

ILLINOIS DEPARTMENT OF HUMAN SERVICES
Division of Family and Community Services
Bureau of Positive Youth Development

FY 2020 Continuation Funding Notice

**Personal Responsibility Education Program (PREP)
Continuation Funding Notice**

Due Date
April 3, 2019
12:00 PM

The Department is seeking Continuation Applications from organizations currently receiving funding under Funding Opportunity #19-444-80-0687 through the Illinois Department of Human Services, Division of Family and Community Services for the implementation of the PREP.

Please send any questions regarding this continuation application to

DHS.YouthPrevention@Illinois.Gov

The subject line of your e-mail must include the name of your agency (or acronym) and
“PREP FUNDING NOTICE – Mary White”

SECTION I

The following section provides Eligibility and Funding Information & Requirements for the PREP Continuation Application.

A. Eligibility Information

1. Eligible Applicants

This Continuation Application is limited to those public or private, not-for-profit community-based agencies who received an award from the Illinois Department of Human Services, Division of Family and Community Services for the implementation of the Personal Responsibility Education Program (PREP) pursuant to DHS Funding Notice (#19-444-80-0687) AND continue to meet the additional eligibility criteria below. Failure to provide the requested information as outlined herein to demonstrate these criteria are met will result in the application being removed from funding consideration.

2. Pre-Qualification

Applicant entities will not be eligible to apply for a grant award until they have pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, www.grants.illinois.gov Grantee Links tab. Registration and pre-qualification are required annually. During pre-qualification, verifications are performed including a check of federal Debarred and Suspended status on the Illinois Stop Payment List and good standing with the Secretary of State. An automated email notification is sent to the entity alerting them of “qualified” status or providing information about how to remediate a negative verification (e.g., inactive DUNS, not in good standing with the Secretary of State). A federal Debarred and Suspended status cannot be remediated. The pre-qualification process also includes a financial and administrative risk assessment utilizing an Internal Controls Questionnaire. A Programmatic Risk Assessment must also be completed for each separate grant for which an applicant intends to apply. Applicants must be pre-qualified, therefore, applications from entities that have not completed the GATA pre-qualification process prior to the due date of this application will NOT be reviewed and will NOT be considered for funding. **A screenshot or statement indicating the applicants has completed Pre-Qualification steps and is currently Pre-Qualified will be required with the application.**

The Provider’s proposed budget must be entered into the CSA system. The completed budget must be electronically signed and submitted in the CSA system, and a printed copy of the signed and submitted budget must be included with the application. To do this, the following is required: at a minimum, the applicant agency’s Chief Executive Officer (CEO) or equivalent, or the Chief Financial Officer (CFO) or equivalent must be registered in the CSA system to electronically sign the required budget documents prior to submission. Budgets not submitted as described here and by the due date and time will **not** be considered.

For more information about submitting a budget in the CSA system, refer to **Appendix 2** and also see: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManual_Revision_3_28_18.pdf.

3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM)

Each applicant is required to:

- A. Be registered in SAM before submitting the application. The following link provides a connection for SAM registration: <https://governmentcontractregistration.com/sam-registration.asp>;
- B. provide a valid DUNS number in its application; and
- C. continue to maintain an active SAM registration with current information at all times in which the applicant has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency.

DHS may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time DHS is ready to make the award, DHS may determine that the applicant is not qualified to receive the award and use that determination as a basis for making the award to another applicant.

4. **Mandatory Requirements of Applicant**

The Mandatory Requirements are essential items that must be met by the Applicant. If any Mandatory Requirement is not met, the responding Applicant's entire proposal will not be considered. DHS is not obligated to make an award to any applicant that fails to meet all mandatory requirements.

- A. **The provider must be in a position to begin providing services on July 1, 2019.**
- B. **Technology:** Agencies awarded funds through this funding notice must have a computer that meets the following minimum specifications for the purpose of receipt/submission of electronic program and fiscal information:
 - Internet access, preferably high-speed
 - Email capability
 - Microsoft Excel
 - Microsoft Word
 - Adobe Reader
- C. **State and Federal Laws and Regulations:** The agency awarded funds through this NOFO must agree to comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), The Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 *et seq.*), and The Age Discrimination Act (42 USC 6101 *et seq.*).

5. **Additional Eligibility**

- A. The Applicant Agency must agree to, over the course of this grant, to implement PREP services utilizing an Evidence-based Practice (EBP) with fidelity.
- B. The Applicant Agency must agree to, over the course of this grant, to demonstrate an ongoing commitment to develop trauma informed capacity within the organization with a goal of achieving Trauma Informed Agency Status.
- C. Collaboration with local Family and Community Resource Centers (FCRCs): Providers will maintain a collaborative working relationship with the local DHS FCRCs. Providers are required to communicate agency job openings to the local FCRCs. This is not a requirement to hire, simply to share vacancy announcements.
- D. Program Requirements: Providers will be required to participate in evaluation efforts as directed by the Department and/or its subcontractor(s) and collect and report data accordingly. All Providers will be required to utilize the University of Illinois' "Hub"

reporting system to report data outcomes, performance measures and standards for all youth served.

