
11010	7	3.3	10032	277	48.4	14094	124	25.2	13322	3	22.7	13209	37	29.2
11040	10	2.9	10033	227	44.6	14012	6	24.7	13438	11	22.4	13211	16	29.1
11709	2	2.9	10034	144	36.4	14008	5	24.5	13461	6	20.4	13029	18	25.5
11710	10	2.9	10009	109	29.9	14131	11	21.6	13354	7	18.7	13063	6	23.8
11507	2	2.8	10002	172	29.2	14067	11	21.0	13425	4	18.3	13060	6	23.3
11545	4	2.6	10463	156	26.2	14120	77	19.9	13491	7	17.2	13212	43	22.0
11565	2	2.6	10019	30	24.4	14132	11	16.6	13456	8	16.1	13088	38	20.5
11762	6	2.6	10027	194	23.4	14028	2	12.6	13495	3	15.2	13057	25	18.2
11803	7	2.5	10011	42	21.1	14174	5	10.1	13303	2	13.9	13041	21	17.3
11030	4	2.4	10025	119	18.1	14108	6	9.8	13492	12	10.7	13164	2	14.5
11023	2	2.4	10038	22	10.9	14172	3	9.7	13490	1	9.8	13116	4	13.7
11598	3	2.0	10001	15	8.9	14092	9	8.5	13431	2	9.4	13084	6	13.6
11793	6	1.8	10024	26	8.4	<b>ONEIDA COUNTY</b>			13304	2	9.0	13027	43	13.2
11783	4	1.7	10018	2	7.2	13501	250	68.3	13424	3	9.0	13090	42	13.0
11560	1	1.5	10023	27	7.0	13054	7	45.8	13413	12	8.9	13210	58	12.2
11516	1	1.4	10128	17	5.5	13440	183	45.4	13328	1	6.3	13031	17	11.5
11548	1	1.2	10044	5	5.4	13309	26	42.7	13318	1	4.4	13219	15	11.2
11530	3	1.0	10016	12	4.8	13316	31	41.5	13403	2	3.7	13039	20	10.4
11577	1	0.9	10022	4	4.6	13502	143	40.5	13323	6	3.3	13159	6	9.9
11753	1	0.8	11721	2	3.0	13471	18	39.5	<b>ONONDAGA COUNTY</b>			13078	9	9.7
11791	2	0.8	10013	6	2.9	13478	12	37.0	13204	271	129.4	13215	11	7.1
			10021	7	1.8				13202	70	128.9	13108	4	6.2
			10012	2	1.7							13112	1	6.2

ZIP codes with fewer than thirty 15 to 19 year old females are not included.  
Birth rates are the number of births per 1,000 females age 15 to 19 years.

## NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>ONONDAGA COUNTY (CONT)</b>			<b>ORANGE COUNTY (CONT)</b>			<b>ORLEANS COUNTY (CONT)</b>			<b>OTSEGO COUNTY</b>			<b>QUEENS COUNTY (CONT)</b>		
13214	9	5.7	10928	8	14.8	14098	14	50.2	13320	6	37.7	11221	464	50.5
13104	9	5.1	12729	4	13.9	14411	50	40.4	13439	13	36.1	11691	300	49.5
13066	6	4.5	12746	2	13.9	14103	46	36.9	13810	4	32.5	11433	168	45.7
13110	1	4.2	10963	4	13.6	14476	7	31.1	13411	11	32.2	11369	148	41.9
13152	3	3.8	12543	7	12.4	14470	17	18.3	12116	4	29.0	11373	299	39.1
<b>ONTARIO COUNTY</b>			10921	6	12.3	14477	3	13.0	13849	13	25.6	11101	87	38.8
			12549	15	11.4	14571	1	8.3	13808	4	23.0	11412	135	38.5
14456	99	37.2	12553	31	11.0	<b>OSWEGO COUNTY</b>			13335	3	17.5	11416	87	37.6
14548	16	35.6	12589	18	10.9	13493	16	57.3	13796	2	16.3	11436	81	37.4
14532	11	25.3	12575	3	10.3	13069	137	54.8	12197	3	13.9	11418	127	37.4
14466	4	25.2	10926	4	10.2	13028	7	49.6	13825	4	10.8	10304	175	36.5
14432	15	24.4	12577	2	10.1	13028	7	49.6	13348	1	7.4	11372	198	35.9
14424	58	24.2	10992	12	8.9	13135	24	43.7	13820	40	7.3	11434	212	34.3
14469	15	22.7	10998	5	8.4	13144	5	41.7	13326	3	6.3	11102	102	33.5
14512	10	20.4	10918	11	7.8	13142	26	40.1	13807	1	5.7	11435	146	29.5
14504	2	18.0	10990	16	6.9	13076	8	36.5	13809	1	5.1	11422	80	27.5
14425	17	15.3	10969	1	6.1	13074	20	32.1	<b>PUTNAM COUNTY</b>			11385	267	27.2
14471	3	12.3	10925	3	5.7	13131	14	31.7	10537	2	9.7	11413	102	27.1
14561	2	6.3	10917	1	5.4	13044	9	30.9	10512	19	7.3	11419	128	27.0
14564	1	0.6	10924	9	5.1	13132	12	28.4	12563	6	6.6	11370	65	25.8
<b>ORANGE COUNTY</b>			10930	5	4.2	13042	8	26.1	10509	14	6.5	11432	140	25.5
			12518	3	3.9	13083	5	26.0	10509	14	6.5	11417	72	24.8
12550	333	49.9	10973	1	3.8	13302	5	24.2	10579	5	5.7	11356	45	24.4
10940	240	42.9	10916	2	3.2	13126	139	23.0	10524	2	4.4	11377	158	23.1
12771	59	33.4	10987	1	2.8	13036	18	21.7	10541	11	3.8	11106	76	22.8
12586	39	25.2	<b>ORLEANS COUNTY</b>			13111	4	19.0	<b>QUEENS COUNTY</b>			11411	37	22.1
12780	5	23.8	14098	14	50.2	13167	6	15.0	11368	575	69.0	10036	8	22.0
10958	6	16.8	14411	50	40.4	13114	11	14.7	11692	112	61.8	11429	57	21.6
10950	115	16.6	14103	46	36.9	13145	2	13.3	10302	105	51.2	11420	94	21.3
10941	26	16.4										11428	42	20.6

## NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>QUEENS COUNTY (CONT)</b>			<b>RENSSELAER COUNTY</b>			<b>RICHMOND COUNTY (CONT)</b>			<b>SARATOGA COUNTY (CONT)</b>			<b>SCHOHARIE COUNTY (CONT)</b>		
11104	34	17.1	12182	60	42.7	10309	15	4.3	12803	30	47.8	12092	3	27.0
11378	43	14.8	12180	225	37.7	10307	4	2.6	12859	6	35.7	12093	3	21.3
11354	63	14.6	12090	21	36.5	<b>ROCKLAND COUNTY</b>			12871	12	25.8	12122	9	20.4
11367	48	13.1	12022	3	28.6	10927	61	49.2	12833	13	23.8	12035	2	20.2
11355	83	13.0	12154	8	28.1	10977	244	37.0	12170	11	19.7	12157	7	16.3
11427	26	11.8	12144	49	27.1	10923	25	33.2	12188	18	18.5	12149	4	15.3
11103	37	11.8	12185	6	24.4	10993	11	23.7	12020	53	17.1	12076	2	14.8
11694	18	11.5	12123	11	21.3	10952	92	21.4	12850	4	16.1	12043	26	13.1
11228	37	11.0	12094	5	19.6	10976	5	17.7	12118	14	11.1	12160	1	9.3
11358	32	10.7	12140	3	19.6	10986	2	13.9	12831	20	10.4	<b>SCHUYLER COUNTY</b>		
11415	17	10.0	12058	3	18.5	10960	21	13.3	12866	48	10.1	14878	5	53.8
11374	27	9.9	12168	3	14.1	10970	11	12.6	12065	41	10.0	14818	7	44.9
11379	24	8.8	12052	2	13.9	10954	27	10.3	12074	3	9.8	14865	8	41.7
11105	25	8.7	12018	9	12.0	10968	2	9.8	12019	7	5.0	14891	13	30.5
11366	8	7.5	12062	2	11.1	10974	3	9.3	12148	1	1.8	14869	4	26.1
11414	16	7.5	12138	3	10.0	10980	13	9.2	<b>SCHENECTADY COUNTY</b>			14805	3	21.7
11004	6	5.9	12033	6	6.8	10920	5	6.1	12307	71	106.6	14812	11	18.1
11426	11	5.9	12196	2	6.3	10983	4	5.7	12308	79	67.3	<b>SENECA COUNTY</b>		
11361	13	5.5	12198	5	5.8	10956	16	5.5	12304	91	42.7	13165	42	41.8
11050	17	5.5	12061	4	4.6	10965	7	4.4	12303	76	26.0	13148	34	41.2
11563	10	4.9	<b>RICHMOND COUNTY</b>			10901	10	4.4	12306	45	17.5	14847	7	34.3
11375	21	4.7	10303	160	54.0	10994	3	4.4	12305	16	10.9	14860	2	20.2
11360	5	3.8	10310	112	44.8	10984	1	3.7	12302	25	9.8	14521	8	14.1
10308	10	3.5	11693	52	41.7	10913	1	1.3	12309	20	6.5	14541	5	12.7
10014	4	3.4	10301	139	30.1	10989	1	1.3	12056	1	4.4	<b>ST. LAWRENCE COUNTY</b>		
11357	10	3.4	10305	68	15.3	<b>SARATOGA COUNTY</b>			12053	2	3.8	13667	16	52.8
11697	1	2.7	10314	94	10.9	12835	18	69.0	<b>SCHOHARIE COUNTY</b>			13642	48	49.2
11362	3	2.2	10306	55	10.7	12822	24	49.1	13459	7	30.3			
11364	6	2.1	10312	26	4.4									

## NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>ST. LAWRENCE COUNTY (CONT)</b>			<b>STEUBEN COUNTY (CONT)</b>			<b>SUFFOLK COUNTY (CONT)</b>			<b>SUFFOLK COUNTY (CONT)</b>			<b>SUFFOLK COUNTY (CONT)</b>		
12967	5	47.6	14858	7	32.9	11967	67	23.8	11741	22	7.4	11787	8	2.1
13630	7	44.9	14873	10	32.1	11937	32	21.4	11743	29	6.8	11733	4	1.7
13662	61	42.4	14855	3	29.4	11763	64	21.2	11949	11	6.4	11795	5	1.7
13613	8	41.0	14823	11	27.8	11953	21	19.6	11751	10	6.4	11725	5	1.6
13684	4	39.2	14870	19	20.6	11727	53	19.1	11964	1	6.4	11766	2	1.6
13669	50	37.7	14821	7	20.3	11952	7	17.9	11963	5	6.4	11780	2	1.2
13608	7	34.8	14830	34	18.2	11784	46	16.9	11754	12	6.1	11790	4	1.1
13652	6	31.7	14898	3	17.2	11729	44	16.5	11933	6	5.9	<b>SULLIVAN COUNTY</b>		
13668	10	30.3	14885	2	17.1	11968	29	16.0	11786	4	5.8			
13697	7	29.2	14807	5	17.0	11757	75	15.8	11977	2	5.6	12779	15	122.0
13660	6	29.0	14809	4	12.2	11704	58	14.6	11954	2	5.2	12754	39	59.9
13658	7	27.8	14826	3	11.9	11978	6	13.9	11752	5	5.1	12701	75	50.7
13694	3	26.3	14840	3	10.5	11789	10	13.8	11796	2	5.1	12789	9	39.0
13635	3	20.0	<b>SUFFOLK COUNTY</b>			11778	19	13.1	11782	9	5.0	12721	26	36.6
13654	4	13.7				11718	4	12.9	11767	8	4.9	12734	4	35.1
13617	29	12.6	11798	116	62.2	11719	4	12.9	11702	7	4.8	12759	7	33.3
13646	3	12.0	11722	209	58.2	11980	5	12.5	11777	4	4.7	12788	8	29.0
13625	2	11.5	11950	84	47.3	11720	36	12.5	11788	7	4.5	12747	7	27.5
13648	2	9.3	11951	70	44.6	11703	20	12.3	11764	7	4.0	12783	4	27.2
13680	1	6.4	11701	117	42.6	11776	29	11.6	11740	4	3.9	12758	13	25.9
13676	18	6.1	11901	114	42.4	11942	7	11.5	11755	5	3.6	12748	4	19.9
<b>STEUBEN COUNTY</b>			11726	80	41.5	11961	13	11.0	11769	4	3.4	12764	3	19.6
			11706	236	36.1	11738	22	10.8	11731	11	3.3	12790	11	18.3
14810	49	49.3	11713	41	36.0	11735	36	10.2	11747	6	3.2	12775	3	16.7
14843	60	47.1	11946	35	29.7	11971	5	9.6	11716	3	2.9	12740	4	16.5
14879	9	46.2	11955	4	27.8	11742	15	9.3	11705	3	2.8	12726	2	16.3
14815	5	37.0	11746	173	27.2	11940	5	8.8	11935	1	2.7	12776	3	11.4
14418	4	36.0	11715	13	26.9	11779	35	8.7	11792	3	2.5	12763	1	10.8
14572	18	35.1	11749	10	24.5	11934	7	8.7	11730	4	2.2	12737	2	9.8
14801	18	33.0	11772	96	23.9	11941	3	8.5	11768	5	2.2	12768	1	9.5

## NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate	ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>SULLIVAN COUNTY (CONT)</b>			<b>ULSTER COUNTY (CONT)</b>			<b>WARREN COUNTY (CONT)</b>			<b>WAYNE COUNTY (CONT)</b>			<b>WESTCHESTER COUNTY (CONT)</b>		
12719	1	9.0	12401	157	45.9	12817	4	15.0	14505	9	14.5	10605	16	8.6
12723	2	5.1	12458	6	33.9	12843	2	13.6	14589	11	13.4	10546	1	8.1
<b>TIOGA COUNTY</b>			12404	12	28.6	12853	4	12.9	14502	6	5.5	10528	10	7.0
14892	32	41.2	12515	5	28.2	12845	5	10.5	<b>WESTCHESTER COUNTY</b>			10710	16	6.7
13827	38	35.3	12449	10	27.8	<b>WASHINGTON COUNTY</b>			10705	207	51.0	10567	15	6.1
13734	10	34.7	12547	7	27.5	12839	72	60.8	10550	158	42.5	10707	5	5.1
13811	15	33.6	12440	4	26.7	12865	13	39.0	10040	166	39.5	10547	6	4.7
14859	4	32.5	12491	4	23.8	12828	31	37.6	10026	131	37.6	10530	5	4.5
14883	10	27.3	12472	3	19.2	12828	31	37.6	10566	90	37.3	10526	1	3.9
13736	7	27.1	12542	10	17.9	12832	22	29.5	10553	40	35.7	10560	2	3.6
13743	11	24.6	12477	38	17.3	12809	10	28.7	10801	135	35.5	10538	6	3.2
13732	15	18.6	12466	4	13.5	12827	11	24.6	10606	54	34.9	10520	4	3.0
13812	4	18.0	12566	16	12.5	12834	13	20.5	10703	63	32.3	10598	9	2.8
<b>TOMPKINS COUNTY</b>			12487	5	12.2	12028	3	15.9	10603	43	27.7	10502	2	2.7
14867	19	32.3	12481	2	11.3	12887	13	15.1	10607	15	26.0	10709	2	2.4
13073	17	25.3	12464	1	10.1	12816	5	10.5	10573	95	25.5	10708	6	2.3
14886	14	21.7	12498	3	8.6	<b>WAYNE COUNTY</b>			10562	66	24.7	10532	2	2.2
13045	91	17.9	12443	3	8.0	14551	34	61.3	10523	17	22.9	10576	1	1.8
14817	5	17.7	12528	14	7.2	14590	30	60.2	10549	30	18.8	10580	3	1.5
13068	8	13.3	12525	2	5.5	13146	16	51.3	10805	28	17.8	10522	2	1.3
13053	6	12.0	12461	1	5.1	14513	67	49.0	10511	4	17.5	10590	1	1.3
14882	7	9.6	12561	12	3.5	14555	4	44.4	10591	41	17.3	10570	2	1.1
14850	64	4.2	<b>WARREN COUNTY</b>			14489	29	42.6	10704	28	12.8	10533	1	1.1
<b>ULSTER COUNTY</b>			12801	57	46.7	14433	19	41.7	10604	17	11.5	10595	1	1.0
12446	27	59.2	12885	21	42.9	13143	12	35.1	10507	7	11.4	10583	3	0.7
12428	34	47.6	12846	13	42.9	14516	8	31.4	10543	22	11.2	10536	1	0.6
12548	7	46.7	12804	51	19.4	14519	33	27.8	10552	15	9.7	<b>WYOMING COUNTY</b>		
			12860	4	16.3	14522	19	21.2	10501	1	9.5	14024	7	35.4
			12814	2	15.5	14568	11	15.7	10588	2	8.7	14427	5	26.9

