**Table 1: Agency and Contact Information**

|  |  |
| --- | --- |
| Agency Name: |  |
| Service Area: |  |
| Projected number of youth to be served in FY18:  In-school High School (s)  In-school Middle School/Elementary/Junior High: Community-based Setting:  Total: |  |
| Executive Director and/or President:  Address:  Phone:  Fax:  Email: |  |
| Fiscal Contact:  Address:  Phone:  Fax:  Email: |  |
| OAH-Tier B Project Coordinator:  Address:  Phone:  Fax:  Email: |  |

**Table 2: Schools in/Serving Youth from the Service Area**

List all of the schools that serving students in your service area, those schools that are physically located in the municipality and those schools that are not in the municipality, but serve student from the community. For each school, indicate if your agency has an agreement in place to implement evidence-based curriculum services in FY18 with at least 1 grade level.

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** | **City** | **Grades Housed in School (e.g., 7-8th grades)** | **Agreement in place for the delivery of evidence-based curriculum services in FY18?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**For those schools that have not agreed to the delivery of evidence-based curriculum services, outline your recruitment strategies for securing their commitment including the representatives you will be meeting with, if known, and timeline.**

|  |
| --- |
|  |

**Table 3: OAH-Tier 1B Staffing**

|  |  |  |
| --- | --- | --- |
| **Name of Staff Member** | **Percent of FTE** | **Has the staff member received formal training in the selected evidence-based curriculum?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Teen Pregnancy Prevention Education**

**Table 4: School/Location Information**

Please complete the following table for each school/location your agency intends on providing curriculum-based services over the next fiscal year. If you are serving multiple schools/locations, please insert additional rows as needed. Please report the following for each school/location:

1. Location – This should be the name of the school and/or community-based site where the curriculum is being implemented.
2. City/County – Enter the name of the city and county where the school and/or community-based site is located.
3. Grade(s) Targeted – Enter the grade level(s) of the students you intend to target
4. Curriculum - Please enter the name of the curriculum you are using.
5. Number of cycles: Please enter the total number of cycles or classrooms you expect to serve over the fiscal year at this school/location.
6. Number of youth to be served: Please enter the number of youth to be served at this school/location over the fiscal year. This should be an unduplicated number, so only those youth receiving curriculum sessions should be included.
7. Signed Agreement with School – Please indicate with a “yes” or a “no” whether you have a signed memorandum of agreement or linkage agreement with the school.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School Name and/or Community-based Setting | City | Grade(s) Targeted | Curriculum including Edition, if applicable | Total Number of Projected Cycles | Total Number of Projected Youth | Projected Month/Year of the Delivery of the First Cycle |
|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Table 5: Curriculum Implementation Information**

Please complete the following table for the entire fiscal year. Include information for each school/location and curriculum you plan to provide throughout the upcoming year (i.e., if you are doing 1 curriculum at 3 schools, you will have three rows; if you are doing 2 curricula at one school, you would have 2 rows, etc.). If you need additional rows, please copy and paste new rows to the bottom of the table. Name of School and/or Community-based Setting/Location: Please enter the name of the school and/or community-based setting/location for which the row of information applies.

1. Curriculum – Please enter the name of the curriculum you are using.
2. Number of Classes per Grade: Please enter the number of classes you project to serve for each grade. For example, if there are 3 sixth grade classes that you will be delivering the curriculum with at this location, you would insert 6th Grade (3). If there is only one 6th grade class, you would enter 6th Grade (1).
3. Frequency of Sessions – Please enter how frequently you will be providing sessions (i.e., once per week, twice per week, etc.)
4. Total # of Sessions – Please list the total number of sessions you plan to implement with each cohort at this location (i.e., 8 sessions for each class = enter “8” in the corresponding row).
5. Length of Each Session – Please enter the total number of minutes for each session you will deliver. This is the same as the total class time each session, regardless of curriculum content covered. For example, if you have a 90 minute class time and will do 2 modules in that 90 minute period, you would enter 90 minutes in this column
6. Total Number of Minutes per Cycle – Please enter the total number of minutes that each cycle will receive of this curriculum. Calculate this by multiplying the response from Column E by the response from Column F.
7. Total Number of Minutes Required by Curriculum Developers – Please enter the dosage by minutes that are required by the developers of the chosen curriculum.
8. Adaptations Planned? – Please enter Yes or No as to whether the curriculum will require adaptations to delivery or content. See Table 6 to enter any adaptations.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. Name of School/Community-based Setting and Location | B. Curriculum Name | C. Number of Classes per Grade | D. Frequency of Sessions | E. Total # of Sessions per Cycles | F. Length  of Each Session  (in minutes) | G. Total Number of Minutes per Cycle | H. Total Number of Minutes Required by Curriculum Developers | I. Adaptations Planned? (Yes/No) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Curriculum Adaptations**

If your agency is proposing any adaptations, you will need to complete this form. If the proposed adaptations will be implemented across all schools/locations, please put “All” next to School/Location. If the adaptation is unique to one school/location, please list the name of the school/location. Replicate this form as many times as needed to provide information about each proposed adaptation. **NOTE: All adaptations must be approved before implementing.**

**Table 6: Curriculum or Content Adaptations**

Name of the Curriculum: School/Location:

|  |  |  |
| --- | --- | --- |
| Are you changing any of the following aspects of the curriculum… | Yes/No | If yes, provide additional information/rationale about the proposed adaptation |
| Setting? | Choose an item. |  |
| Length of session? | Choose an item. |  |
| Number of sessions? | Choose an item. |  |
| Facilitator? | Choose an item. |  |
| Grade levels/age groups? | Choose an item. |  |
| Race/ethnicity? | Choose an item. |  |
| Adding Content to a Session? | Choose an item. |  |
| Removing Content from a Session? | Choose an item. |  |
| Changing Content in a Session? | Choose an item. |  |

**Coalition Information**

Please complete the following questions for the entire fiscal year. Include information on the representation from all sectors of your community, including, at a minimum, parents, youth, educators, health care, family support/social service organizations, etc.

1. Name of Coalition or Sub-committee: Choose an item.
2. Name of Coalition or Sub-committee:
3. What community served by this coalition?
4. Describe the efforts you will take to maximize all resources within your community:
   1. Community education (educating community stakeholders) Restorative Justice Training
   2. Networking to reach the target population: Participating in other coalitions/promotional items
   3. Referral for services: Use of an update resource guide/mobile app.
   4. Consultation regarding program implementation effectiveness: student post surveys/survey monkey
   5. Sharing results (implementation and outcomes) Sharing data with our partners and CAG members monthly
5. Please provide the names of the participants and the sectors the participants represent in Table 9 below.

**Table 7: Coalition Members and Sector Representation**

|  |  |
| --- | --- |
| **Name** | **Sector Represented** |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |

Describe the activities you plan to conduct with your coalition throughout the fiscal year in the box below.

|  |
| --- |
|  |

**Strategic Communication Activities**

**Table 8: Strategic Communication Activities**

Describe the strategic communication activities your agency plans to deliver throughout the fiscal year in the box below.

|  |
| --- |
|  |