- E. Training and Technical Assistance: Programs must agree to receive consultation technical assistance from authorized representatives of the Department. The program and collaborating partners will be required to be in attendance at site visits. Programs will be required to attend regular meetings and training as provided by the Department or a subcontractor of the Department and should budget accordingly.
- F. Sectarian Issue: Provider organizations may not expend federal or state funds for sectarian instruction, worship, prayer or to proselytize. If the Provider organization is a faith-based or a religious organization that offers such activities, these activities shall be voluntary for the individuals receiving services and offered separately from the program.
- G. Background Checks: Background checks are required for **all program staff and volunteers** who have the potential for contact with youth under 18. These background checks must be completed in advance of individuals working directly with youth. Such individuals will authorize such checks in writing and submit to fingerprinting when required. The agency shall retain the signed form authorizing the background check. All background check information, including the signed authorizing forms shall be maintained separately in a confidential file, apart from the employee's personnel records. Funded programs will be required to have a written protocol in place detailing the requirement for background checks; evidence of their completion; the protocol for reviewing and making determinations regarding results; etc. In no case shall a Person who has been indicated as the perpetrator of any of the child abuse/neglect allegations identified in 89 Ill. Adm. Code Section 385.50(a) be deemed fit for service that allows access to children.
- H. Child Abuse/Neglect Reporting Mandate: Per the Abused and Neglected Child Reporting Act (ANCRA, 325 ILCS 5/4), mandated reporters are professionals who may work with children in the course of their professional duties. Mandated reporters are required to report suspected child maltreatment immediately when they have "reasonable cause to believe that a child known to them in their professional or official capacity may be an abused or neglected child" (ANCRA Sec.4). This is done by calling the Illinois Department of Children and Family Services (DCFS) Hotline at 1-800-252-2873 or 1-800-25ABUSE. Programs funded through this grant opportunity must review ANCRA and, where appropriate, have a written protocol for identifying and reporting suspected child maltreatment.
- I. Hiring and Employment Policy: It is the policy of the Department to encourage cultural diversity in the work environment and to promote employment opportunities through its programs. The Department philosophy is that the program workforce should appropriately reflect the populations to be served, with special attention given to hiring individuals indigenous to those communities. Consistent with Department policy, whenever a position becomes available, funded programs are encouraged to consider TANF clients for employment, contingent upon their qualifications in the areas of education and work experience.

B. Funding Information and Requirements

1. Funding Information

- A. This Continuation Application is considered an application for renewal funding.
- B. This award is funded with Federal dollars and does NOT have an in-kind and/or financial match requirement.
- C. All funding is subject to appropriation.
- D. The Department anticipates awarding 16 grants under this funding notice based on the availability of funds for grants under this funding announcement.

- E. Subject to appropriation, the grant period will begin no sooner than July 1, 2019 and will continue through June 30, 2020.
- F. It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget.
- G. The funding amount requested for FY20 should reflect the actual grant amount required to implement the proposed plan and should be reasonably consistent with FY19 funding levels.
- H. Proposed project budgets and narratives must be sufficiently detailed and justified to be approved by DHS.
- I. Subcontractor Agreement(s) and budgets must be pre-approved by the Department and on file with the Department. Subcontractors are subject to all provisions of this Agreement. The successful Applicant Agency shall retain sole responsibility for the performance of the subcontractor.
The release of this funding notice does not obligate the Illinois Department of Human Services to make an award. Work cannot begin until a contract is fully executed by the Department.

2. Grant Funds – Use Requirements

All applicants will use grant funds according to the guidelines, conditions and parameters set forth in this funding notice and in compliance with federal statutes, regulations and the terms and conditions of any applicable federal awards.

Please refer to 2 CFR 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E - Cost Principles to determine the appropriateness of costs.

A. Allowable costs:

Allowable costs are those that are necessary and reasonable based on the activity(ies) contained in the Scope of Work, are justified in the Budget Narrative, and are allowable under Subpart E of 2 CFR 200. Funding allocated under these grants is intended to provide direct services to youth. It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. Program budgets and narratives must detail how all proposed expenditures are necessary for program implementation.

B. Unallowable costs

Please refer to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E – Cost Principles to determine the appropriateness of costs. In addition, and specific to this grant, the following costs will be unallowable without specific prior written approval from DHS:

1. Entertainment costs, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized in the approved budget (2 CFR 200.438)
2. Capital expenditures for general purpose equipment, including any vehicle regardless of cost, buildings, and land (2 CFR 200.439)
3. Capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life (2 CFR 200.439)
4. Food, and other goods or services for personal use of the grantee’s employees, contractors, or consultants of the grantee unless authorized as per diem under the

State of Illinois Governor's Travel Control Board (2 CFR 200.445).

5. Deposits for items, services, or space

C. Limitation of Use of Award funds for Employee Compensation: With respect to any award over \$250,000, recipients may not use federal funds to pay total cash compensation to any employee that exceeds 110% of the maximum annual salary payable to a member of the Federal Government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year. A salary table is available at the U.S. Office of Personnel Management website <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2017/ES.pdf>

D. Indirect cost requirements

In order to charge indirect costs to this grant, the applicant organization must have a Federal or State annually negotiated indirect cost rate agreement (NICRA) or must elect to use the De Minimis Rate.

Every organization that receives an FY2020 state award must make an indirect cost rate proposal or election in the Crowe Activity Review System (CARS), including organizations that are choosing not to claim payment for indirect costs.

CARS URL:

<https://solutions.crowehorwath.com/CARS/StateofIllinoisGOMB/Login.aspx>

Indirect Cost Rate Election:

- 1 **Federally Negotiated Rate.** Organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federal NICRA as **Attachment B2**.
- 2 **State Negotiated Rate.** The organization must negotiate an indirect cost rate with the State of Illinois by completing an indirect cost rate proposal in the CARS system if they do not have Federally Negotiated Rate or elect to use the De Minimis Rate.
- 3 **De Minimis Rate.** An organization that has never received a Federal or State Negotiated Rate may elect a de Minimis rate of 10% of **modified total direct cost (MTDC)**. Once established, the de Minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the de Minimis rate. If programs elect to use the De Minimis rate, it is **critical** that program budgets accurately calculate the MTDC base. Please see the regulation below and note the exclusions to MTDC.