## NYS Teen Birth Rates by ZIP Code (2006-2008)

ZIP Code	# 15 to 19 year old Births 2006-08	15 - 19 year old Birth Rate
<b>WYOMING COUNTY (CONT)</b>		
14569	14	25.8
14550	4	25.6
14009	14	24.7
14011	12	21.5
14167	3	20.4
14040	3	13.7
14037	1	11.1
14530	5	9.7
14591	1	5.5
<b>YATES COUNTY</b>		
14544	6	29.0
14837	17	22.5
14527	30	20.4
14507	3	17.2
14478	1	2.0

**Attachment 2:**  
Adolescent Sexual Health Needs Index (ASHNI)  
Component A

ZIP code level Adolescent Sexual Health Needs Index (ASHNI)

Attachment 2

ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI
<b>Albany</b>		<b>Albany</b>		<b>Bronx</b>		<b>Broome</b>		<b>Cattaraugus</b>	
12203	112.7	12120	0.7	10456	1066.1	13901	28.1	14065	5.8
12206	71.4	12041	0.2	10453	904.0	13903	28.0	14743	5.4
12202	53.4	<b>Allegany</b>		10452	870.2	13790	22.6	14171	5.1
12303	46.4			10457	777.1	13904	14.4	14138	5.0
12205	35.9	14802	12.4	10458	680.1	13865	11.0	14741	4.6
12189	32.9	14895	8.6	10466	617.8	13862	8.5	14101	4.3
12047	26.4	14727	5.7	10460	600.7	13833	8.1	14129	3.2
12110	25.8	14744	5.3	10467	567.7	13787	7.8	14753	2.7
12208	24.4	14715	4.1	10472	566.9	13748	7.3	14729	2.5
12211	24.1	14770	4.0	10468	563.0	13795	5.6	14731	2.4
12210	23.3	14739	3.8	10473	553.1	13754	5.5	14748	1.5
12054	17.7	14735	3.3	10459	499.6	13746	4.9	<b>Cayuga</b>	
12209	17.3	14711	2.4	10454	470.1	13797	4.7		
12158	13.9	14813	2.3	10451	451.9	13744	2.1	13021	94.3
12077	11.8	14880	2.2	10455	447.0	13813	1.4	13118	16.4
12204	10.9	14806	2.2	10469	352.6	13777	0.7	13166	16.1
12143	10.8	14803	2.1	10462	339.3	13802	0.7	13140	13.5
12009	10.7	14709	1.8	10474	275.3	<b>Cattaraugus</b>		13033	12.1
12207	10.4	14804	1.6	10475	181.8			13092	7.6
12186	8.5	14754	1.4	10463	175.2	14760	40.4	13026	7.3
12159	7.9	14822	1.4	10465	102.7	14706	27.3	13111	5.8
12084	4.1	14717	1.1	10461	86.2	14779	17.7	13034	4.9
12193	3.5	14897	0.9	10470	42.7	14042	12.0	13156	4.8
12183	3.3	14714	0.8	10471	39.2	14737	11.3	13160	4.2
12059	3.2	14060	0.8	10464	5.5	14772	11.3	13147	3.4
12023	3.1	14777	0.4	<b>Broome</b>		14070	10.1	13071	2.7
12067	2.6	14884	0.4			14719	9.9	13081	2.3
12469	1.3	14708	0.2	13850	83.9	14738	8.7		
12046	1.1			13760	51.4	14726	8.3		
12147	0.8			13905	31.8	14755	6.3		

ZIP code level Adolescent Sexual Health Needs Index (ASHNI)

ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI
<b>Chautauqua</b>		<b>Chemung</b>		<b>Chenango</b>		<b>Columbia</b>		<b>Delaware</b>	
14701	124.6	14903	22.0	13124	0.4	12173	4.7	13849	7.7
14063	85.3	14905	20.6	<b>Clinton</b>		12106	4.3	13838	6.4
14048	59.3	14871	14.7	<b>Clinton</b>		12523	3.9	13783	3.4
14136	16.7	14894	9.6	12901	80.0	12029	3.7	12167	3.4
14787	16.0	14838	6.5	12972	12.1	12125	3.5	12776	3.3
14716	15.3	14889	4.8	12992	11.7	12516	2.9	12455	3.0
14710	11.3	14861	4.3	12962	11.2	12060	2.7	13775	2.5
14733	11.2	14864	4.1	12981	8.0	12521	2.5	13839	2.4
14062	9.6	14814	3.6	12910	6.4	12130	2.0	12474	2.0
14775	9.5	14825	2.4	12919	6.3	12503	1.8	12430	2.0
14757	9.4	14816	2.3	12935	6.1	12502	1.6	13739	1.9
14750	9.2	14872	0.9	12918	5.6	12136	1.2	13757	1.7
14712	8.9	<b>Chenango</b>		12921	4.9	12513	1.2	13755	1.5
14747	8.3	<b>Chenango</b>		12912	4.4	12517	0.8	13731	1.3
14782	8.2	13815	30.6	12979	4.3	12017	0.5	13756	1.2
14724	8.1	13778	13.1	12985	4.0	12165	0.2	13750	1.2
14767	8.0	13733	12.4	12958	3.6	<b>Cortland</b>		13752	1.1
14718	7.6	13460	11.5	12934	2.8	<b>Cortland</b>		12760	0.9
14781	6.8	13830	11.0	12959	2.8	13045	78.6	13782	0.9
14723	5.4	13411	8.4	12923	2.1	13077	11.3	13842	0.8
14740	4.7	13730	7.1	12952	0.7	13803	8.6	13740	0.6
14769	4.1	13809	4.9	12955	0.5	13040	6.2	13804	0.6
14784	3.9	13464	4.8	<b>Columbia</b>		13101	5.3	13788	0.6
14728	3.3	13801	3.4	<b>Columbia</b>		13158	2.8	13786	0.4
14736	1.3	13844	2.6	12534	50.5	13141	1.3	13846	0.3
<b>Chemung</b>		13780	2.3	12184	13.6	13863	1.1	12421	0.2
<b>Chemung</b>		13136	1.9	12526	8.0	<b>Delaware</b>		<b>Dutchess</b>	
14901	91.6	13155	1.6	12037	7.0	<b>Delaware</b>		<b>Dutchess</b>	
14904	60.5	13832	1.1	12529	5.4	13753	15.5	12601	196.5
14845	55.6	13841	0.7	12075	4.8	13856	8.0	12603	74.2

ZIP code level Adolescent Sexual Health Needs Index (ASHNI)

ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI
<b>Dutchess</b>		<b>Erie</b>		<b>Erie</b>		<b>Essex</b>		<b>Franklin</b>	
12590	57.7	14208	321.4	14006	33.6	12946	12.5	12926	6.1
12508	54.2	14213	233.0	14219	33.2	12883	12.2	12920	5.3
12533	40.3	14204	153.6	14001	25.8	12944	9.1	12916	5.2
12571	33.2	14214	145.5	14057	23.4	12928	4.7	12989	4.5
12538	23.1	14212	116.9	14141	23.0	12956	4.0	12937	3.5
12524	20.1	14207	101.3	14059	22.0	12996	3.9	12980	3.5
12569	16.5	14150	100.9	14031	21.1	12870	3.7	12917	3.3
12594	12.5	14075	99.2	14047	19.6	12974	3.6	12970	2.8
12540	12.3	14221	94.4	14068	18.3	12993	3.1	12957	2.8
12572	11.6	14224	93.0	14085	18.2	12932	2.6	12914	2.2
12570	11.6	14201	88.0	14202	16.0	12941	2.3	12930	1.4
12564	10.9	14086	80.6	14032	15.1	12913	2.3	12945	1.0
12522	9.2	14225	79.6	14222	14.2	12960	2.0	12969	0.8
12545	8.5	14220	73.7	14080	14.1	12857	1.6	<b>Fulton</b>	
12582	8.2	14206	70.1	14034	13.6	12950	1.3		
12531	7.2	14218	65.5	14081	12.7	12942	1.1	12078	67.9
12546	7.1	14127	63.9	14203	11.7	12855	0.7	12095	40.9
12580	6.3	14043	62.6	14111	9.4	12852	0.6	12025	18.2
12567	5.7	14226	61.8	14025	7.7	12851	0.5	13452	15.2
12583	4.7	14210	56.3	14033	7.0	12943	0.5	13329	11.3
12501	4.5	14216	53.9	14170	5.6	12964	0.3	12117	11.2
12514	3.9	14223	51.7	14139	5.4	12987	0.2	13470	2.4
12581	3.5	14227	50.2	14030	5.1	12961	0.2	<b>Genesee</b>	
12578	3.2	14217	49.3	14055	4.8	<b>Franklin</b>			
12592	2.6	14072	48.6	14102	4.6			14020	58.5
12507	1.0	14051	43.5	14091	4.2	12953	34.5	14482	22.1
<b>Erie</b>		14052	40.0	14026	2.5	12986	11.6	14036	15.5
		14209	38.9	14069	1.9	12983	11.4	14125	11.4
14215	585.1	14228	37.8			13655	7.6	14416	8.9
14211	422.0	14004	34.3			12966	7.2	14525	8.6



ZIP code level Adolescent Sexual Health Needs Index (ASHNI)

ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI
<b>Lewis</b>		<b>Madison</b>		<b>Monroe</b>		<b>Montgomery</b>		<b>Nassau</b>	
13489	1.9	13035	12.8	14612	99.9	12010	77.3	11793	27.0
13368	1.8	13082	7.4	14626	87.0	13339	19.7	11001	25.6
13473	1.7	13030	6.4	14450	84.9	13317	10.8	11570	24.8
13665	1.5	13332	4.3	14616	82.1	12068	10.2	11096	24.5
13345	0.7	13409	4.1	14534	61.1	12072	6.6	11010	23.0
<b>Livingston</b>		13052	3.1	14468	58.6	13428	5.8	11050	22.7
		13485	2.6	14617	53.4	12070	5.7	11714	22.3
14454	19.1	13072	2.3	14620	52.8	12066	5.3	11530	22.1
14437	10.2	13402	2.3	14615	52.5	12166	4.8	11803	21.1
14487	4.3	13334	2.1	14618	48.3	<b>Nassau</b>		11563	20.5
14414	4.2	13061	1.8	14559	46.5			11762	20.4
14485	3.7	13122	1.6	14526	44.5	11550	341.5	11581	19.5
14510	3.6	13355	1.3	14445	33.1	11520	126.7	11783	19.2
14423	3.5	13418	0.4	14467	31.2	11003	97.0	11791	18.1
14481	3.3	13310	0.4	14622	28.7	11575	94.5	11501	15.7
14435	2.0	13314	0.1	14464	27.4	11553	88.5	11702	13.7
14517	1.9	<b>Monroe</b>		14514	25.7	11590	78.3	11030	11.3
14533	1.6			14586	24.0	11580	55.3	11021	10.7
14846	0.8	14621	443.5	14625	22.6	11758	52.8	11548	10.6
14836	0.8	14605	372.8	14428	21.3	11756	49.3	11598	10.6
14480	0.3	14611	308.2	14610	19.7	11510	42.2	11545	10.0
14545	0.2	14609	221.6	14472	18.8	11554	38.4	11568	9.7
14462	0.1	14608	188.0	14546	14.6	11801	37.9	11518	9.7
<b>Madison</b>		14619	183.4	14607	13.0	11040	34.0	11771	9.0
		14606	135.0	14543	9.5	11561	32.1	11024	8.9
13346	21.7	14623	129.7	14614	9.4	11552	32.0	11558	8.6
13408	20.4	14613	123.9	14604	5.9	11710	30.4	11576	8.6
13421	18.8	14580	114.9	14506	3.0	11542	29.7	11577	8.5
13032	17.5	14624	112.5			11572	29.5	11596	8.3
13037	12.9	14420	100.7			11566	29.5	11559	7.8



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ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI
<b>Onondaga</b>		<b>Orange</b>		<b>Orleans</b>		<b>Otsego</b>		<b>Putnam</b>	
13110	7.0	10924	26.2	14411	44.8	13820	70.7	10512	16.8
13063	6.9	10918	25.0	14103	40.2	13825	6.6	10509	12.6
13112	5.2	10992	24.7	14470	31.8	13326	6.5	12563	7.6
13164	4.7	12549	23.4	14098	9.1	13491	6.3	10579	5.1
<b>Ontario</b>		10930	17.4	14476	7.4	13439	5.7	10516	3.1
14456	71.9	10996	15.6	14477	6.2	13843	3.2	10524	2.5
14424	47.6	12543	13.3	14571	3.5	12197	3.1	10537	1.3
14564	21.7	12518	11.5	<b>Oswego</b>		13320	3.0	<b>Queens</b>	
14425	21.5	10928	11.5	13126	99.2	12155	2.7	11368	503.1
14432	14.2	10963	11.5	13069	47.0	13808	2.7	11434	473.3
14469	12.8	10925	10.9	13036	14.8	13807	2.6	11691	347.6
14532	10.5	10998	10.0	13036	14.8	13348	2.6	11433	321.8
14512	9.7	10916	9.8	13114	13.6	13335	2.4	11412	304.8
14548	9.2	10921	9.1	13142	12.0	12116	2.3	11413	286.5
14561	7.6	10958	7.7	13074	11.9	13810	2.0	11385	279.4
14471	5.3	10926	6.9	13135	11.0	13796	1.9	11369	218.6
14560	5.1	12729	6.2	13131	8.4	13315	1.9	11429	215.6
14466	3.9	12575	5.9	13167	7.8	13468	1.1	11420	208.1
14504	2.6	12780	5.4	13132	7.3	13337	0.9	11373	207.7
<b>Orange</b>		12520	5.2	13493	5.5	13776	0.8	11422	199.8
12550	248.8	10973	5.1	13044	5.4	12064	0.6	11435	191.0
10940	148.3	10987	3.8	13076	3.9	13861	0.6	11436	178.7
10950	134.5	12577	3.7	13083	3.6	13859	0.4	11372	177.1
12553	57.0	10969	3.3	13302	3.4	13834	0.3	11377	175.4
10990	41.6	12746	3.0	13028	2.8	13450	0.3	11419	168.2
12771	39.8	10917	2.2	13145	2.8	13333	0.2	11432	159.3
10941	37.4	10919	1.3	13144	2.4	13342	0.2	11692	137.2
12586	32.9	10975	0.6	13437	1.1	<b>Putnam</b>		11411	132.5
						10541	19.3	11355	127.3