2 CFR § 200.68 Modified Total Direct Cost (MTDC).

MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards and subcontracts up to the first \$25,000 of each subaward or subcontract (regardless of the period of performance of the subawards and subcontracts under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward and subcontract in excess of \$25,000. Other items may

only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

- E "No Rate":** Grantees have discretion not to claim payment for indirect costs. Grantees that elect not to claim indirect costs cannot be reimbursed for indirect costs. The organization must record an election of "No Indirect Costs" into CARS.

Crowe Activity Review System (CARS).

CARS will allow your organization to document your already established federally approved indirect cost rate, complete an indirect cost rate proposal (see State Negotiated Rate above), elect to charge the De Minimis rate (10%) of modified total direct costs (MTDC), or select that no reimbursement of indirect costs will be requested. Submission requirements are located on page 2 of the Uniform Budget Template as well as 2 CFR 200 Appendices IV, V & VII.

- 1 Organizations which have not previously made an indirect cost rate election must submit an election (and indirect cost rate proposal, if necessary) immediately and no later than 3 months after receiving an award notification or invitation to the CARS system.
- 2 Organizations that have previously established an indirect cost rate election must submit a new indirect cost rate election immediately and no later than 6 months after the close of their organization's fiscal year.
- 3 Every organization must make an indirect cost rate election in CARS even if the organization is choosing De Minimis Rate or "no rate". Organizations that do not make an election or submission inside the CARS system within the required timeframes will not be allowed to claim indirect cost reimbursement.
- 4 For more information, see <https://www.illinois.gov/sites/GATA/Pages/default.aspx>.

3. Administrative costs

It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget. Program budgets and narratives will detail how all proposed expenditures are directly necessary for program implementation and will distinguish between Indirect/Direct Administrative and Direct Program expenses. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. *At no time may the approved NICRA be exceeded under this agreement. Documentation will be required to verify the approved NICRA.*

4. Simplified Acquisition Threshold

Potential grantees under this funding announcement may receive an award in excess of the Simplified Acquisition Threshold, currently \$250,000 (Refer to 2CFR200 Section 200.88). Therefore, the grantee must be aware of the following regarding the Simplified Acquisition Threshold as it will be applicable to any qualifying sub award:

- That the grantee agency, prior to making a sub-award with a total amount of funds greater than the simplified acquisition threshold, is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS) (see 41 U.S.C. 2313);

- That an applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that the awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM;
- That the awarding agency will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under awards when completing the review of risk posed by applicants as described in §200.205 awarding agency review of risk posed by applicants.

SECTION II

The following section provides information and requirements for implementing the PREP program.

PROGRAM DESCRIPTION/REQUIREMENTS

1. Program Description

The goal of the PREP program is to reduce birth rates, sexually transmitted infections (STIs) and HIV/AIDS among African-American and Hispanic (inclusive of multi-racial youth) 10-19-year old's in vulnerable populations in Illinois. The PREP program has a statewide focus, targeting counties and communities with demonstrated risks: high teen birth rates, high rates of sexually-transmitted infections (STIs), and poor socio-economic status.

Providers will serve two under-represented populations, African-American and Hispanic school aged (6th through 12th grade students) youth. The program also targets the following vulnerable populations: wards of the state and victims of human trafficking, 10-19 years of age housed in facilities located in the central and southern part of Illinois, homeless and runaway youth under 20 years of age and youth in the Department of Juvenile Justice.

Services included but are not limited to the delivery of at least one sexuality education evidence-based curriculum/a.

2. Program Requirements

PREP programs must implement one or more evidence-based curriculum, from the Department's approved list of teen pregnancy prevention evidence-based model programs, with fidelity over the course of the fiscal year.

A. **Under-represented African American and Hispanic Youth** must have the evidence-based curriculum during the **school day** via classroom settings in middle or high schools housing 6th through 12th grade students and where the school population is at least 40% Hispanic, African-American and/or multi-racial.

1. Making Proud Choices
2. Making A Difference
3. Cuidate
4. Be Proud! Be Responsible!
5. Draw the Line! Respect the Line!
6. Becoming A Responsible Teen

B. **Homeless and Runaway Youth**, ages 10-19

- STIVE

C. **Youth in Juvenile Justice Centers**, ages 10-19 – 1 provider

- Rikers Health Advocacy Program (RHAB)

D. **Wards of the State AND Victims of Human Trafficking/Trauma**, ages 10-19 – 1 provider

- Be Proud! Be Responsible!
- Becoming a Responsible Teen (BART)
- Cuidate!
- Draw the line/Respect the line, Making a Difference!, and Making Proud Choices!

Additional information regarding each evidence-based curriculum:

- Sessions should be implemented no more frequently than two times a week

- The program must include no less than the total number of sessions prescribed by the curriculum developer
 - Each session must be at least 30 minutes in length.
 - Materials must be culturally sensitive/relevant and suitable to the age and development of the youth being served.
 - Applicants will be required to replicate model programs with fidelity. If adaptations are needed, adaptations should generally be minimal, such as revising details in a role play, updating outdated statistics, adjusting reading and comprehension levels, making activities more interactive or tailoring learning activities and instructional methods to youth culture or development level. Any content or materials added to the evidence-based program must be well-integrated into the evidence-based program model and should not alter the core components of the evidence-based program model.
 - Staff implementing and overseeing the PREP program must be trained in the evidence-based curricula (internally or may use funds to support staff training by program developer) and other related topics (e.g. updates on STIs, LGBTQ population, etc.) as scheduled by the Department
 - Must deliver information that is inclusive of both an abstinence and comprehensive sexual health education approach. If the Provider is using the evidence-based curriculum called Making a Difference, the Provider must deliver a session and/or adapt a session to include a condom demonstration. If the Provider is using Be Proud! Be Responsible! the Provider must deliver the Reproductive Health adaptation.
 - Ensure Materials are Medically Accurate and Age Appropriate
 - Abide by the green, yellow and red light adaptations per the curricula developer
- Through the use of the evidence-based curriculum/a, youth participants build their knowledge and resistance skills, thereby enhancing “protective factors” and reducing “risk factors”. These programs include components such as social skills development, peer and media pressure resistance, anti-sexual behavior attitudes and norms, and effective self- management skills in an effort to increase youth skills in dealing with high-risk situations and decreasing the potential motivation to initiate sexual activity.