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ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI
<b>Queens</b>		<b>Queens</b>		<b>Rensselaer</b>		<b>Rockland</b>		<b>Saratoga</b>	
11421	125.8	11694	22.5	12156	2.4	10970	10.9	12027	4.5
11423	115.5	11366	18.2	12153	2.3	10920	9.8	12148	4.4
11418	107.2	11362	18.0	12169	0.8	10913	8.0	12850	4.2
11370	93.4	11360	15.2	<b>Richmond</b>		10989	7.6	12859	2.7
11101	87.1	11004	15.1			10983	6.6	12086	1.4
11416	86.5	11363	7.2	10304	159.3	10994	6.2	12863	0.8
11354	84.3	11697	4.1	10314	149.2	10962	5.2	12151	0.6
11428	73.5	11005	0.2	10303	128.8	10974	4.2	<b>Schenectady</b>	
11106	73.3	<b>Rensselaer</b>		10301	119.5	10984	4.2		
11417	72.5			10312	102.6	10976	3.0	12304	69.4
11102	66.7	12180	192.4	10306	96.0	10931	1.9	12307	62.9
11367	66.4	12144	50.3	10305	87.8	10968	1.9	12306	62.2
11378	61.0	12182	47.4	10310	73.5	10986	1.8	12309	54.8
11365	60.7	12018	21.8	10302	63.7	10964	1.2	12302	53.9
11103	59.5	12033	21.0	10309	59.4	<b>Saratoga</b>		12305	40.2
11427	59.0	12198	20.2	10308	48.3			12308	33.1
11105	51.7	12061	20.0	10307	24.8	12866	54.0	12053	11.9
11375	51.7	12090	16.7	<b>Rockland</b>		12065	39.5	12056	5.9
11358	51.4	12123	15.4			12020	37.4	12137	4.3
11379	46.1	12138	9.2	10977	151.4	12831	24.6	12150	1.6
11357	44.0	12154	8.5	10952	51.7	12118	17.4	<b>Schoharie</b>	
11356	43.6	12196	8.3	10927	49.5	12188	15.1		
11374	42.2	12094	7.9	10954	29.2	12019	14.5	12043	30.2
11693	42.1	12121	6.9	10956	28.9	12803	10.7	12157	7.3
11364	39.7	12185	6.7	10901	22.5	12822	9.8	12122	7.2
11104	39.4	12168	5.7	10960	20.6	12170	8.8	13459	4.3
11414	37.1	12062	5.2	10980	17.5	12833	8.1	12149	3.7
11361	34.2	12052	4.7	10923	16.1	12871	7.5	12093	2.7
11426	32.4	12140	3.6	10965	14.5	12835	4.8	12092	2.3
11415	27.0	12022	3.1	10993	11.2	12074	4.6	12076	2.1

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ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI
<b>Schoharie</b>		<b>St. Lawrence</b>		<b>St. Lawrence</b>		<b>Suffolk</b>		<b>Suffolk</b>	
12160	2.0	13676	39.6	13639	0.4	11706	172.0	11754	23.6
12175	1.9	13617	30.9	<b>Steuben</b>		11722	133.4	11968	23.6
12035	1.8	13669	28.3			11798	128.6	11730	23.5
12187	1.0	13662	24.0	14830	32.9	11746	92.3	11751	22.9
12036	0.4	13642	18.9	14843	28.7	11701	85.8	11703	22.8
12071	0.2	13667	6.0	14810	24.2	11757	80.5	11733	22.5
12194	0.1	13668	5.0	14870	15.7	11704	79.6	11742	20.8
12131	0.1	13654	4.8	14572	13.3	11772	69.7	11778	20.7
12031	0.1	13658	4.4	14801	12.9	11779	59.8	11782	20.5
<b>Schuyler</b>		13646	4.4	14823	8.5	11901	57.0	11949	20.1
		13697	4.3	14821	7.4	11967	56.9	11768	20.0
14812	9.7	13660	3.9	14809	7.0	11763	55.9	11937	19.8
14891	7.5	13652	3.6	14807	6.8	11735	50.1	11953	19.1
14865	3.7	13613	3.3	14873	6.4	11729	48.5	11961	18.5
14818	2.6	13625	2.9	14826	5.7	11726	48.1	11752	17.5
14869	2.2	13680	2.5	14840	5.4	11784	47.1	11788	17.5
14805	2.2	13635	2.4	14879	4.6	11720	44.5	11764	17.4
14815	1.8	13630	2.4	14858	4.1	11727	43.8	11767	17.3
14878	1.6	13684	1.9	14898	3.9	11950	42.7	11780	17.2
14841	1.3	12967	1.9	14855	2.8	11741	42.0	11747	16.9
14824	1.0	13681	1.6	14820	2.5	11743	41.2	11946	15.9
<b>Seneca</b>		13694	1.6	14885	2.4	11787	39.8	11716	15.8
		13690	1.3	14819	2.2	11790	39.8	11755	15.3
13165	28.9	13621	1.0	14839	1.7	11795	38.7	11766	14.5
13148	22.8	12965	0.8	14808	1.2	11776	35.5	11769	13.4
14521	13.0	13670	0.7	14877	1.1	11731	33.8	11740	12.2
14541	8.2	13614	0.7	14874	0.4	11725	33.4	11933	12.2
14847	5.1	13687	0.6	<b>Suffolk</b>		11951	31.8	11792	11.8
14860	3.0	13633	0.5			11738	30.1	11934	11.4
		13672	0.4	11717	251.9	11713	26.7	11705	11.1

ZIP code level Adolescent Sexual Health Needs Index (ASHNI)

ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI
<b>Suffolk</b>		<b>Suffolk</b>		<b>Sullivan</b>		<b>Tompkins</b>		<b>Ulster</b>	
11789	10.5	11770	0.2	12770	1.1	14882	6.3	12491	4.1
11963	8.5	<b>Sullivan</b>		12743	1.0	14867	6.2	12461	3.8
11777	8.3	<b>Sullivan</b>		12751	0.9	13068	5.0	12481	3.8
11786	7.9	12701	67.8	12792	0.9	13053	5.0	12486	3.2
11944	7.4	12754	25.7	12738	0.8	14817	2.2	12440	3.2
11940	7.2	12721	20.1	12742	0.8	14881	0.2	12472	3.0
11954	7.2	12723	19.5	12762	0.7	<b>Ulster</b>		12464	2.4
11942	6.6	12790	16.9	12741	0.7	<b>Ulster</b>		12456	1.6
11978	6.3	12758	16.3	12791	0.6	12401	83.4	12457	1.5
11971	6.0	12788	12.5	12736	0.5	12561	67.4	12406	1.4
11715	5.9	12789	7.4	12752	0.2	12589	48.0	12494	1.3
11980	5.7	12759	7.1	<b>Tioga</b>		12477	47.5	12409	1.1
11941	5.4	12747	7.0	<b>Tioga</b>		12428	36.5	12412	0.9
11952	5.2	12779	6.0	13827	19.2	12528	34.3	12411	0.9
11721	5.0	12733	6.0	14892	15.4	12566	29.3	12410	0.8
11796	4.9	12783	5.9	13732	14.0	12542	13.7	12435	0.6
11935	4.5	12734	5.1	13743	9.2	12446	12.7	12495	0.5
11719	3.7	12748	5.1	13811	8.2	12404	9.5	12433	0.4
11977	3.1	12764	4.9	14883	6.8	12525	8.5	12725	0.3
11718	3.0	12737	4.6	13734	5.4	12487	8.1	<b>Warren</b>	
11724	2.8	12775	4.4	13736	5.3	12449	7.8	<b>Warren</b>	
11976	2.0	12768	3.9	13812	5.0	12466	7.6	12804	49.9
11964	1.5	12763	3.4	13835	3.5	12443	7.0	12801	31.4
11955	1.5	12726	3.4	14859	2.3	12547	6.0	12885	11.5
11958	1.2	12719	3.3	13864	2.1	12498	5.9	12846	8.6
11939	0.9	12765	2.7	<b>Tompkins</b>		12740	5.9	12845	8.6
11948	0.8	12732	2.3	<b>Tompkins</b>		12458	5.4	12853	7.9
11957	0.7	12766	2.2	14850	101.4	12484	5.2	12817	6.0
11965	0.6	12786	2.2	13073	8.3	12548	4.3	12860	5.6
06390	0.3	12777	1.8	14886	6.7	12515	4.1	12843	3.2

ZIP code level Adolescent Sexual Health Needs Index (ASHNI)

ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI	ZIP	ASHNI
<b>Warren</b>		<b>Wayne</b>		<b>Westchester</b>		<b>Westchester</b>		<b>Wyoming</b>	
12815	2.6	14513	35.6	10710	40.4	10532	11.0	14591	2.8
12814	2.2	14519	26.2	10606	40.0	10530	10.8	14167	2.7
12878	2.2	14522	19.9	10583	39.4	10594	10.8	14145	2.5
12810	1.7	14589	19.7	10567	36.9	10504	10.2	14550	2.4
12836	1.6	14502	19.4	10603	34.6	10706	10.1	14536	1.4
12824	1.1	14489	19.4	10552	34.1	10709	9.1	14037	1.2
12808	0.6	14551	17.3	10543	31.8	10533	8.6	14113	1.0
<b>Washington</b>		14505	14.2	10708	28.4	10590	8.1	14082	0.7
		14590	13.3	10604	26.6	10502	8.1	14039	0.2
12839	32.9	14433	13.1	10549	25.3	10548	6.7	<b>Yates</b>	
12828	22.2	14568	11.8	10601	24.5	10560	6.3	14527	21.3
12832	19.8	13143	11.0	10605	23.9	10589	6.1	14837	11.0
12887	16.5	13146	6.8	10522	20.7	10506	6.0	14478	5.3
12834	14.5	14516	6.5	10523	19.2	10576	4.4	14544	3.2
12816	10.7	14555	2.6	10570	18.8	10588	3.8	14507	2.3
12827	10.4	<b>Westchester</b>		10580	18.8	10511	3.6	14507	2.3
12809	10.4			10528	17.4	10526	2.3	14418	1.8
12865	8.6	10701	314.5	10536	17.3	10527	1.5	14842	1.0
12821	5.9	10550	277.3	10538	17.2	10546	1.1	14441	0.4
12057	5.1	10705	169.7	10804	17.0	10501	0.9		
12028	4.4	10801	133.8	10547	16.0	10518	0.8		
12837	1.9	10553	102.9	10803	15.3	<b>Wyoming</b>			
12838	1.6	10573	81.6	10607	14.6	14011	12.3		
12861	1.4	10566	74.0	10520	14.0	14009	9.7		
12819	1.4	10703	63.7	10507	13.8	14569	8.1		
12873	1.3	10562	58.8	10514	13.3	14530	7.3		
12849	0.7	10598	43.4	10510	13.2	14066	3.6		
12823	0.6	10591	43.4	10707	13.2	14024	3.5		
12844	0.4	10805	41.5	10577	11.6	14427	3.2		
		10704	41.4	10595	11.1				

## ZIP code level Adolescent Sexual Health Needs Index (ASHNI)

## **Attachment 3:**

Comprehensive, Age Appropriate, Evidence-Based, and  
Medically Accurate Sexuality Education Programs  
Component A

## Programs to Prevent Pregnancy, STDs, and HIV Among Adolescents: Selection Worksheet for Evidence-Based Programs – August 2010

Information in this document is based on:

U.S. Department of Health & Human Services, Office of Adolescent Health. (2010). *Programs for Replication – Intervention Implementation Reports*. <http://www.hhs.gov/ophs/oah/prevention/research/programs/index.html>

Massachusetts Alliance on Teen Pregnancy. (2009). *Programs to Prevent Pregnancy, STIs and HIV Among Adolescents: Selection Worksheet for Science-Based and Promising Programs*.

Suellentrop, K. (2010). *What Works 2010: Curriculum-based programs that prevent teen pregnancy*. <http://www.thenationalcampaign.org/resources/pdf/pubs/WhatWorks.pdf>

Advocates for Youth (2008). *Science and Success, Second Edition: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>

Additional source material: see Information links for each program.

Note that some programs listed below may not be currently available for purchase (August 2010).

### Program Information

<p><b>Aban Aya Youth Project</b></p> <p>✓ Middle school, with community component</p>	<p><b>Cost:</b> \$660, \$375 download, \$150-200 individual grade level packages</p> <p><b>Audience:</b> Urban African American youth grades 5 through 8. May be used in community based organizations that provide services to youth in this age group.</p> <p><b>Main Message:</b> This Afro-centric program was developed to address multiple problems behaviors such as violence, substance abuse, delinquency, and sexual risk taking simultaneously in a long-term intervention by encouraging abstinence, protection from unsafe sex, avoidance of drugs and alcohol, and conflict resolution.</p> <p><b>Length:</b> 16-21 lessons during each school year, grades 5-8. Lessons are 40-45 minutes.</p> <p><b>Group Size:</b> Classroom</p> <p><b>Components:</b> Classroom component (16-21 lessons per year; community component (homework and training for parents, teacher, staff; peer mentoring; community outreach).</p> <p><b>Evaluation findings:</b> No significant intervention effects for girls. Boys reported increased condom use and decreased sexual intercourse (as well as additional non-sexual behavior effects seen in multiple arenas).</p> <p><b>Information:</b> <a href="http://www.socio.com/passt24.php">http://www.socio.com/passt24.php</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/aban_aya_youth_project.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/aban_aya_youth_project.html</a></p>
<p><b>Adult Identity Mentoring (Project AIM)</b></p> <p>✓ Middle school</p>	<p><b>Cost:</b> Implementation kit: \$240; facilitator certification (\$2,500 – 4,500 plus travel) and licensing fee (needs to be negotiated); information: Leslie Clark <a href="mailto:lclark@chla.usc.edu">lclark@chla.usc.edu</a></p> <p><b>Audience:</b> Middle school students</p> <p><b>Main Message:</b> Designed to promote abstinence, delay the initiation of sex, and decrease the intention to engage in sex. Helps adolescents form their “adult identity” by helping them to articulate their future goals and think about how risky behavior choices might jeopardize those goals.</p> <p><b>Length:</b> 10-session curriculum, 1-2 days per week over 6 weeks</p> <p><b>Group Size:</b> Classroom</p> <p><b>Components:</b> 4 units with exercises and discussion. Program facilitators required to participate in 3-day training.</p> <p><b>Evaluation findings:</b> At 19 week follow-up, participants less likely to report having had sexual intercourse. At 1-year follow-up the effect held for boys only. (Group evaluated was 98% African American.)</p> <p><b>Information:</b> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/adult_identity_mentoring_project_aim.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/adult_identity_mentoring_project_aim.html</a> Child Trends fact sheet: <a href="http://www.childtrends.org/lifecourse/programs/aim.htm">http://www.childtrends.org/lifecourse/programs/aim.htm</a></p>

<p><b>All4You!</b></p> <ul style="list-style-type: none"> <li>✓ Alternative school classroom plus community-based service-learning</li> </ul>	<p><b>Cost:</b> Currently not available for purchase. For information contact Karin Coyle, Ph.D., Senior Research Scientist, ETR Associates at <a href="mailto:karinc@etr.org">karinc@etr.org</a>.</p> <p><b>Audience:</b> In-school program evaluated with teens in alternative schools; the intervention also included a service learning component; urban setting</p> <p><b>Main Message:</b> Program was designed to reduce the risk of HIV, other sexually transmitted disease and unintended pregnancy among high school-aged youth who are attending court and community alternative schools. Classroom lessons were drawn from the Be Proud! Be Responsible! curriculum and the Safer Choices curriculum.</p> <p><b>Length:</b> 14 sessions over 6-8 weeks (about 26 hours total)</p> <p><b>Group Size:</b> Classroom</p> <p><b>Components:</b> Classroom behavioral skills development and community involvement/service-learning.</p> <p><b>Evaluation findings:</b> Six months after the program ended program participants reduced frequency of intercourse and increased condom use.</p> <p><b>Information:</b> Description: <a href="http://www.childtrends.org/lifecourse/programs/all4you.htm">http://www.childtrends.org/lifecourse/programs/all4you.htm</a>  <a href="http://programservices.etr.org/index.cfm?fuseaction=Projects.summary&amp;ProjectID=16">http://programservices.etr.org/index.cfm?fuseaction=Projects.summary&amp;ProjectID=16</a>  HHS fact sheet: <a href="http://www.hhs.gov/oph/oah/prevention/research/programs/all_4_you.html">http://www.hhs.gov/oph/oah/prevention/research/programs/all_4_you.html</a></p>
<p><b>Assisting in Rehabilitating Kids (ARK)</b></p> <ul style="list-style-type: none"> <li>✓ Residential settings (drug treatment)</li> </ul>	<p><b>Cost:</b> An intervention package is not available at this time. For information contact Dr. Janet S. St. Lawrence, <a href="mailto:jlawrence@meridian.msstate.edu">jlawrence@meridian.msstate.edu</a></p> <p><b>Audience:</b> Substance-dependent adolescents in residential treatment facilities; mixed gender</p> <p><b>Main Message:</b> Program was designed to increase abstinence, increase safer sex, and reduce risky sex behaviors in substance-dependent youth. Based on <i>Becoming a Responsible Teen</i>.</p> <p><b>Length:</b> 12 sessions, 90 minutes each</p> <p><b>Group Size:</b> Small groups</p> <p><b>Components:</b> Prevention information; behavior skills sessions; motivation session/emotion-based risk-sensitization manipulation. (In last session, photos of participants are digitally altered to depict end-stage AIDS.)</p> <p><b>Evaluation findings:</b> At the 6- and 12-month follow-ups, participants were significantly more likely to report being abstinent in the previous 30 days.</p> <p><b>Information:</b> CDC: <a href="http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/ARK.htm">http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/ARK.htm</a>  HHS fact sheet: <a href="http://www.hhs.gov/oph/oah/prevention/research/programs/assisting_in_rehabilitating_kids.html">http://www.hhs.gov/oph/oah/prevention/research/programs/assisting_in_rehabilitating_kids.html</a></p>
<p><b>Be Proud! Be Responsible!</b></p> <ul style="list-style-type: none"> <li>✓ Middle schools</li> <li>✓ High schools</li> <li>✓ Community-based settings</li> </ul>	<p><b>Cost:</b> \$358 program package (written curriculum, activity set, videos), \$145 without videos</p> <p><b>Audience:</b> African American, white, and Latino adolescents age 13-18 (Note: evaluated only with African Americans, but has been used with diverse groups)</p> <p><b>Main Message:</b> Curriculum is intended to delay initiation of sex among sexually inexperienced youth, to reduce unprotected sex among sexually active inner-city youth, and to help young people make proud and responsible decisions about their sexual behaviors. Emphasizes sense of community, accountability, and pride: protecting families and community. Focus is on HIV/AIDS.</p> <p><b>Length:</b> Six 1-hour modules.</p> <p><b>Group Size:</b> Designed for 6-12 participants; has been implemented with larger groups</p> <p><b>Components:</b> Multi-media, interactive curriculum addressing information, perceptions, beliefs, skills. Training available on fee-for-service basis from ETR.</p> <p><b>Evaluation findings:</b> First study (all African American males): at 3-month follow-up, participants reported fewer female sexual partners, greater use of condoms, reduced sexual intercourse, reduced heterosexual anal sex. Second study: At 6-month follow-up, participants (all African Americans, mixed gender) reported reduced unprotected sex and anal intercourse.</p> <p><b>Information:</b> <a href="http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&amp;PageID=1&amp;PageTypeID=2">http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&amp;PageID=1&amp;PageTypeID=2</a>  <a href="http://selectmedia.org/customer-service/evidence-based-curricula/be-proud-be-responsible/">http://selectmedia.org/customer-service/evidence-based-curricula/be-proud-be-responsible/</a>  HHS fact sheet: <a href="http://www.hhs.gov/oph/oah/prevention/research/programs/be_proud_responsible.html">http://www.hhs.gov/oph/oah/prevention/research/programs/be_proud_responsible.html</a></p>
<p><b>Be Proud! Be Responsible! Be Protective!</b></p> <ul style="list-style-type: none"> <li>✓ Middle schools</li> <li>✓ High schools</li> <li>✓ Community-based settings</li> </ul>	<p><b>Cost:</b> Program materials are available by contacting Deborah Koniak-Griffin, RNC, EdD, FAAN, UCLA School of Nursing at <a href="mailto:dkoniak@sonnet.ucla.edu">dkoniak@sonnet.ucla.edu</a>.</p> <p><b>Audience:</b> Adolescent mothers or pregnant girls (7-12 grade)</p> <p><b>Main message:</b> An adaptation of <i>Be Proud! Be Responsible!</i>, this curriculum emphasizes maternal protectiveness as well as sexual responsibility and accountability. Increases awareness of effects of HIV/AIDS on communities and children.</p> <p><b>Length:</b> Four 2-hour modules</p> <p><b>Group Size:</b> 6-12 participants</p> <p><b>Evaluation findings:</b> At the 6-month follow-up, participants (predominantly poor, with Latina background) reported having significantly fewer sexual partners in the previous 3 months.</p> <p><b>Information:</b> HHS fact sheet: <a href="http://www.hhs.gov/oph/oah/prevention/research/programs/be_proud_responsible_protective.html">http://www.hhs.gov/oph/oah/prevention/research/programs/be_proud_responsible_protective.html</a></p>

<p><b>Becoming a Responsible Teen</b></p> <ul style="list-style-type: none"> <li>✓ Community-based setting</li> <li>✓ Middle schools</li> <li>✓ High schools</li> </ul>	<p><b>Cost:</b> \$280 (basic set). 2-day educator training available from ETR on fee-for-service basis.</p> <p><b>Audience:</b> African American adolescents age 14-18. (Program has also been used, but not evaluated, with diverse populations.)</p> <p><b>Main Message:</b> Program provides teens with HIV/AIDS prevention information and training on communication/negotiating skills regarding sex. Abstinence is the best way to prevent HIV infection, but other preventative measures such as condom use are also important.</p> <p><b>Length:</b> Weekly 90-120 minute sessions over 8 weeks</p> <p><b>Group Size:</b> 5-15 participants (separated by gender)</p> <p><b>Components:</b> Interactive discussion, videos, games, role-plays.</p> <p><b>Evaluation findings:</b> At the 12-month follow-up, reduced initiation of sex, and reduced unprotected sex.</p> <p><b>Information:</b> <a href="http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&amp;PageID=2">http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&amp;PageID=2</a>  <a href="http://www.etr.org/tpi/products/bart.html">http://www.etr.org/tpi/products/bart.html</a>  HHS fact sheet:  <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/becoming_a_responsible_teen.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/becoming_a_responsible_teen.html</a></p>
<p><b>Children’s Aid Society (CAS) – Carrera Program</b></p> <ul style="list-style-type: none"> <li>✓ Community-based settings</li> </ul>	<p><b>Cost:</b> The program costs approximately \$4,750 per teen per year to implement.</p> <p><b>Audience:</b> Low-income adolescents.</p> <p><b>Main Message:</b> The CAS-Carrera Program is an intensive, year-round, multi-year after-school program that is designed to promote positive youth development and positive reproductive health. At-risk youth enter the program at age 13-15 and participate through the end of high school. The program employs a holistic approach—addressing the various contexts and needs relevant to the participants’ lives—and it provides a wide variety of activities and services.</p> <p><b>Length:</b> Year-round services available 5-6 days/week through the end of high school.</p> <p><b>Components:</b> Job club, academic assistance, family life/sex education, self-expression, lifetime individual sports, comprehensive medical care, mental health services.</p> <p><b>Evaluation Findings:</b> At the end of the multi-year program, girls in study were 18% less likely to have had sex than girls in control group, were 55% less likely to become pregnant, and were 80% more likely to use dual methods of contraception at last sex. Not yet shown to be effective for boys on sexual health measures.</p> <p><b>Information:</b> <a href="http://stopteenpregnancy.childrengroups.org/">http://stopteenpregnancy.childrengroups.org/</a>  Description: <a href="http://www.childtrends.org/Lifecourse/programs/CAS-Carrera.htm">http://www.childtrends.org/Lifecourse/programs/CAS-Carrera.htm</a>  HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/cas_carrera.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/cas_carrera.html</a></p>
<p><b>¡Cuidate!</b></p> <ul style="list-style-type: none"> <li>✓ Community-based settings</li> <li>✓ afterschool</li> <li>✓ Middle schools</li> <li>✓ High schools</li> </ul>	<p><b>Cost:</b> Facilitators Curriculum \$165, Implementation Manual \$75, Training of Facilitators Manual \$145. Student workbooks available soon.</p> <p><b>Audience:</b> Latino teens 13-18 years/ grades 8-11</p> <p><b>Main Message:</b> ¡Cuidate! incorporates salient aspects of Latino culture, including the importance of family and gender-role expectations (e.g., machismo, which is described as the man's responsibility in caring for and protecting one's partner and family). These cultural beliefs are used to frame abstinence and condom use as culturally accepted and effective ways to prevent sexually transmitted diseases, including HIV.</p> <p><b>Length:</b> Six 60-minute modules delivered over two or more days.</p> <p><b>Group Size:</b> Small (6-10) mixed-gender groups</p> <p><b>Components:</b> Learning activities such as small group discussions, videos, games, music, hands-on practice demonstrations, and role-plays. May be conducted in either English or Spanish.</p> <p><b>Evaluation Findings:</b> 12 months after end of program, participants were less likely than control group to have had sex in the past three months, multiple partners, or unprotected sex, and more likely to have used condoms consistently than comparison group. Program most effective with Spanish-speaking teens.</p> <p><b>Information:</b> <a href="http://selectmedia.org/customer-service/evidence-based-curricula/cuidate/">http://selectmedia.org/customer-service/evidence-based-curricula/cuidate/</a>  <a href="http://www.advocatesforyouth.org/index.php?option=com_content&amp;task=view&amp;id=1142&amp;Itemid=177">http://www.advocatesforyouth.org/index.php?option=com_content&amp;task=view&amp;id=1142&amp;Itemid=177</a>  HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/cuidate.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/cuidate.html</a></p>

<p><b>Draw the Line/Respect the Line</b></p> <p>✓ Middle schools</p>	<p><b>Cost:</b> ETR: \$56 program manuals (3 grades), \$21 individual grade level pieces PASHA package: \$216 (includes telephone technical support for 1 year).</p> <p><b>Audience:</b> Latino or multicultural junior high school students, grades 6 through 8. This program can be used for both boys and girls but is more effective for boys.</p> <p><b>Main Message:</b> The program covers setting limits, social pressures, challenges to personal limits, and communication and refusal skills. In 6<sup>th</sup> grade, focus is on setting limits in non-sexual situations. The aim of the program is to reduce the number of students who initiate or have sexual intercourse, and to increase condom use among students who are sexually active.</p> <p><b>Length:</b> 20 lessons given 6<sup>th</sup> through 8<sup>th</sup> grades. Designed to fit into classroom sessions of 45-50 minutes.</p> <p><b>Group Size:</b> Classroom</p> <p><b>Components:</b> Separate classroom modules for each grade, teacher consultations with students individually or in small groups, parent homework.</p> <p><b>Evaluation Findings:</b> At one year follow-up, program reduced initiation of sex for boys; boys also had sex less frequently and with fewer partners than boys from control schools. No impact on condom usage. These outcomes not shown with girls.</p> <p><b>Information:</b> Purchase: ETR: <a href="http://pub.etr.org/ProductDetails.aspx?id=10000&amp;prodid=S028">http://pub.etr.org/ProductDetails.aspx?id=10000&amp;prodid=S028</a> PASHA: <a href="http://www.socio.com/srch/summary/pasha/full/passt20.htm">http://www.socio.com/srch/summary/pasha/full/passt20.htm</a> <a href="http://www.childtrends.org/Lifecourse/programs/drawline.htm">http://www.childtrends.org/Lifecourse/programs/drawline.htm</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/draw_the_line_respect_the_line.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/draw_the_line_respect_the_line.html</a></p>
<p><b>FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women</b></p> <p>✓ Clinics ✓ Community-based settings</p>	<p><b>Cost:</b> \$315 (download); \$420 (print), purchase: <a href="http://www.socio.com">www.socio.com</a></p> <p><b>Audience:</b> Young women age 17-22</p> <p><b>Main Message:</b> Designed to prevent STDs and unintended pregnancies among young women, the program seeks to increase knowledge about pregnancy, STDs, and contraceptives, and to modify attitudes and build skills that impact sexual behavior. Some content is graphic. Not intended for younger teens.</p> <p><b>Length:</b> Four 2-hour sessions. May be implemented in shorter segments.</p> <p><b>Group Size:</b> 20-25</p> <p><b>Components:</b> Lecture, discussion, exercises, self-risk appraisal, videos.</p> <p><b>Evaluation Findings:</b> At the 14-month follow-up: participants in the intervention who were sexually inexperienced at baseline were significantly less likely to report having had multiple sex partners after the intervention; also had fewer STDs than comparison group.</p> <p><b>Information:</b> <a href="http://www.socio.com/srch/summary/pasha/full/passt22.htm">http://www.socio.com/srch/summary/pasha/full/passt22.htm</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/focus.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/focus.html</a></p>
<p><b>HIV Risk Reduction Among Detained Adolescents</b></p> <p>✓ Residential settings (youth detention)</p>	<p><b>Cost:</b> Program materials are available by contacting Angela Bryan, Ph.D., University of New Mexico, at <a href="mailto:abryan@unm.edu">abryan@unm.edu</a>.</p> <p><b>Audience:</b> High-risk adolescents in juvenile detention facilities</p> <p><b>Main Message:</b> This single-session, group-based intervention is designed to reduce sexual risk behaviors, including alcohol-related sexual risk behaviors, and increase condom use.</p> <p><b>Length:</b> One 4-hour session</p> <p><b>Group Size:</b> small group (up to 10)</p> <p><b>Components:</b> 3-hour, small group session with activities, videos, video game, condom demonstration; followed immediately by 1-hour discussion addressing alcohol use and sexual activity.</p> <p><b>Evaluation Findings:</b> At the six-, nine-, and twelve-month follow-ups, adolescents participating in the intervention reported more consistent condom use. The evaluation study was conducted with a diverse, predominantly male group; mean age 15.8 years.</p> <p><b>Information:</b> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/hiv_risk_reduction.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/hiv_risk_reduction.html</a></p>
<p><b>HORIZONS</b></p> <p>✓ Clinics ✓ Community-based settings</p>	<p><b>Cost:</b> Program materials are available by contacting Ralph DiClemente, Ph.D., Emory University Rollins School of Public Health at <a href="mailto:rdiclem@emory.edu">rdiclem@emory.edu</a>.</p> <p><b>Audience:</b> African American females age 15-21 seeking sexual health services</p> <p><b>Main Message:</b> The intervention aims to reduce STDs by improving STD/HIV risk-reduction knowledge and condom use skills, facilitating communication with male partners about safer sex practices and STDs, facilitating male sex partners' access to STD screening and treatment, and reducing female adolescents' frequency of douching. Program also seeks to foster a sense of cultural and gender pride and emphasize the diverse individual and social factors contributing to adolescents' STD/HIV risk.</p> <p><b>Length:</b> Two 4-hour sessions, implemented on 2 consecutive Saturdays</p> <p><b>Group Size:</b> Small groups</p> <p><b>Components:</b> Interactive group sessions, vouchers for male partners toward cost of STD services, follow-up telephone calls to reinforce prevention information.</p> <p style="text-align: right;"><i>(cont.)</i></p>