E. Implement three of the five Adult Preparation Subjects (Healthy Relationships, Adolescent Development, Financial Literacy, Educational and Career Success and Healthy Life Skills) during the school day or during out-of-school time.

Adult Preparation Subject (APS) services must target youth that received at least one of the DHS approved evidence-based curriculum (EBC). The APS may not be delivered with youth that have not received the EBC.

1. Under-represented African-American and Hispanic Youth (middle or high school must be at least 40% African American/Hispanic) residing in areas with High Teen Birth and STI Rates
 - At least five 45 minute sessions
 - 3 of 5: Healthy Relationships, Adolescent Development, Financial Literacy, Educational and Career Success and Healthy Life Skills
2. Homeless and Runaway Youth
 - At least three 45 minute sessions

- 3 of 4: Healthy Relationships, Financial Literacy, Educational and Career Success and Healthy Life Skills
3. Youth in Juvenile Detention Centers
 - At least three 45 minute sessions
 - 3 of 4: Healthy Relationships, Financial Literacy, Educational and Career Success and Healthy Life Skills
 4. Wards of the State AND Victims of Human Trafficking/Trauma
 - At least three 45 minute sessions
 - 3 of 4: Healthy Relationships, Financial Literacy, Educational and Career Success and Healthy Life Skills

Deliver the evidence-based curriculum/a and Adult Preparation Subject activities with projected number of participants and the projected services (cycles and/or number of sessions) as outlined as outlined in the approved work plan.

Deliver the evidence-based model programs, supplemental materials and APS services that are culturally-relevant, age and developmentally appropriate and medically accurate.

- F. **Work with an existing community coalition** with a minimum representation from five organizations and sectors. Representation from the community/s in the designated service area participate on the coalition: NOT APPLICABLE FOR JUVENILE JUSTICE CENTERS
 1. Parents of 6th - 12th grade students
 2. Youth (6th - 12th grade)
 3. Educators (middle and high schools)
 4. Health care (e.g. school-based health clinics, family planning agencies, medical providers, hospitals, etc.)
 5. Family support/social services (e.g. youth serving social service organizations, substance abuse treatment centers and domestic violence shelters, counseling services, etc.)

Hold quarterly coalition meetings per year and implement activities determined in partnership with the coalition.
- G. **Update and/or develop and disseminate a Referral Guide** that provides information regarding an array of health and human services as well as refer participants seeking additional health (e.g. family planning) or other human services (e.g. substance abuse treatment services, domestic violence shelters, counseling services, etc.). The guide must provide information regarding the network of organizations in or near their service area and target youth participating in the evidence-based curriculum.

3. Additional Requirements

- A. Establish and maintain linkages with schools targeted for services to ensure the schools commitment or the services and with a network of organizations for the purposes of making referrals.

- B. Administer entry and exit surveys for the cycles of evidence-based curriculum completed during the fiscal year. Entry and exist surveys must be administered with high school students and exit surveys must be administered with 6th - 8th students. The Provider must secure commitment from schools' participation in the surveys. The Provider must obtain parental consent from youth participating in the school-based services. The entrance and exist surveys must be submitted by the established deadlines and to the Departments evaluation provider.
 - C. The program must include a plan for parent/guardian involvement that includes:
 - At least two opportunities for parent/guardian to receive information, provide input in to the program, and have their questions addressed (e.g. email/mail/phone calls, newsletters)
 - At least two in-home learning activities such as homework, parent/guardian-child discussion strategies, and at-home goal setting to reinforce the evidence-based curriculum content
 - D. Submit quarterly in the Departments web-based reporting system, Prevention Hub:
 - Number of participants (youth and adults) served
 - Demographic information (gender, age, and race/ethnicity)
 - Periodic Programmatic Report (PPR)
4. **Evaluation** - The IDHS and its evaluation provider, the Center for Prevention Research and Development (CPRD) at the University of Illinois, will monitor the fidelity of program implementation and track all curriculum adaptations. CPRD will review these adaptations and compare proposed adaptations to the relevant evidence-based program model specifications and program standards. All sub-grantees are required to report implementation data through an online data collection system called "Prevention Hub" on a quarterly basis.

Providers will participate in the formal evaluation of the program developed by the Department and must cooperate in the collection of data for this purpose. Programs will be required to administer all reporting that the University of Illinois, Center for Prevention, Research and Development (CPRD) requires for the PREP grant.

CPRD will monitor the fidelity of program implementation and track all curriculum adaptations. CPRD will review these adaptations and compare proposed adaptations to the relevant evidence-based program model specifications and program standards. All sub-grantees are required to report implementation data through an online data collection system called "Prevention Hub" on a quarterly basis.

5. **Training - Training Opportunities**

IDHS and its training provider, Prevention First will provide training opportunities to community-based youth services agencies that serve at-risk youth throughout Illinois, multiple times throughout the year. The Applicant will work with the state to develop an approved detailed training plan, utilizing established and agency-developed curricula in presenting evidenced-based approaches to evidence-based education, adult preparation subjects, community coalition building, program/classroom management, positive youth development, trauma, strategies for risk reduction, cultural competency, as well as other youth service related activities.