<p>HORIZONS, cont.</p>	<p><b>Evaluation Findings:</b> At 6- and 12-month follow ups, participants less likely to test positive for Chlamydia and more likely to use condoms.  <b>Information:</b>  HHS fact sheet: <a href="http://www.hhs.gov/ohs/oah/prevention/research/programs/horizons.html">http://www.hhs.gov/ohs/oah/prevention/research/programs/horizons.html</a></p>
<p><b>It's Your Game: Keep it Real</b></p> <p>✓ Middle schools</p>	<p><b>Cost:</b> For information contact Susan R. Tortolero, Ph.D. Center for Health Promotion and Prevention Research, University of Texas Health Science Center at Houston, <a href="mailto:Susan.Tortolero@uth.tmc.edu">Susan.Tortolero@uth.tmc.edu</a>  <b>Audience:</b> Middle school students  <b>Main Message:</b> The program is designed to equip students to have healthy relationships with friends, boyfriends, and girlfriends. For students who are already sexually active, the intervention encourages participants to use condoms consistently and correctly, use an effective method of birth control, and get tested for HIV and other STDs.  <b>Length:</b> 2-year program, 7<sup>th</sup> and 8<sup>th</sup> grades  <b>Group Size:</b> classroom  <b>Components:</b> 1) Classroom-based component (includes role modeling, journaling, group discussion), 2) parent-child homework activities, 3) computer-based activities (includes interactive activities, virtual mall, videos, quizzes).  <b>Evaluation Findings:</b> Over 24 months, participants less likely to initiate sex compared to control group. Effect especially strong for Hispanic teens. Note: Evaluation study conducted with predominantly Latino and African American youth.  <b>Information:</b> Presentation at Sex::Tech 2009:  <a href="http://www.sextech.org/downloads/presentations/Disseminating_an_evidence-based_HIV_prevention_program_for_middle_school_The_Its_Your_Game_curriculum_website.pdf">http://www.sextech.org/downloads/presentations/Disseminating_an_evidence-based_HIV_prevention_program_for_middle_school_The_Its_Your_Game_curriculum_website.pdf</a>  HHS fact sheet: <a href="http://www.hhs.gov/ohs/oah/prevention/research/programs/its_your_game_keep_it_real.html">http://www.hhs.gov/ohs/oah/prevention/research/programs/its_your_game_keep_it_real.html</a></p>
<p><b>Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention</b></p> <p>✓ Middle schools  ✓ Community-based settings</p>	<p><b>Cost:</b> \$340 full package; \$145 without videos.  <b>Audience:</b> African American, Latino, and white youth age 11-13. (Note: evaluated with African American youth only.)  <b>Main Message:</b> This curriculum emphasizes that young adolescents should postpone sexual activity and that practicing abstinence is the only way to eliminate the risk for pregnancy and STDs, including HIV. Emphasis also on protecting community and family, sexual responsibility, and pride.  <b>Length:</b> Eight 1-hour sessions (may be combined up to two 4-hour sessions)  <b>Group Size:</b> Designed for 6-12 participants but may be implemented with larger groups  <b>Components:</b> Goal setting; role plays and skill-building; education about negative consequences of sex.  <b>Evaluation Findings:</b> At 3-month follow-up, participants (all African American in study) were less likely to have had sex compared to control group. At 12-month follow-up, participants had a higher frequency of condom use than control group.  <b>Information:</b> <a href="http://selectmedia.org/customer-service/evidence-based-curricula/making-a-difference/">http://selectmedia.org/customer-service/evidence-based-curricula/making-a-difference/</a>  HHS fact sheet: <a href="http://www.hhs.gov/ohs/oah/prevention/research/programs/making_a_difference.html">http://www.hhs.gov/ohs/oah/prevention/research/programs/making_a_difference.html</a></p>
<p><b>Making Proud Choices!</b></p> <p>✓ Middle schools  ✓ Community-based settings</p>	<p><b>Cost:</b> \$535; \$145 without videos  <b>Audience:</b> African American, Hispanic, and white adolescents, ages 11–13. (Note: evaluated with African American youth only).  <b>Main Message:</b> Goal is to empower young adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STDs and their risk for pregnancy. The curriculum emphasizes that adolescents can reduce their risk for STDs, HIV, and pregnancy by using a condom, if they choose to have sex.  <b>Length:</b> Eight 1-hour modules.  <b>Group Size:</b> 6-12 participants  <b>Components:</b> Knowledge about HIV, STDs, unintended pregnancy and contraceptive methods; behavioral beliefs, attitudes and perception of risk; skills and self-efficacy. The curriculum includes a facilitation guide, handouts/activity sheets and videos.  <b>Evaluation Findings:</b> 12 months after intervention, sexually experienced participants reported a lower frequency of unprotected sex than control group.  <b>Information:</b> <a href="http://selectmedia.org/customer-service/evidence-based-curricula/making-proud-choices/">http://selectmedia.org/customer-service/evidence-based-curricula/making-proud-choices/</a>  HHS fact sheet:  <a href="http://www.hhs.gov/ohs/oah/prevention/research/programs/making_proud_choices.html">http://www.hhs.gov/ohs/oah/prevention/research/programs/making_proud_choices.html</a></p>

<p><b>Project TALC (Teens and Adults Learning to Communicate)</b></p> <p>✓ Community-based settings</p>	<p><b>Cost:</b> Free – available online: <a href="http://chipts.ucla.edu/interventions/manuals/intervhra1.html">http://chipts.ucla.edu/interventions/manuals/intervhra1.html</a></p> <p><b>Audience:</b> Adolescent children of parents with HIV (ages 11-18)</p> <p><b>Main Message:</b> This program is designed to provide coping skills to parents living with HIV and their adolescent children. For the parents, the goal is to reduce emotional distress and problem behaviors, such as substance use. For the children, the goal is to reduce emotional distress, problem behaviors, and teenage parenthood.</p> <p><b>Length:</b> Delivered once a week over 4-6 years, on Saturdays in local community centers.</p> <p><b>Group Size:</b> Small groups</p> <p><b>Components:</b> 1) 8 sessions for parents alone, 2) parents and adolescents together, 3) additional sessions for adolescents whose parents have died and their caregivers</p> <p><b>Evaluation Findings:</b> At the four-year follow-up (from program start): adolescents participating in the intervention were significantly less likely to report being a teenage parent. Evaluation study was conducted with a predominantly Latino and African American group.</p> <p><b>Information:</b> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/project_talc.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/project_talc.html</a></p>
<p><b>Promoting Health Among Teens! Abstinence-Only Intervention</b></p> <p>✓ Middle schools ✓ Community-based settings</p>	<p><b>Cost:</b> Program is not yet available (as of August 2010). Cost will be \$145 for basic package, \$513 full package.</p> <p><b>Audience:</b> Youth in grades 6 and 7 from low-income urban communities. (Note: evaluated only with African American youth).</p> <p><b>Main Message:</b> This abstinence-only program for younger adolescents provides only medically accurate information, avoids moral judgments, and does not promote abstinence-until-marriage. Promotes abstinence as a positive choice and the best way to avoid pregnancy and HIV/STDs, focuses on goals and dreams, builds refusal skills.</p> <p><b>Length:</b> Eight 1-hour modules delivered on 2 consecutive Saturdays</p> <p><b>Group Size:</b> Evaluated with small groups</p> <p><b>Components:</b> Group discussions, videos, games, brainstorming activities, skill-building, and experiential exercise. Four modules encourage abstinence, and four cover general HIV/STD knowledge</p> <p><b>Evaluation Findings:</b> At 24-month follow-up, sexually inexperienced participants less likely than control to initiate sex. Based on average of follow-ups, participants less likely to have sexual intercourse.</p> <p><b>Information:</b> <a href="http://www.selectmedia.org/customer-service/evidence-based-curricula/promoting-health-among-teens/">http://www.selectmedia.org/customer-service/evidence-based-curricula/promoting-health-among-teens/</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/promoting_health.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/promoting_health.html</a></p>
<p><b>Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention</b></p> <p>✓ Middle schools ✓ High schools ✓ Community-based settings</p>	<p><b>Cost:</b> Program is not yet available (as of August 2010). Cost will be \$145 for basic package, \$588 full package.</p> <p><b>Audience:</b> African American, Latino and white adolescents, ages 13-18. (Note: evaluated with African American youth only).</p> <p><b>Main Message:</b> This comprehensive abstinence and safer sex intervention provides youth with information about abstinence, safer sex practices, pregnancy prevention, and the prevention of HIV and STDs.</p> <p><b>Length:</b> 12 modules delivered over 2 or 3 consecutive Saturdays</p> <p><b>Group Size:</b> Evaluated with small groups</p> <p><b>Components:</b> Group discussions, videos, games, brainstorming activities, skill-building, and experiential exercise. Four modules encourage abstinence, four encourage condom use, and four cover general HIV/STD knowledge</p> <p><b>Evaluation Findings:</b> Participants less likely than control group to have multiple partners.</p> <p><b>Information:</b> <a href="http://www.selectmedia.org/customer-service/evidence-based-curricula/promoting-health-among-teens-comprehensive-abstinence-safer-sex/">http://www.selectmedia.org/customer-service/evidence-based-curricula/promoting-health-among-teens-comprehensive-abstinence-safer-sex/</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/comprehensive_abstinence.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/comprehensive_abstinence.html</a></p>
<p><b>Raising Healthy Children</b> (formerly the <i>Seattle Social Development Project</i>)</p> <p>✓ Elementary schools</p>	<p><b>Cost:</b> Depends on number of participants. Average cost per teacher per year \$950 for years 1 and 2; \$500 for year 3 (see <a href="http://www.sdr.org/rhcsurvey.asp#3">http://www.sdr.org/rhcsurvey.asp#3</a>)</p> <p><b>Audience:</b> Elementary school children, parents, and teachers</p> <p><b>Main Message:</b> This intervention is a multiyear, school-based youth development program that seeks to reduce childhood risk factors for school failure, drug abuse, and delinquency. Targeted risk factors include children's bonding with their families and schools, academic achievement, interpersonal problem-solving skills, refusal skills, and positive classroom behaviors.</p> <p><b>Length:</b> 6-year intervention, grades 1-6</p> <p><b>Group Size:</b> Classroom</p> <p><b>Components:</b> For children: interpersonal problem-solving, refusal skills; for parents: behavior management, academic support, communication, family conflict, discouraging substance abuse; for teachers: instructional strategies and classroom behavior management</p> <p><b>Evaluation Findings:</b> Follow-up into young adulthood: participants less likely to report initiating sex (age 18 follow-up), fewer lifetime sexual partners; fewer pregnancies or births (age 21); fewer STD diagnoses (age 24 and 27).</p> <p><b>Information:</b> <a href="http://www.sdr.org/rhcsurvey.asp">http://www.sdr.org/rhcsurvey.asp</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/seattle_social_development_project.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/seattle_social_development_project.html</a></p>

<p><b>Reducing the Risk</b></p> <p>✓ High schools</p>	<p><b>Cost:</b> \$43, student workbooks and activity kit available separately.</p> <p><b>Audience:</b> High school students</p> <p><b>Main Message:</b> This is a sex-education curriculum including information on abstinence and contraception, offering experiential activities to build skill refusal, negotiation, and communication.</p> <p><b>Length:</b> Sixteen 45-minute sessions</p> <p><b>Group Size:</b> Classroom</p> <p><b>Components:</b> Topics include HIV Prevention, abstinence, refusal skills, delaying tactics, etc.</p> <p><b>Evaluation Findings:</b> Delayed initiation of intercourse, increased condom use.</p> <p><b>Information:</b> <a href="http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&amp;PageID=129&amp;PageTypeID=2">http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&amp;PageID=129&amp;PageTypeID=2</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/reducing_the_risk.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/reducing_the_risk.html</a></p>
<p><b>Rikers Health Advocacy Program</b></p> <p>✓ Residential settings (youth detention)</p> <p>✓ Community-based settings</p>	<p><b>Cost:</b> \$115 (download); \$234 program package; <a href="http://www.socio.com">www.socio.com</a></p> <p><b>Audience:</b> High risk youth, 16-19 years of age, particularly drug users and youth in correctional facilities</p> <p><b>Main Message:</b> The program features a “Problem-Solving Therapy” approach, which focuses on problem orientation, defining and formulating a problem, generating alternative solutions, decision making, and implementing a solution.</p> <p><b>Length:</b> Four 1-hour sessions over two weeks</p> <p><b>Group Size:</b> 8 (single sex recommended)</p> <p><b>Components:</b> Small group sessions focusing on health issues, particularly HIV/AIDS. (Note: evaluated only in youth detention setting.)</p> <p><b>Evaluation Findings:</b> Increased condom use</p> <p><b>Information:</b> <a href="http://www.socio.com/passt10.php">http://www.socio.com/passt10.php</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/rikers_health_advocacy.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/rikers_health_advocacy.html</a></p>
<p><b>Safer Sex</b></p> <p>✓ Clinics</p>	<p><b>Cost:</b> Program materials are available by contacting Lydia Shrier, MD, MPH, Director of Clinic-based Research, Division of Adolescent/Young Adult Medicine, Children’s Hospital Boston at <a href="mailto:Lydia.Shrier@childrens.harvard.edu">Lydia.Shrier@childrens.harvard.edu</a> .</p> <p><b>Audience:</b> High-risk female adolescents</p> <p><b>Main Message:</b> This clinic-based intervention is intended to reduce the incidence of STDs and improve condom use among high-risk female adolescents. It is delivered to participants individually in a clinic by a female health educator. Participants are invited back for booster sessions.</p> <p><b>Length:</b> One 40-minute session, followed by booster sessions at one, three, and six months.</p> <p><b>Group Size:</b> Individual</p> <p><b>Components:</b> Video, educational session, booster sessions; standardized intervention manual</p> <p><b>Evaluation Findings:</b> Reduced multiple concurrent sexual partners</p> <p><b>Information:</b> <a href="mailto:Lydia.Shrier@childrens.harvard.edu">Lydia.Shrier@childrens.harvard.edu</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/safer_sex.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/safer_sex.html</a></p>
<p><b>SiHLE</b></p> <p>✓ Clinics</p> <p>✓ Community-based settings</p>	<p><b>Cost:</b> \$294 program package, \$160 (download); <a href="http://www.socio.com">www.socio.com</a></p> <p><b>Audience:</b> Sexually experienced African American teenage women.</p> <p><b>Main Message:</b> Through interactive discussions, the intervention emphasizes ethnic and gender pride, and enhances awareness of HIV risk reduction strategies. Through the use of role plays and cognitive rehearsal, the intervention enhances confidence in initiating safer-sex conversations, negotiating for safer sex, and refusing unsafe sex encounters.</p> <p><b>Length:</b> Four 3-hour sessions for a total of 16 contact hours</p> <p><b>Group Size:</b> Small group (10-12 girls)</p> <p><b>Components:</b> Demonstrations, group discussion, lectures, role plays</p> <p><b>Evaluation Findings:</b> At 6-month follow-up, participants less likely to report a pregnancy. At 12-month follow-up, participants more likely to report consistent condom use.</p> <p><b>Information:</b> <a href="http://www.socio.com/srch/summary/pasha/full/passt23.htm">http://www.socio.com/srch/summary/pasha/full/passt23.htm</a> <a href="http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/SiHLE.htm">http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/SiHLE.htm</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/sihle.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/sihle.html</a></p>

<p><b>Sisters Saving Sisters</b></p> <ul style="list-style-type: none"> <li>✓ Clinics</li> <li>✓ Community-based settings</li> </ul>	<p><b>Cost:</b> Not yet available. List price: \$453 full package with videos, \$145 basic package, \$21.25 student workbooks (set of 5)</p> <p><b>Audience:</b> Sexually active Latina and African American female adolescents, recruited from family planning clinics; ages 12-19</p> <p><b>Main Message:</b> Program addresses beliefs relevant to HIV/STD risk reduction, illustrates correct condom use, and depicts effective condom use negotiation.</p> <p><b>Length:</b> One 4½ hour session</p> <p><b>Group Size:</b> 2-10</p> <p><b>Components:</b> Group discussions, videotapes, games and exercises</p> <p><b>Evaluation Findings:</b> Reduced unprotected sex and number of sex partners; lower numbers of positive STD tests than control group.</p> <p><b>Information:</b> <a href="http://www.selectmedia.org/customer-service/evidence-based-curricula/sister-saving-sister/">http://www.selectmedia.org/customer-service/evidence-based-curricula/sister-saving-sister/</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/sisters_saving_sisters.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/sisters_saving_sisters.html</a></p>
<p><b>Teen Health Project</b></p> <ul style="list-style-type: none"> <li>✓ Community-based settings</li> </ul>	<p><b>Cost:</b> \$370 (program package), \$220 (download); <a href="http://www.socio.com">www.socio.com</a></p> <p><b>Audience:</b> Adolescents age 12-17 (originally designed for those living in low income housing development)</p> <p><b>Main Message:</b> This HIV-prevention intervention is designed to reduce sexual activity, increase condom use and negotiation skills, and enable participants to reduce risky sexual behaviors. The program consists of adolescent and parent workshops, as well as a community-based teen leadership council.</p> <p><b>Length:</b> Teens: two 3-hour sessions followed 4 months later by two 90-120 minute sessions. Parents: One 90-minute session. Community leaders: weekly 90 minute meetings for 6 months.</p> <p><b>Components:</b> Adolescent workshops, formation of teen leadership council that organizes community activities, parent workshop.</p> <p><b>Evaluation Findings:</b> Compared to control group, increased abstinence and condom use.</p> <p><b>Information:</b> <a href="http://www.socio.com/passt25.php">http://www.socio.com/passt25.php</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/teen_health_project.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/teen_health_project.html</a></p>
<p><b>Teen Outreach Program™</b></p> <ul style="list-style-type: none"> <li>✓ School and community (integrated components; used in both middle and high schools)</li> </ul>	<p><b>Cost:</b> Program material available through the Wyman Center; facilitator certification and license fees required; estimated cost per student \$620; start up package: \$26,000.</p> <p><b>Audience:</b> Urban, suburban, and/or rural high school youth at risk of teen pregnancy, academic problems, and school drop-out; ages 12-18. Most effective with ethnic minority youth, adolescent mothers, and students with academic difficulties.</p> <p><b>Main Message:</b> This youth development program is designed to prevent adolescent problem behaviors by helping adolescents develop a positive self-image, effective life management skills, and achievable goals. Engages young people in a high level of community service learning that is closely linked to classroom-based discussions of future life options.</p> <p><b>Length:</b> Weekly classes and service learning project throughout the academic year</p> <p><b>Group Size:</b> Classroom</p> <p><b>Components:</b> Community service, classroom activities</p> <p><b>Evaluation Findings:</b> At program completion, participants had half the percentage of pregnancies as the control group.</p> <p><b>Information:</b> <a href="http://www.wymancenter.org/wyman_top.php">http://www.wymancenter.org/wyman_top.php</a> <a href="http://www.childtrends.org/Lifecourse/programs/TeenOutReachProgram.htm">http://www.childtrends.org/Lifecourse/programs/TeenOutReachProgram.htm</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/teen_outreach_program.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/teen_outreach_program.html</a></p>
<p><b>What Could You Do?</b></p> <ul style="list-style-type: none"> <li>✓ Clinics</li> <li>✓ Community-based settings</li> </ul>	<p><b>Cost:</b> \$198 (program package), \$120 (download)</p> <p><b>Audience:</b> Female high school students with previous sexual experience</p> <p><b>Main Message:</b> This interactive video intervention is aimed at increasing young women's ability to make less risky sexual health decisions. The video includes vignettes during which viewers are presented with specific options to choose from related to sexual behaviors.</p> <p><b>Length:</b> One session of approximately 45 minutes.</p> <p><b>Group Size:</b> Individual</p> <p><b>Components:</b> Interactive video</p> <p><b>Evaluation Findings:</b> At 3-month follow-up, increased abstinence; at 6-month follow-up, decreased positive STD diagnosis. (Note: in evaluation, initial session was followed by booster sessions at 1, 3, and 6 months.)</p> <p><b>Information:</b> <a href="http://www.socio.com/passt19.php">http://www.socio.com/passt19.php</a> HHS fact sheet: <a href="http://www.hhs.gov/ophs/oah/prevention/research/programs/what_could_you_do.html">http://www.hhs.gov/ophs/oah/prevention/research/programs/what_could_you_do.html</a></p>

**Programs by Setting, Audience, and Outcomes Achieved**

<b>PROGRAM SETTING – Some programs may be adapted to a different setting; some cannot</b>	
<b>Elementary School</b>	Raising Healthy Children
<b>Middle School</b>	Adult Identity Mentoring Be Proud! Be Responsible! Be Proud! Be Responsible! Be Protective! Becoming a Responsible Teen ¡Cúdate! Draw the Line/Respect the Line It's Your Game: Keep it Real Making a Difference! Making Proud Choices! Promoting Health Among Teens! (Abstinence-Only) Promoting Health Among Teens! (Comprehensive)
<b>High School</b>	Be Proud! Be Responsible! Be Proud! Be Responsible! Be Protective! Becoming a Responsible Teen ¡Cúdate! Promoting Health Among Teens! (Comprehensive) Reducing the Risk
<b>Community Settings</b>	Be Proud! Be Responsible! Becoming a Responsible Teen CAS-Carrera ¡Cúdate! FOCUS HORIZONS Making a Difference! Making Proud Choices! Project TALC Promoting Health Among Teens! (Abstinence-Only) Promoting Health Among Teens! (Comprehensive) Rikers Health Advocacy Program Safer Sex SiHLE Sisters Saving Sisters Teen Health Project What Could You Do?
<b>School Plus Community (Service-Learning)</b>	Aban Aya All4You! (alternative school) Teen Outreach Program™
<b>Clinics</b>	FOCUS HORIZONS Safer Sex SiHLE Sisters Saving Sisters What Could You Do?
<b>Residential Setting</b>	Assisting in Rehabilitating Kids HIV Risk Reduction Among Detained Adolescents Rikers Health Advocacy Program

<b>AUDIENCE</b>	
<b>GENDER: Some programs were designed for, or were effective with, only one gender</b>	
<b>Males only</b>	Aban Aya (effective with males; effects not shown for females) Draw the Line/Respect the Line (effective with males; effects not shown for females)
<b>Females only</b>	CAS-Carrera (effective with females; sexual health effects not shown for males) Be Proud! Be Responsible! Be Protective! (designed for females) FOCUS (designed for females) HORIZONS (designed for females) Safer Sex (designed for females) SiHLE (designed for females) Sisters Saving Sisters (designed for females) What Could You Do? (designed for females)
<b>Males and Females</b>	Adult Identity Mentoring All4You! Assisting in Rehabilitating Kids Be Proud! Be Responsible! (evaluated only with an all-male group; effects with females unknown) Becoming a Responsible Teen ¡Cúidate! HIV Risk Reduction Among Detained Adolescents (evaluated primarily with males) It's Your Game: Keep it Real Making a Difference! Making Proud Choices! Project TALC Promoting Health Among Teens! (Abstinence-Only) Promoting Health Among Teens! (Comprehensive) Raising Healthy Children Rikers Health Advocacy Program (evaluated with males only; single sex implementation recommended) Reducing the Risk Teen Health Project Teen Outreach Program™
<b>AGE: Do not implement a program for one age group with youth in another age group</b>	
<b>Elementary School</b>	Raising Healthy Children
<b>11-13 years old/ Grades 6-8</b>	Aban Aya Youth Project (grades 5-8) Adult Identity Mentoring CAS-Carrera (age 11-19) Draw the Line/Respect the Line It's Your Game: Keep it Real (grades 7-8) Making a Difference! Making Proud Choices! Project TALC (age 11-18) Promoting Health Among Teens! – Abstinence-Only (grades 6-7) Promoting Health Among Teens! – Comprehensive (age 13-18) Teen Health Project (age 12-17)

<p><b>14-19 years old/ Grades 9-12</b></p>	<p>All4You! Assisting in Rehabilitating Kids Be Proud! Be Responsible! (age 13-18) Be Proud! Be Responsible! Be Protective! Becoming a Responsible Teen CAS-Carrera (age 11-19) ¡Cuidate! (age 13-18) FOCUS (age 17-22) HIV Risk Reduction Among Detained Adolescents HORIZONS (age 15-21) Project TALC (age 11-18) Promoting Health Among Teens! – Comprehensive (age 13-18. However, note that this intervention was evaluated only with grades 6-7, mean age 12 years.) Reducing the Risk Safer Sex SiHLE Sisters Saving Sisters Teen Health Project (age 12-17) Teen Outreach Program™ What Could You Do?</p>
<p><b>RACE/ETHNICITY: Programs were specifically found effective with these populations but <u>may also be effective with others</u></b></p>	
<p><b>Effective with multiple racial/ethnic groups</b></p>	<p>All4You! Assisting in Rehabilitating Kids Be Proud! Be Responsible! Be Protective! (evaluated primarily with Latinas and African American females) CAS-Carrera (evaluated primarily with Latinos and African Americans) Draw the Line/Respect the Line FOCUS HIV Risk Reduction Among Detained Adolescents It's Your Game: Keep it Real (evaluated primarily with Latinos and African Americans) Project TALC (evaluated primarily with Latinos and African Americans) Raising Healthy Children Reducing the Risk Rikers Health Advocacy Program (evaluated primarily with Latinos and African Americans) Safer Sex Teen Health Project Teen Outreach Program™ What Could You Do?</p>
<p><b>Latino</b></p>	<p>¡Cuidate! (designed for Latino youth) Sisters Saving Sisters (designed for Latina and African American females)</p>

<b>African American</b>	<p>Aban Aya Youth Project (designed for African Americans)</p> <p>Adult Identity Mentoring (evaluated only with African Americans)</p> <p>Be Proud! Be Responsible! (evaluated only with African Americans)</p> <p>Becoming a Responsible Teen (evaluated only with African Americans)</p> <p>HORIZONS (designed for African American females)</p> <p>Making a Difference! (evaluated only with African Americans)</p> <p>Making Proud Choices! (evaluated only with African Americans)</p> <p>Promoting Health Among Teens! – Abstinence-Only (evaluated only with African Americans)</p> <p>Promoting Health Among Teens! – Comprehensive (evaluated only with African Americans)</p> <p>SiHLE (designed for African American females)</p> <p>Sisters Saving Sisters (designed for Latina and African American females)</p>
<b>SPECIAL POPULATIONS: Program designed for, or effective with, specific populations</b>	
<b>Alternative School/Youth At Risk for Academic Failure</b>	<p>All4You!</p> <p>Teen Outreach Program™</p>
<b>Youth with Substance Abuse Issues</b>	<p>Assisting in Rehabilitating Kids (ARK)</p>
<b>Youth in Juvenile Detention Settings</b>	<p>HIV Risk Reduction Among Detained Adolescents</p> <p>Rikers Health Advocacy Program</p>
<b>Pregnant and Parenting Teens</b>	<p>Teen Outreach Program™ (teen parents)</p> <p>Be Proud! Be Responsible! Be Protective! (pregnant/parenting females)</p>
<b>Adolescents Living with Parents with HIV</b>	<p>Project TALC</p>
<b>OUTCOMES ACHIEVED</b>	
<b>Sexual Behavior Change – Some behavior change was seen only initially, others at later intervals</b>	
<b>Delayed initiation of sex</b>	<p>Adult Identity Mentoring (19 week follow up; also 1-year follow-up males only)</p> <p>Becoming a Responsible Teen</p> <p>CAS-Carrera (3-year follow-up after start of program; girls only)</p> <p>Draw the Line/Respect the Line (boys only)</p> <p>It's Your Game: Keep it Real (24-month follow-up)</p> <p>Making a Difference! (3-month follow-up only; effect not seen at 6 and 12 months)</p> <p>Promoting Health Among Teens! – Abstinence-only (24-month follow-up)</p> <p>Raising Healthy Children (follow-up at age 18)</p> <p>Teen Health Project (12-18 month follow-up)</p>
<b>Increased condom use</b>	<p>Aban Aya Youth Project (boys only)</p> <p>All4You! (6-month follow-up)</p> <p>Assisting in Rehabilitating Kids</p> <p>Be Proud! Be Responsible! (3-month follow-up, males only)</p> <p>Becoming a Responsible Teen</p> <p>CAS-Carrera (girls only)</p> <p>¡Cuídate!</p> <p>HIV Risk Reduction Among Detained Adolescents</p> <p>HORIZONS</p> <p>Making Proud Choices! (3-, 6- and 12-month follow-ups)</p> <p>Reducing the Risk</p> <p>Rikers Health Advocacy Program</p> <p>SiHLE (12-month follow-up)</p> <p>Teen Health Project (12-18 month follow-up)</p> <p>What Could You Do? (3-month follow-up: fewer condom failures)</p>

<b>Increased contraceptive use</b>	CAS-Carrera (girls only) Reducing the Risk
<b>Reduced frequency of unprotected intercourse</b>	All4You! (6-month follow-up) Assisting in Rehabilitating Kids Be Proud! Be Responsible! (6-month follow-up) Becoming a Responsible Teen ¡Cuídate! Making Proud Choices! Reducing the Risk SiHLE (12-month follow-up) Sisters Saving Sisters (12-month follow-up)
<b>Reduced number of sexual partners</b>	Be Proud! Be Responsible! (3-month follow-up, males only, reduced number of female partners) Be Proud! Be Responsible! Be Protective! (6-month follow-up) ¡Cuídate! Draw the Line/Respect the Line (boys only) FOCUS Promoting Health Among Teens! – Comprehensive (24-month follow-up) Raising Healthy Children (follow-up at age 18, 21) Safer Sex (6-month follow-up) SiHLE (12-month follow-up) Sisters Saving Sisters (12-month follow-up)
<b>Reduced frequency of intercourse</b>	Aban Aya (males only) All4You! (6-month follow-up) Assisting in Rehabilitating Kids (6- and 12-month follow-ups) Becoming a Responsible Teen (12-month follow-up) ¡Cuídate! Draw the Line/Respect the Line (boys only) Making a Difference! (3-month follow-up only; effect disappeared at 6- and 12-month follow-ups) Promoting Health Among Teens! – Abstinence-only (24-month follow-up) What Could You Do? (3-month follow-up)
<b>Reduced teen pregnancy/parenthood</b>	CAS-Carrera (3-year follow-up after start of program, reduced teen pregnancy) Project TALC (4-year follow-up after start of program, reduced teen parenthood) Raising Healthy Children (follow-up at age 21, reduced pregnancy) Teen Outreach Program™ (fewer pregnancies during the program period/academic year)
<b>Reduced STDs</b>	FOCUS HORIZONS Raising Healthy Children (follow-up at age 24, 27) Sisters Saving Sisters (12-month follow-up) What Could You Do? (6-month follow-up)

**Attachment 4:**  
Data Sources (Internet)  
Component A

## Data Sources (Internet)

### Census

<http://factfinder.census.gov/home/saff/main.html?lang=en>

Enter city or ZIP code to create a community fact sheet drawn from census data: e.g., social, economic, housing, demographics and narrative (text profile with graphs).

### New York State Department of Health

<http://www.nyhealth.gov/>

### County Data:

Community Health Data

<http://www.nyhealth.gov/statistics/chac/chds.htm>

<http://www.nyhealth.gov/statistics/chac/chds.htm#sect>

Or by indicators

<http://www.nyhealth.gov/statistics/>

County Health Assessment Indicators (CHAI)

<http://www.nyhealth.gov/statistics/chac/chai/>

Sub County Data (under Vital Statistics)

[http://www.nyhealth.gov/nysdoh/vital\\_statistics/2007/](http://www.nyhealth.gov/nysdoh/vital_statistics/2007/)

City and Village Profiles - Selected Statistics for Cities and Villages over 10,000 Population, New York State 2007

Total Live Births by School District Area, New York State 2002-2007

Live Births by Minor Civil Division (villages and townships), 2002-2007

Asthma hospitalization and ED data by county and ZIP:

[http://www.nyhealth.gov/statistics/ny\\_asthma/](http://www.nyhealth.gov/statistics/ny_asthma/)

For hospitals and LHD's with access to HIN/HPN, perinatal indicators by county and ZIP are available: <https://commerce.health.state.ny.us/hpn/nyschds/pnw.htm>

### New York City Department of Health

Community Health Data (boroughs, neighborhoods, ZIP codes)

<http://www.nyc.gov/html/doh/html/community/community.shtml>

Epiquery (searchable data sets – neighborhoods, boroughs)

<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/>

### Department of Health and Human Services

Community Health Status Indicators Reports:

<http://communityhealth.hhs.gov/homepage.aspx?j=1>

### **OASAS**

County- specific substance use-related behaviors:

[http://www.oasas.state.ny.us/hps/datamart/prisms\\_home.cfm](http://www.oasas.state.ny.us/hps/datamart/prisms_home.cfm)

### **NYS Kid's Well-being Indicator Clearinghouse (KWIC)**

<http://www.nyskwic.org/>

Gathers and maps data by county in several life areas: economic security, physical and emotional health, education, citizenship, family and community.