Examples of individual trainings that should be included but not be limited to: Evidence-based curriculum/a, Adult Preparation Subjects, Classroom Management, non-discriminating of sexual orientation or gender (LGBTQ), Bullying (safe and supportive environments), Substance Abuse, Adolescent Brain Development, trauma informed practices, program evaluation/outcomes strategies and program specific data reporting system training.

The trainer will evaluate its performance of each training session. The Applicant may use an evaluation tool of its choice; it must assess participants' opinions regarding the quality and relevance of the instruction.

6. Technical Assistance by the Department

The project staff will interact with the Division's Community Support Services Consultants (CSSC) in the five regions. The CSSCs maintain a working knowledge and relationship with community-based organizations and local health departments. The CSSC's will provide an annual classroom observation. The observation tools are developed by the program manager. The CSSC will also be engaged in the on-site quality assurance and compliance monitoring visits in coordination with the project manager.

7. Performance Measures

- A. Number of participants served by the evidence-based curriculum and Adult Preparation Subjects as outlined in the approved work plan.
- B. Number of participants served by the Adult Preparation Subjects (APS) as outlined in the approved work plan.
- C. Number of coalition meetings held during fiscal year with representation from each community designated service area participating on the coalition.
- D. Number of referrals made and number of guides updated and distributed.
- E. Number of quarter reports submitted by the established deadlines:
 - Prevention Hub/Periodic Programmatic Report (PPR)
 - Periodic Fiscal Report (PFR)
 - Any other outcome data established by the Department
- F. Number of Annual reports submitted by the established deadline:
 - Work Plan
 - Budget Narrative
 - Universal GATA Application
 - Risk Assessment Survey
 - Any other reports determined by the Department
- G. Number of entry/exit surveys for the cycles of evidence-based curriculum completed during the fiscal year.

8. Performance Standards

- A. 80% of the participants were served by the evidence-based curriculum
- B. 80% Adult Preparation Subjects as outlined in the approved work plan.
- C. 100% of the minimum (4) required coalition meetings were held during fiscal year. (NOT APPLICABLE FOR JUVENILE JUSTICE)
- D. 100% of referrals were made and one referral guide was updated and distributed by the end of the fiscal year.
- E. 100% of the Quarterly Reports were submitted by the established deadlines.
- F. 100% of the Departments Annual reports were submitted by the established deadlines.
- G. 100% of Entry/Exit Surveys were submitted.

SECTION III

The following section provides instructions for the components that must be included in a complete continuation application.

Application Review Information

1. Uniform Application for State Grant Assistance

Continuation applicants must submit a completed and signed Uniform Application for State Grant Assistance. The 3 page application may be found at [this link](#).

2. FY2020 PREP Continuation Plan Narrative

Continuation applicants must submit an application that contains the information outlined below. Each section must have a heading that corresponds to the headings listed below. If the Applicant believes that the subject has been adequately addressed in another part of the application narrative, then a cross-reference to the appropriate part of the narrative must be provided. The narrative portion must be in the order requested. This application, if approved, will become an attachment to your PREP work plan (Appendix 3) and budget. The program work plan/application will be the basis for monitoring compliance by DHS. Please provide a detailed response as directed to each of the following items in an effort to fully describe how the PREP program will be operationalized in your service area.

A. Executive Summary

The Executive Summary will serve as a stand-alone document for providers that will be shared with various state-level stakeholders and others requesting a brief overview of each funded project. Therefore, providers should be concise and direct in their description. At a minimum, each of the following should be addressed in the summary (See Appendix 3 – Work Plan)

1. Description of the target community(ies) and identified needs from your community needs assessment
2. Target population, including age/grade, number of cycles/cohorts delivered, race/ethnicity breakdown, and the percentage/number of youth anticipated for each school/class for both the evidence-based curriculum and adult preparation subjects. Also identify any risk factors targeted.
3. Name and location of service delivery sites (schools)
4. Anticipated days and hours of curriculum delivery (curriculum hours)

B. Agency Qualifications/Organizational Capacity

The purpose of this section is to present an accurate picture of the agency's ability to provide services in the area of teen pregnancy prevention. Information in this section should include, but not necessarily be limited to, the following:

1. An organizational chart of the Provider organization, showing where the program and its staff will be placed. If subcontractors will be used, include

the relationship with those organizations in the chart. Please include this as **Attachment A1-Organizational Chart**.

2. Identify key staff positions that will be responsible for the program. At a minimum, a .5 FTE PREP coordinator must be committed to the program. Include evidence that this individual is qualified on the basis of education and experience to direct the program. Present his/her resume as **Attachment A2** of your Application. If that individual has not yet been hired, present the PREP Coordinator's job description as **Attachment A2- Coordinator's Job Description/ Resume**. Please also complete the Contact Information found in **Appendix 3** and include it as **Attachment A3**.
3. Job descriptions for all employee positions that will be funded with this grant, and an indication of the percent of time those employees will spend in this program. Programs must recruit and hire staff who are qualified for their positions through education, experience and/or training.
4. A description of your agency's readiness for service provision commencing July 1, 2019 – June 30, 2020 taking particular note of the following: For example: Discuss your readiness in terms of the available time in schools for PREP program activities that will be carried out. Are there linkage agreements with each school that you will provide services and a timeframe for future years.
5. A description of the Local Community Coalition that will be involved with the continuation of PREP services and reducing teen pregnancy. Provide information about your agency's relationship with existing community stakeholders in the proposed geographic area to be served. Please include as Attachment A3 – Local Community Coalition Members. Specify the name, title and sector of the stakeholder and the organization represented; the nature of the relationship and the number of years the relationship has been in place. The member list included in Attachment A3 must also indicate which of the current/projected members have participated in one or more meetings to provide input into this application.
6. A description of existing linkage agreements your agency has to other community resources and services essential to the PREP program. Include copies of existing linkage agreements with this continuation application. If significant linkages do not currently exist, explain why and include a plan to establish those linkages.
7. Describe your policy & procedure for conducting background checks.
8. Providers must agree to, over the course of this grant, to demonstrate an ongoing commitment to develop trauma informed capacity within the organization with a goal of achieving Trauma Informed Agency Status as recognized through the CBAT-O Assessment tool. Please indicate if your organization has previously participated in the CBAT-O Trauma Assessment process. Describe current and planned capacity building activities designed to obtain or maintain Trauma Informed status.