Provides four region or thematic profiles for overall well being, child welfare, maternal/infant health and juvenile justice.

### **NYS Department of Education**

<http://www.emsc.nysed.gov/irts/reportcard/>

By districts – language arts, math, science, graduation, drop out, demographics, violent incidents, etc.

### **NYC Department of Education**

School data, school survey results by school, borough, ZIP code

<http://schools.nyc.gov/AboutUs/data/default.htm>

### **NYS Bureau of Refugee and Immigration Assistance**

<http://otda.state.ny.us/main/bria/>

Refugee and immigration data by county:

<http://otda.state.ny.us/main/bria/arrivaldata.htm>

Programs and directories:

<http://otda.state.ny.us/main/bria/programs/default.htm>

### **NYS Labor Department**

<http://www.labor.state.ny.us/>

Statistics: <http://www.labor.state.ny.us/workforceindustrydata/index.shtm>

Regional information: <http://www.labor.state.ny.us/>

WIA Information, boards: <http://www.labor.state.ny.us/workforcenypartners/lwia.shtm>

### **Youth Risk Behavior Survey**

[www.cdc.gov/HealthyYouth/states/ny.htm](http://www.cdc.gov/HealthyYouth/states/ny.htm)

Last year: 2009

Data available for NYS, NYS excluding NYC, NYC by borough

**Attachment 5:**  
Community Needs and Resources Assessment  
Component A

## Community Needs and Resources Assessment

Chinman, Imm and Wandersman. 2004. Getting to Outcomes.

[http://www.rand.org/pubs/technical\\_reports/TR101/index.html](http://www.rand.org/pubs/technical_reports/TR101/index.html)

Asset Based Community Development [www.abcdinstitute.org](http://www.abcdinstitute.org)

Discovering Community Power <http://www.abcdinstitute.org/docs/kelloggabcd.pdf>

### **Evidence Based Programming in Adolescent Pregnancy/STD and HIV Prevention**

Kirby, Douglas. 2007. Emerging Answers.

[http://www.thenationalcampaign.org/EA2007/EA2007\\_sum.pdf](http://www.thenationalcampaign.org/EA2007/EA2007_sum.pdf)

Kirby & Lepore. 2007. Sexual Risk & Protective Factors.

[http://www.thenationalcampaign.org/EA2007/protective\\_factors\\_SUM.pdf](http://www.thenationalcampaign.org/EA2007/protective_factors_SUM.pdf)

Advocates for Youth. Science and Success. 2008. Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infection.

<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>

What Works 2009. Curriculum Based Programs to Prevent Teen Pregnancy.

<http://www.thenationalcampaign.org/resources/effectiveprograms.aspx>

Kirby, Douglas. 2004. BDI Logic Models.

<http://www.etr.org/recapp/documents/BDLOGICMODEL20030924.pdf>

What Works, Wisconsin – Effective Prevention Programs for Children, Youth and Families.

<http://whatworks.uwex.edu>

This web site includes several fact sheets on evidence- based programming, definitions, fidelity and adaptation, cultural appropriateness, etc.

**Attachment 6:**  
Offering and Arranging Definition and Activities  
Component A

## Offering and Arranging Definition and Activities

CAPP projects provide a variety of services that are eligible for federal Medicaid matching funds. Eligible activities include, as defined in 18 NYCRR 505.13, “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 CAPP budget Table A-1 (see attachment). 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, PTAs, 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) and 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 CAPP program website aimed at teens, which include 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 evidence-based 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 CAPP 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.

**Attachment 7a:**  
Grant Application Checklist  
Component A

## Applicant Checklist

### Comprehensive Adolescent Pregnancy Prevention (CAPP) Community Based Initiative – Component A

- Grant Application Cover Page**
- Statement of Assurances**
- Project Summary**
- Organizational Experience and Capacity**
- Community Needs and Resources Assessment**
- Proposed Activities**
- Budget and Staffing Plan**
- Letter of Intent (non Article 28 applicants)**
- Letters of Support**
- Vendor Responsibility Questionnaire and/or Attestation**
- Organizational Chart**
- Subcontractor Organizations**

**Attachment 7b:**  
Grant Application Checklist  
Component B

## Applicant Checklist

### Improving Community Healthcare Services for Adolescents Initiative- Component B

- Grant Application Cover Page**
- Statement of Assurances**
- Project Summary**
- Organizational Experience and Capacity**
- Community Needs and Resources Assessment**
- Proposed Activities**
- Budget and Staffing Plan**
- Letters of Support**
- Vendor Responsibility Questionnaire and/or Attestation**
- Organizational Chart**
- Subcontractor Organizations**

**Attachment 8a:**  
Grant Application Cover Page  
Component A

<b>NEW YORK STATE DEPARTMENT OF HEALTH          COMMUNITY ADOLESCENT PREGNANCY PREVENTION COMMUNITY-BASED INITIATIVE          GRANT APPLICATION COVER PAGE</b>
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**APPLICANT INFORMATION**

**Applicant Organization/Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP code** \_\_\_\_\_

**County:** \_\_\_\_\_

**Federal Employers ID #:** \_\_\_\_\_ **Charities ID# (if applicable):** \_\_\_\_\_

**Type of Eligible Organization:** \_\_\_\_\_

**Name of Contact Person: (please circle) Dr. / Mr. /Mrs. /Ms.** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP code** \_\_\_\_\_

**Telephone:( )** \_\_\_\_\_ **Fax:( )** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**ZIP codes to be targeted for services:** \_\_\_\_\_

**ASHNI total for proposed project:** \_\_\_\_\_

**Current: APPS Provider** \_\_Yes \_\_No **CBAPP Provider:** \_\_Yes \_\_No

**List the name and address of any collaborating organizations, including Article 28 provider(s):**

Name	Address

**All Applicants: Amount of core funding requested:** \_\_\_\_\_.

**Article 28 Family Planning Applicants: Amount of additional funding requested in order to maximize the use of information communication technologies that are appropriate for adolescents'** \_\_\_\_\_.

**Attachment 8b:**  
Grant Application Cover Page  
Component B

**NEW YORK STATE DEPARTMENT OF HEALTH  
 Improving Community Healthcare Services for Adolescents Initiative  
 GRANT APPLICATION COVER PAGE**

**APPLICANT INFORMATION**

**Applicant Organization/Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP code** \_\_\_\_\_

**County:** \_\_\_\_\_

**Federal Employers ID #:** \_\_\_\_\_ **Charities ID# (if applicable):** \_\_\_\_\_

**Type of Eligible Organization:** \_\_\_\_\_

**Name of Contact Person: (please circle) Dr. / Mr. /Mrs. /Ms.** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP code** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**List the name and address of any collaborating organizations:**

Name	Address

**Amount of Funding Requested:** \_\_\_\_\_

**Attachment 9a:**  
Statement of Assurances  
Component A

**Comprehensive Adolescent Pregnancy Prevention Community-Based Initiative**

**To be eligible for approval to operate a Community Adolescent Pregnancy Prevention (CAPP) project, the Chief Executive Officer, or designee, of the applicant organization or 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 healthcare services to prevent pregnancies, STIs and HIV.
- Ensure that programming is held in fully accessible spaces and program modifications and accommodations for participants with disabilities are ascertained and provided.
- There will be a designated individual who will be responsible for CAPP administration, operation and oversight. This individual will be e-mail accessible and attend CAPP provider meetings along with other appropriate staff.
- Any changes in services, the designated contact person, staffing levels, space, or CAPP 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**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

**Attachment 9b:**  
Statement of Assurances  
Component B

**Improving Community Healthcare Services for Adolescents Initiative**

**To be eligible for approval to operate an Improving Community Healthcare Services for Adolescents Initiative, the Chief Executive Officer, or designee, of the applicant organization or 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.**

- There will be a designated individual who will be responsible for initiative administration, operation and oversight. This individual will be e-mail accessible and attend meetings with the Department of Health along with other appropriate staff.
- Ensure that programming is held in fully accessible spaces and program modifications and accommodations for participants with disabilities are ascertained and provided.
- Any changes in services, the designated contact person 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**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

**Attachment 10a:**  
Budget Forms  
Component A

**Attachment #10a**  
**Comprehensive Adolescent Pregnancy Prevention**  
**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 are generally no more than 10% cost allocation of your budget and must be identified and shown in line item detail, not as a percentage of total costs and directly related to project activities. Any administrative costs larger than 10% should be fully explained in the budget justification section. **Indirect costs applied as a percentage may not be charged to NYS.**

**Budget Instructions**

The budget should reflect all costs and funding for the CAPP 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.

**Line 1:** Enter appropriate amounts from the detailed personal services budget page.

**Line 2:** Enter appropriate amounts from the detailed non-personal services budget page.

**Grand Total:** Reflect the totals of Line 1 and Line 2 above.

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

Complete the enclosed Compressed Sub Contractor Budget and Compressed Sub Contractor Budget Justification Attachment for each CAPP subcontractor. This information is to be summarized on the lead agency's budget Table A-2 as a single line item. Submit each CAPP 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 CAPP 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 CAPP. 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 12 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		9		100%	\$22,500
Health Educator	\$35,000		3		100%	\$8,750

- In column 3, show the number of months out of 12 worked for each title. (If an employee works 9 months out of 12, then 9 months/12 month =.75 This ratio is part of the Total Expense calculation below.)
- In column 4, the proportion of time spent on the CAPP 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 CAPP 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/12 (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 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 CAPP 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.**

"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 CAPP 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.

- In the top row of the heading, fill in the applicant name.
- In the first column, enter **all non-personal service line items** connected with CAPP. Include all items, regardless of funding source. Some examples of non-personal service items include (but are not limited to): Individual Subcontractors, Audit, Payroll Processing, PerDiem Staff, Equipment, Office Supplies, Program Supplies, Food/Refreshments, Staff Development Trainings, Participant Travel, Staff Travel, Advertising, Maintenance and Operations, and Media Development. Each line item must be easily identifiable, "Other" and "Misc" are not allowable line items.
- In columns 1 through 5 for each line item, 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.

### **TABLE A-3 Nonpersonal Service (NPS) "Offering and Arranging" Activities Detail**

- In the top row of the heading, fill in the applicant name.
- **TOTAL PS:** In the Total P/S row refer to the detailed budget request for personal services Table A-1. Transfer the Corresponding amounts from the Total PS row.
- **TOTAL Nonpersonal Services:** In the Total NPS row refer to the detailed budget request for

non-personal services Table A-2. Transfer the Corresponding amounts from the Total NPS 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 CAPP 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.

### **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.

Examples of detail to provide are:

**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. Specify which staff will use the equipment.

**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.)

Conference Attendance – 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.)

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.

**NYSDOH Comprehensive Adolescent Pregnancy Prevention  
1/01/2011 - 12/31/2011**

**Name and Address of Contractor:**

**Employer's Identification Number (Federal ID #):**

**NYS Charity Registration Number:** \_\_\_\_\_

**Zip Codes Served:** \_\_\_\_\_

**School Program Locations:** \_\_\_\_\_

<b>Program Director</b>	<b>Program Coordinator</b>	<b>Fiscal Contact</b>
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Title:</b>	<b>Title:</b>	<b>Title:</b>
<b>Address (if different from above):</b>	<b>Address (if different from above):</b>	<b>Address (if different from above):</b>
<b>Office Telephone Number:</b>	<b>Office Telephone Number:</b>	<b>Office Telephone Number:</b>
<b>Office Fax Number:</b>	<b>Office Fax Number:</b>	<b>Office Fax Number:</b>
<b>E-mail address:</b>	<b>E-mail address:</b>	<b>E-mail address:</b>

**List Subcontract Agencies by Official Business Name:**


**Attachment 10a**  
**NYSDOH Comprehensive Adolescent Pregnancy Prevention**  
**TABLE A**  
**SUMMARY BUDGET REQUEST**  
**1/01/2011 - 12/31/2011**

**Applicant:**

Page \_\_\_ of \_\_\_

	Total Expense 1	Other Sources of Funds 2	Amount Requested From NYS 3
<b>1. PERSONAL SERVICE</b>			
Subtotal			
Personal Services (Totals only from Table A-1)			
Personal Services			
<b>2. NONPERSONAL SERVICE</b>			
Subtotal			
Nonpersonal Services (Totals only from Table A-2)			
Non Personal Services			
<b>3. Grand Total</b>			
<b>4. OTHER SOURCES OF FUNDS DETAIL</b>			
<b>a. Applicant</b> (Lead agency)			
<b>i. Unrestricted Funds</b>			
<b>ii. In-Kind Contributions</b>			
<b>b. CBAPP Coalition Members</b> (Subcontractors)			
<b>i. Unrestricted Funds</b>			
<b>ii. In-Kind Contributions</b>			
<b>c. Other Grant Funds</b>			
<b>d. Total Other Sources of Funds</b>			0
<small>(must equal Column 2, Grand Total, above)</small>			

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Attachment 10a Page \_\_\_ of \_\_\_  
 NYSDOH Comprehensive Adolescent Pregnancy Prevention  
 FORM B-2  
 BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT  
 FRINGE BENEFITS

**Applicant:**  
**1/01/2011 - 12/31/2011**

**FRINGE BENEFITS**

Component	Rate
FICA	
Health/Life Insurance	
Unemployment Insurance	
Disability Insurance	
Worker's Compensation	
Retirement	
<b>TOTAL FRINGE BENEFIT RATE*</b>	0.00%

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

Attachment 10a  
NYSDOH Comprehensive Adolescent Pregnancy Prevention  
FORM B-3

**BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT  
NONPERSONAL SERVICES**

**Applicant:**  
1/01/2011 - 12/31/2011

**NONPERSONAL SERVICES**

Item	Total Expense	Description





**Attachment 10b:**  
Budget Forms  
Component B

**Attachment #10b**  
**Comprehensive Adolescent Pregnancy Prevention**  
**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 are generally no more than 10% cost allocation of your budget and must be identified and shown in line item detail, not as a percentage of total costs and directly related to project activities. Any administrative costs larger than 10% should be fully explained in the budget justification section. **Indirect costs applied as a percentage may not be charged to NYS.**

**Budget Instructions**

The budget should reflect all costs and funding for the CAPP 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.

**Line 1:** Enter appropriate amounts from the detailed personal services budget page.

**Line 2:** Enter appropriate amounts from the detailed non-personal services budget page.

**Grand Total:** Reflect the totals of Line 1 and Line 2 above.

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

Complete the enclosed Compressed Sub Contractor Budget and Compressed Sub Contractor Budget Justification Attachment for each CAPP subcontractor. This information is to be summarized on the lead agency's budget Table A-2 as a single line item. Submit each CAPP 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 CAPP 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 CAPP. 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 12 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		9		100%	\$22,500
Health Educator	\$35,000		3		100%	\$8,750

- In column 3, show the number of months out of 12 worked for each title. (If an employee works 9 months out of 12, then 9 months/12 month =.75 This ratio is part of the Total Expense calculation below.)
- In column 4, the proportion of time spent on the CAPP 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 CAPP given a 40 hour work week =10/40=.25(show in decimal form).
- In column 5, enter the total amount required for each position using the following formula:

Annual Salary X (Column 2)	Number of Months/12 (Column 3)	X	%FTE = (Column 4)	Total Expense (Column 5)
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- In column 6, 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 7, enter the amount of funding requested from the State.