9. Include as **Attachment A3 - Site Information**. The Site Information is found in **Appendix 3 (FY20 PREP Work Plan)** of this Funding Notice.

C. Quality - Description of Program/Services

At a minimum, the Provider must address each of the following components:

Describe the curriculum that will be delivered in 1) school settings (elementary, middle, and high schools, 2) juvenile justice centers, and 3) homeless shelters.

1. The applicant will create and/or enhance their existing coalition in their community with minimum representation from six organizations and sectors required on their Coalition. Applicants will ensure some of the coalition members have perspectives and expertise in youth needs, as well as connections to relevant healthcare services for youth; and can either deliver services to youth and their families or offer referrals to other providers (**Use the FY20 Work Plan, Appendix 3**).
2. Applicants will continue to assess the population to determine the three Adult Preparation Subjects to address via classroom (**Use the FY20 Work Plan, Appendix 3**).
3. Trauma Informed Practices and Capacity Development: Describe how the applicant will ensure DHS funded programs develop their capacity to ensure program youth are served in trauma informed environments and by trauma informed staff.
4. Applicants will continue to ensure that all programs are implemented in a safe and supportive environment for youth and their families, including ensuring inclusivity, integrating positive youth development practice, and using a trauma informed approach.
5. Applicants will continue to monitor reports of harassment or bullying, establish procedures for claims that violate youth safety and supportive environments, and document corrective action(s) so youth are assured that programs are safe, inclusive, and non-stigmatizing.
6. Review and/or establish inclusive policies and publicize policies prohibiting discrimination and harassment based on race, sexual orientation, gender, gender identity expression, religion, and national origin.
7. Address youth safety and supportive environment in staff training, including how to prevent and respond to harassment or bullying in all forms.
8. Implement positive youth development practices when interacting with youth in all programs and activities, including ensuring their physical and psychological safety, appropriate structure, supportive relationships, opportunities for skill building, and integration of family, school, and community efforts.

D. Evaluation

1. Providers must make a clear statement of their intention to participate in any formal evaluation of the program that may be conducted by the Department.
2. Providers must include a clear statement indicating that the agency has sufficient number of computers with internet service.
3. Providers must include a clear statement indicating their ability to collect participant data and report it via the "HUB" system.
4. Providers must include a clear statement indicating their intention and ability to provide the Entry/Exit Surveys.
5. Describe in detail the capacity and the plan to track, evaluate and report performance measures and outcomes.

E. **Budget Narrative**

In this section of the application/plan narrative, provide a detailed Budget Narrative of the items allocated within your proposed budget. This will include all funds budget for the program. Identify the source of those funds and detail how the specified resources and personnel are being allocated to ensure the tasks, activities, goals and objectives described in your proposal will be implemented. Illustrate the use of state or federal funds, other than PREP grant funds, that will be used to support the program. If sub-contractors are planned, please also describe how these funds will be utilized to implement the program.

F. **Continuation Plan Narrative Attachments**

The Attachments should be labeled accordingly and placed in the order below:

Attachment A1 – Organizational Chart

Attachment A2 – Coordinators Job Description(s)/Resume

Attachment A3 – PREP Work Plan (Contact Information, Site Information, % of time on program, School/Curriculum/Dosage Information, Adult Preparation Subjects and Coalition participants, etc.)

Attachment B1 – Copy of Federal Form W9 for the Applicant Agency

Attachment B2 - Copy of currently approved NICRA if indirect costs are included.

If Subcontractors will be used, also include the following:

Attachment C1 – Subcontractor Agreement(s)

Attachment C2 – Subcontractor Budget(s) and Narrative(s)

Attachment C3 – Copy of Federal Form W9 for the Subcontractor Agency(s)

Attachment C4 – Copy of approved NICRA for Subcontractor Agency(s) if indirect costs are included.

G. **FY2020 PREP Continuation Budget**

In addition to the above budget narrative, continuation budgets must be submitted electronically in the CSA system. The Budget entered into the CSA system will also include a narrative or detailed description/justification for each line in the budget and will describe why each expenditure is necessary for program implementation and how you arrived at the particular amount. Please include cost allocations as necessary. This narrative must also clearly identify indirect costs, direct program costs, and direct administrative costs within each line item as appropriate. The Budget (including MTDC base exclusions as appropriate) should clearly describe how the specified resources and personnel have been allocated for the tasks and activities described in your plan. The Budget should be electronically signed and submitted in the CSA system. The Budget must be signed by the Provider's Chief Executive Officer and/or Chief Financial Officer. Submit a copy of your agency's W9 as **Attachment B1**. If indirect costs are included in the budget, a copy of the approved NICRA must be included with the Application as **Attachment B2**.

Please note, your FY 2020 contract **will not** be processed until your budget has been reviewed AND approved. It is critical that the budget submitted is as detailed as possible.