- The sum of columns 6 and 7 must equal the amount in column 5.
- **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.

### **TABLE A-2: Detailed Nonpersonal Services Budget Request**

All NPS expenses for the CAPP 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.

- In the top row of the heading, fill in the applicant name.
- In the first column, enter **all non-personal service line items** connected with CAPP. Include all items, regardless of funding source. Some examples of non-personal service items include (but are not limited to): Individual Subcontractors, Audit, Payroll Processing, PerDiem Staff, Equipment, Office Supplies, Program Supplies, Food/Refreshments, Staff Development Trainings, Participant Travel, Staff Travel, Advertising, Maintenance and Operations, and Media Development. Each line item must be easily identifiable, “Other” and “Misc” are not allowable line items.
- In column 2, 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 3, enter the amount of funding requested from the State.
- The sum of columns 2 and 3 must equal the amount in column 1.

### **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 CAPP 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.

#### **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.

Examples of detail to provide are:

**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. Specify which staff will use the equipment.

**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.)

**Conference Attendance** – 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.)

**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.

**NYSDOH Comprehensive Adolescent Pregnancy Prevention  
1/01/2011 - 12/31/2011**

**Name and Address of Contractor:**

**Employer's Identification Number (Federal ID #):**

**NYS Charity Registration Number:** \_\_\_\_\_

**Zip Codes Served:** \_\_\_\_\_

**School Program Locations:** \_\_\_\_\_

<b>Program Director</b>	<b>Program Coordinator</b>	<b>Fiscal Contact</b>
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Title:</b>	<b>Title:</b>	<b>Title:</b>
<b>Address (if different from above):</b>	<b>Address (if different from above):</b>	<b>Address (if different from above):</b>
<b>Office Telephone Number:</b>	<b>Office Telephone Number:</b>	<b>Office Telephone Number:</b>
<b>Office Fax Number:</b>	<b>Office Fax Number:</b>	<b>Office Fax Number:</b>
<b>E-mail address:</b>	<b>E-mail address:</b>	<b>E-mail address:</b>

**List Subcontract Agencies by Official Business Name:**


**Attachment 10b**  
**NYSDOH Comprehensive Adolescent Pregnancy Prevention**  
**TABLE A**  
**SUMMARY BUDGET REQUEST**  
**1/01/2011 - 12/31/2011**

**Applicant:**

Page \_\_\_ of \_\_\_

	Total Expense 1	Other Sources of Funds 2	Amount Requested From NYS 3
<b>1. PERSONAL SERVICE</b>			
Subtotal			
Personal Services (Totals only from Table A-1)			
Personal Services			
<b>2. NONPERSONAL SERVICE</b>			
Subtotal			
Nonpersonal Services (Totals only from Table A-2)			
Non Personal Services			
<b>3. Grand Total</b>			
<b>4. OTHER SOURCES OF FUNDS DETAIL</b>			
<b>a. Applicant</b> (Lead agency)			
<b>i. Unrestricted Funds</b>			
<b>ii. In-Kind Contributions</b>			
<b>b. CBAPP Coalition Members</b> (Subcontractors)			
<b>i. Unrestricted Funds</b>			
<b>ii. In-Kind Contributions</b>			
<b>c. Other Grant Funds</b>			
<b>d. Total Other Sources of Funds</b>			0
<small>(must equal Column 2, Grand Total, above)</small>			

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Attachment 10b Page \_\_\_ of \_\_\_  
 NYSDOH Comprehensive Adolescent Pregnancy Prevention  
 FORM B-2  
 BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT  
 FRINGE BENEFITS

**Applicant:**  
**1/01/2011 - 12/31/2011**

**FRINGE BENEFITS**

Component	Rate
FICA	
Health/Life Insurance	
Unemployment Insurance	
Disability Insurance	
Worker's Compensation	
Retirement	
<b>TOTAL FRINGE BENEFIT RATE*</b>	0.00%

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

Attachment 10b  
NYSDOH Comprehensive Adolescent Pregnancy Prevention  
FORM B-3

**BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT  
NONPERSONAL SERVICES**

**Applicant:**  
1/01/2011 - 12/31/2011

**NONPERSONAL SERVICES**

Item	Total Expense	Description





# **Attachment 11:**

Instructions for Vendor Responsibility Alternate Format  
Questionnaires

Component A and Component B

# **Attachment 11a:**

NYS Vendor Responsibility Definitions List  
Component A and Component B

# **Attachment 11b**

NYS Vendor Responsibility Questionnaire  
Component A and Component B

**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		
<b>Authorized Contact for this Questionnaire</b>				
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	
<b>1.0 Business Entity Type – Please check appropriate box and provide additional information:</b>	
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**

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

**II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS**

<b>2.0 Does the Business Entity have any Affiliates? Attach additional pages if necessary (If no proceed to section III)</b>		<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):		
<b>Are there any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate?</b>		<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**

<b>III. CONTRACT HISTORY</b>	
<b>3.0</b> 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

<b>IV. INTEGRITY – CONTRACT BIDDING</b>	
Within the past five (5) years, has the Business Entity or any Affiliate	
<b>4.0</b> been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.1</b> been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.2</b> 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
<b>4.3</b> agreed to a voluntary exclusion from bidding/contracting with a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.4</b> 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.	

<b>V. INTEGRITY – CONTRACT AWARD</b>	
Within the past five (5) years, has the Business Entity or any Affiliate	
<b>5.0</b> been suspended, cancelled or terminated for cause on any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.1</b> 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
<b>5.2</b> 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.	

<b>VI. CERTIFICATIONS/LICENSES</b>	
<b>6.0</b> 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.	

<b>VII. LEGAL PROCEEDINGS</b>	
Within the past five (5) years, has the Business Entity or any Affiliate	
<b>7.0</b> 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
<b>7.1</b> 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
<b>7.2</b> 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**

<b>VII. LEGAL PROCEEDINGS</b>	
<b>Within the past five (5) years, has the Business Entity or any Affiliate</b>	
<b>7.3 had any New York State Labor Law violation deemed willful?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7.5 other than the previously disclosed:</b> (i) <b>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</b> (ii) <b>Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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.</b>	

<b>VIII. LEADERSHIP INTEGRITY</b>	
<b>Note: If the Business Entity is a Joint Venture, answer 'N/A- Not Applicable' to questions 8.0 through 8.4.</b>	
<b>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</b>	
<b>8.0 a sanction imposed relative to any business or professional permit and/or license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.1 an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.3 a misdemeanor or felony charge, indictment or conviction for:</b> (i) <b>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</b> (ii) <b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>8.4 a debarment from any government contracting process?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>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.</b>	

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

<b>IX. FINANCIAL AND ORGANIZATIONAL CAPACITY</b>	
<b>9.0</b> 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.	
<b>9.1</b> 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.	
<b>9.2</b> 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.	
<b>9.3</b> 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.	
<b>9.4</b> 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.	
<b>9.5</b> 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.	
<b>9.6</b> 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**

<b>X. FREEDOM OF INFORMATION LAW (FOIL)</b>	
<b>10.0</b> 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: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State contracting entities in making responsibility determinations regarding an award of a contract or approval of a subcontract; (2) recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or subcontract; (3) acknowledges that the New York State contracting entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (4) acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding of non-responsibility, contract suspension or 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 questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her 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 the information disclosed in the 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 New York State contracting entities or OSC 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

**Attachment 11c:**  
Vendor Responsibility Attestation  
Component A and Component B

## 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 12:**  
Grant Contract (Standard)  
Component A and Component B

# GRANT CONTRACT (STANDARD)

Attachment 12

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
	.	
MUNICIPALITY NO. (if applicable):	.	FROM:
	.	
	.	TO:
	.	
CHARITIES REGISTRATION NUMBER:	.	FUNDING AMOUNT FOR INITIAL PERIOD:
__ __ - __ __ - __ __ or ( ) EXEMPT:	.	
(If EXEMPT, indicate basis for exemption):	.	
	.	
	.	MULTI-YEAR TERM (if applicable):
	.	FROM:
	.	TO:
CONTRACTOR HAS( ) HAS NOT( ) TIMELY FILED WITH THE ATTORNEY GENERAL'S 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 _____	_____



# 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.

APPENDIX A-1  
(REV 10/08)

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.
    - i. If the contract is funded from federal funds, and the CONTRACTOR spends more than \$500,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.
    - ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$500,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.
  - d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:
    - i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.
    - ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.
    - iii. If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports have been submitted.
4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.
- a. LOBBYING CERTIFICATION
    - 1) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.

- 2) The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101-121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 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 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:

- ❶ 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
- ❶ 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:

- ❶ the end of the first monthly/quarterly period of this AGREEMENT; or
- ❶ 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.

## APPENDIX D

### 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.

Agency Code 12000  
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 13a:**  
Work Plan  
Component A

**Component A: Comprehensive Adolescent Pregnancy Prevention (CAPP) Community Based Initiative Attachment 13a  
Work Plan Implementation Worksheet**

**Contract Year** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**GOAL 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.**

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD <b>(PROCESS)</b>	EVALUATION METHOD <b>(OUTCOME)</b>
	<p>Total Unduplicated Youth to be Served Through this Goal: _____</p>			<p>Individual projects will be expected to submit their process and outcomes evaluation(s) to the NYS DOH during the contract implementation process.</p>	<p>Individual projects will be expected to submit their process and outcomes evaluation(s) to the NYS DOH during the contract implementation process.</p>

**GOAL 2: Ensure access to comprehensive reproductive health care and family planning services for teens to prevent pregnancies, sexually transmitted diseases (STDs), and HIV/AIDS.**

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
	<p>Total Unduplicated Youth to be Served Through this Goal:_____</p>			<p>Individual projects will be expected to submit their process and outcomes evaluation(s) to the NYS DOH during the contract implementation process.</p>	<p>Individual projects will be expected to submit their process and outcomes evaluation(s) to the NYS DOH during the contract implementation process.</p>

**GOAL 3: Expand educational, social and recreational, vocational and economic opportunities for teens including high risk and disconnected youth to provide alternatives to sexual activity and to develop skills that can support a successful transition into healthy young adulthood.**

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
	<p>Total # of Education Efforts Through This Goal: _____</p>			<p>Individual projects will be expected to submit their process and outcomes evaluation(s) to the NYS DOH during the contract implementation process.</p>	<p>Individual projects will be expected to submit their process and outcomes evaluation(s) to the NYS DOH during the contract implementation process.</p>

**GOAL 4: Advance a comprehensive and sustainable local community effort to improve the community environment for adolescents, reduce initial and subsequent adolescent pregnancy, STDs, and HIV/AIDS rates and reduce health disparities related to race, ethnicity, socioeconomic status and geography.**

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)
	<p>Total # of Education Efforts Through This Goal: _____</p>			<p>Individual projects will be expected to submit their process and outcomes evaluation(s) to the NYS DOH during the contract implementation process.</p>	<p>Individual projects will be expected to submit their process and outcomes evaluation(s) to the NYS DOH during the contract implementation process.</p>

**Attachment 13b:**  
Work Plan  
Component B

**Work Plan Implementation Worksheet**

**Contract Year** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Strategy 1: Identify professional development and technical assistance needs of community healthcare providers related to emerging adolescent health issues.**

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)

**Contractor:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Strategy 2: Develop mechanisms to disseminate educational opportunities that will effectively increase the capacity of community healthcare providers who serve adolescents in primary and specialty care settings.**

OBJECTIVE	SPECIFIC ACTIVITIES	TIME FRAME	PERSON RESPONSIBLE	EVALUATION METHOD (PROCESS)	EVALUATION METHOD (OUTCOME)

## **Attachment 14:**

Registration for Applicant Conference  
Component A and Component B

**REGISTRATION FOR APPLICANT CONFERENCE CALL**

**Comprehensive Adolescent Pregnancy Prevention (CAPP)**

New York State Department of Health  
**Bureau of Maternal and Child Health**

\_\_\_\_\_/we intend to participate in the applicants' conference call for the Request for Applications (RFA) for CAPP on October 1, 2010.

Agency/Individual applicant(s): \_\_\_\_\_

Address (es): \_\_\_\_\_

Title(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please submit the **Registration for Applicants** by September 30, 2010 to:

**Carolyn Perry**  
**Bureau of Child and Adolescent Health**  
**NYS Department of Health**  
**Corning Tower, Room 1805**  
**Albany, NY 12237-0618**  
**Telephone No.: (518) 473-6172**  
[capp@health.state.ny.us](mailto:capp@health.state.ny.us)

**\*Note: E-mail responses must contain all of the above information.**

**Attachment 15:**  
Letter of Interest  
Component A and Component B

## Letter of Interest

Insert on Agency Letterhead

Carolyn Perry  
Bureau Maternal and Child Health  
New York State Department of Health  
Corning Tower Building, Room 208  
Empire State Plaza  
Albany, NY 12237-0618

Re: CAPP RFA

Dear Mrs. Perry:

This is a letter of interest to request that our organization automatically receive written responses to questions and answers, and any updates or modifications to this RFA.

We understand that this letter needs to be received by the DOH Bureau of Maternal and Child Health by 5:00 p.m. on September 30, 2010 in order to automatically receive written responses to questions and answers, and any updates or modifications to this RFA.

Sincerely,

---

Name of Agency Representative

---

Title

---

Address

---

Telephone/Fax

---

Email

**Attachment 16:**  
Positive Youth Development Philosophy

## What is Positive Youth Development ?

Positive youth development is defined as the philosophy that guides how we organize supports, networks, and opportunities for young people within a community to enable them to develop to their full potential. This philosophy embraces six key principles:

- *Focus on positive youth outcomes*: Shifting from a reactive approach of preventing problem behavior to a proactive approach of preparing young people for adulthood by building on their strengths and developing skills and values. What do young people need to become productive, healthy, and happy adults? Positive outcomes include competencies (i.e., social, emotional, vocational, academic), self-confidence, connectedness (attachment to community, family, friends), character, compassion, and contribution.
- *Youth involvement/voice*: Youth should as much as possible participate in planning and decision-making. We need to identify and develop meaningful roles for young people in the community that encourage their active participation.
- *Inclusiveness*: Youth development strategies are generally provided to all young people. This does not mean that young people with greater needs do not receive additional support. There is a need to blend universal approaches with approaches that are targeting youth facing extra challenges.
- *Long-term involvement*: Opportunities, services, and programs have to be available for a long period of time to be effective. They have to accompany young people throughout their growing up years and reflect their changing developmental needs.
- *Community involvement*: It is important to engage the larger social environment that influences how young people grow up and develop. This includes family and friends, but also the community in which they live. Community is more than social service and youth organizations, schools, law enforcement agencies; it involves business, faith and civic groups, and private citizens who are not attached to any organization.
- *Collaboration*: Youth development requires people from various agencies and community groups to work together. Collaboration can express itself in different forms e.g., agencies coming together to write a grant proposal to community groups forming a coalition to achieve one common goal by sharing resources and expertise.

Karen Pittman (1996) relates youth development to public health, which deals with prevention at three levels: treating those who already have the problem (treatment or tertiary prevention); reducing the risks among those most likely to have the problem (secondary prevention in high-risk groups); and trying to reduce the likelihood that others will encounter the problem, usually through education (primary prevention). She points to the limitations of this approach when applied to complex youth issues such as violence, unemployment, and early pregnancy and advocates instead for an approach that builds on strengths to help youth achieve their potential rather than avoid problems. The slogan capturing this approach is, “Problem free is not fully prepared.” The focus on development of programs, policies, and research agendas designed to promote positive outcomes, or what might be termed thriving behavior, is the core tenet of the youth development approach.