Subcontractor budgets, budget narratives and actual sub-contracts must be submitted with this application as they need to be pre-approved. Refer to **Appendix 2** for information regarding Subcontractor Budgets. Subcontractor agreements and budgets will be submitted as **Attachment C2** of your application.

Submit as **Attachment C3** – a copy of Federal Form W9 for the Provider Agency. It is critical that the Agency name, address and FEIN number matches the information provided on the Uniform Application for State Grant Assistance submitted as part of the total

Application package.

If indirect costs are included in the budget, a copy of the approved NICRA must be included with the Application as **Attachment C4**.

SECTION IV

The following section provides instructions for Submitting the complete continuation application.

Application and Submission Instructions

1. Submission Format, Location and Deadline

- A. Applications must be received at the location below **no later than 12:00 p.m. (noon) on Wednesday, April 3, 2019**. The application container will be electronically time-stamped upon receipt. The Department will ONLY accept applications submitted by electronic mail sent to DHS.YouthPrevention@illinois.gov. The subject line of the email MUST state: **"20-444-80-0687 PREP – Mary White"**. Applications will NOT be accepted if received by fax machine, hard copy, disk or thumb drive.
- B. All Providers must **submit the completed grant application in a single PDF document utilizing the CMS File Transfer Utility located at <https://filet.illinois.gov/filet/PIMupload.asp>** **SUBMIT THE COMPLETED GRANT APPLICATION TO: DHS.YouthPrevention@illinois.gov** **The subject line of the email MUST state: "20-444-80-0687 PREP- Mary White"**.
- C. Please follow the instructions to attach your application. **Don't forget the subject line above**. Unless otherwise specified in writing, to be considered, proposals must be submitted via CMS File Transfer Utility by the designated date and time listed above. For your records, please keep a copy of your submission with the date and time the application was submitted along with the email address to which it was sent. The deadline will be strictly enforced. In the event of a dispute, the Provider bears the burden of proof that the application was received on time at the email location listed above.

2. Other Submission Requirements

- A. Proposal Format Requirements
 1. All applications must be typed on 8 1/2 x 11-inch paper using 12-point type and at 100% magnification. With the exception of letterhead and stationery for letter(s) of support, the entire application should be typed in black ink on white paper. The application must be typed single-spaced, on one side of the page, with 1-inch margins on all sides. The applications must not exceed 15 pages, including the Executive Summary, Qualifications, Quality - Description of Program/Services, Evaluation and Budget Narrative. The Uniform Application for State Grant Assistance, Attachments, Appendices, Uniform Budget Template/Narrative and FY20 PREP Work Plan forms are NOT included in the page limitation.
 2. The entire application, including attachments, must be sequentially page numbered and compiled in the order specified below. **The complete application must be submitted in a single PDF document to DHS.YouthPrevention@illinois.gov** The subject line of the email MUST state: **"20-444-80-0687 PREP – Mary White"**. Applications will ONLY be accepted by email as described herein. Hard copies, faxed copies, copies on disk or thumb drive etc. will not be accepted.
 3. **The Department is under no obligation to accept applications that do not comply with the above requirements.**

3. ALL Applications MUST include the following mandatory forms/attachments in the order identified below.

- A. A Screenshot or statement indicating the applicants has completed Pre-Qualification steps and is currently Pre-Qualified.
- B. Statement indicating the ICQ and PRA have been completed

C. Signed Uniform Application for State Grant Assistance

D. Continuation Proposal Narrative

- Executive Summary
- Capacity - Agency Qualifications/Organizational Capacity
- Quality - Description of Program Design and Services
- Evaluation
- Budget Narrative
- Attachments to Your Application
 - Attachment A1 – Organizational Chart
 - Attachment A2 – Coordinators Job Description(s)/Resume
 - Attachment A3 – PREP Work Plan (Contact Information, Site Information, % of time on program, School/Curriculum/Dosage Information, Adult Preparation Subjects and Coalition participants)
 - Attachment B1 – Copy of Federal Form W9 for the Applicant Agency
 - Attachment B2 - Copy of currently approved NICRA if indirect costs are included.
If Subcontractors will be used, also include the following:
 - Attachment C1 – Subcontractor Agreement(s)
 - Attachment C2 – Subcontractor Budget(s) and Narrative(s)
 - Attachment C3 – Copy of Federal Form W9 for the Subcontractor Agency(s)
 - Attachment C4 – Copy of approved NICRA for Subcontractor Agency(s) if indirect costs are included.
- Uniform Grant Budget – The proposed budget must be entered, signed and submitted in CSA and is required for the application to be considered complete. A hard copy of this signed and submitted budget must be included with the application.

4. Unique entity identifier and System for Award Management (SAM)

Each applicant is required to: (i) Be registered in SAM before submitting its application; (ii) provide a valid unique entity identifier in its application; and (iii) continue to maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by the Department. The Department may not make an award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements and, if an applicant has not fully complied with the requirements by the time the Department is ready to make an award, the Department may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant. Please refer to *Section C. Eligibility Information & Grant Funding Requirements* for additional information and detail regarding SAM.

5. Intergovernmental Review

This funding opportunity is NOT subject to Executive Order 12372, “Intergovernmental Review of Federal Programs.”

6. Funding Restrictions

The applicant must develop a budget consistent with program requirements as described in *Section A. Program Description* and in accordance with *Section C. 6 Grant Funds Use Requirements*.

The Department will not allow reimbursement of pre-award costs under this funding opportunity

SECTION V

The following section provides Award, Administrative and Contact Information.

Award Administration Information

1. State Award Notices.

Providers recommended for continued funding under this Notice of Funding Opportunity following the above review will receive a Notice of State Award (NOSA). The NOSA shall include:

- Grant award amount
- The terms and condition of the award.
- Specific conditions assigned to the grantee based on the fiscal and administrative and programmatic risk assessments.

Upon acceptance of the grant award, announcement of the grant award shall be published by the awarding agency to Grants.Illinois.gov

A written Notice of Denial shall be sent to the Providers not receiving awards.

The NOSA must be signed by the grants officer (or equivalent). This signature effectively accepts the state award amount and all conditions set forth within the notice. This signed NOSA is the document authorizing the Department to proceed with issuing an agreement. The Agency signed NOSA must be remitted to the Department as instructed in the notice.

2. Administrative and National Policy Requirements.

The agency awarded funds shall provide services as set forth in the DHS grant agreement and shall act in accordance with all state and federal statutes and administrative rules applicable to the provision of the services.

To review a sample of the FY2020 DHS Uniform Grant Agreement, please visit the DHS Website at <http://www.dhs.state.il.us/page.aspx?item=29741>.

The agency awarded funds through this Funding Notice must further agree to comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), The Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 *et seq.*), and The Age Discrimination Act (42 USC 6101 *et seq.*). Additional terms and conditions may apply.

3. Required Reporting

- A. The Provider will submit monthly expenditure documentation forms in the format prescribed by the Department. The Expenditure Documentation forms must be submitted no later than the 15th of each month for the preceding month by email.
- B. Quarterly data reports will be pulled from the HUB data system on or after the 15th of each month. Providers must ensure all required data is submitted to ensure accurate reports.
- C. Quarterly Narrative and Performance data reports will be submitted by email in a format

- prescribed by the Department, no later than the 15th of the month immediately following the quarter for the preceding quarter.
- D. Year-End Financial, Narrative and Performance Data reports will be submitted by email in a format prescribed by the Department, no later than 30 days following the end of the fiscal year.
 - E. Additional annual performance data may be collected as directed by the Department and in a format prescribed by the Department.

4. Payment Terms

- A. Payments will be issued on a reimbursement basis and will consider all previously submitted documented expenditures.
- B. The Department will compare the amount of the prospective payments made to date with the documented expenditures provided to the Department by the Provider. In the event the documented services provided by the Provider do not justify the level of award being provided to the Provider, future payments may be withheld or reduced until such time as the services documentation provided by the Provider equals the amounts previously provided to the Provider. Failure of the Provider to provide timely, accurate and sufficiently detailed documentation will result in delayed payments and may result in a reduction to the total award.
- C. The final payment from the Department under this Agreement shall be made upon the Department's determination that all requirements under this Agreement have been completed, which determination shall not be unreasonably withheld. Such final payment will be subject to adjustment after the completion of a review of the Provider's records as provided in the Agreement.

In the event payments made by the Department to the provider exceed the total amount of provider reported and Department authorized expenditures, the provider will be required to issue a repayment to the Department in an amount equal to the overpayment.

5. State Awarding Agency Contact(s)

If you have questions relating to this Continuation Funding Notice, please send them via email to: DHS.YouthPrevention@Illinois.gov with “**PREP FUNDING NOTICE – Mary White**” in the subject line of the email.

UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Agency Completed Section

1. Type of Submission: Pre-application Application Change/Corrected Application
2. Type of Application: New Continuation (i.e. multiple year grant) Revision (modification to initial application)
3. Completed by State Agency upon Receipt of Application

Date Received by State: _____ Time Received by State: _____

4. Name of the Awarding State Agency: Illinois Department of Human Services
5. Catalog of State Financial Assistance (CSFA) Number: 444-80-0687
6. CSFA Title: Personal Responsibility Education Program (PREP)

Catalog of Federal Domestic Assistance (CFDA)

Not Applicable

7. CFDA Number: 93.092
8. CFDA Title: Personal Responsibility Education Program (PREP)
9. CFDA Number: _____
10. CFDA Title: _____

Funding Opportunity Information

11. Funding Opportunity Number: 20-444-80-0687-01
12. Funding Opportunity Title: Personal Responsibility Education Program (PREP)
13. Funding Opportunity Program Field: Personal Responsibility Education Program (PREP)

Funding Opportunity Information

Not Applicable

14. Competition Identification Number: _____
15. Competition Identification Title: _____

UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant Completed Section

Applicant Information

16. Legal Name (Name used for Data Universal Number System (DUNS) registration and grantee pre-qualification): _____

17. Common Name (Doing Business As-DBA): _____

18. Employer/Taxpayer Identification Number (EIN, TIN): _____

19. Organizational Data Universal Number System (DUNS) Number: _____

20. Federal System for Award Management Commercial And Government Entity Code (SAM Cage Code): _____

21. Business Address:

Street: _____

City: _____ State: _____ County: _____ Zip+4: _____

Applicant's Organization Unit

22. Department Name: _____

23. Division Name: _____

Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application

24. First Name: _____ 25. Last Name: _____ 26. Suffix: _____

27. Title: _____

28. Organizational Affiliation: _____

29. Telephone Number: _____ 30. Fax Number: _____

31. E-mail Address: _____

Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application

32. First Name: _____ 33. Last Name: _____ 34. Suffix: _____

35. Title: _____

36. Organizational Affiliation: _____

37. Telephone Number: _____ 38. Fax Number: _____

39. E-mail Address: _____

Areas Affected

40. Areas Affected by the Project (cities, counties, state-wide): _____

41. Legislative and Congressional Districts of Applicant: _____

42. Legislative and Congressional Districts of Program/Project: _____

UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant's Project

43. Description Title of Applicant's Project (Text only for the Title of the Applicant's Project):

44. Proposed Project Term:

Start Date: _____

End Date: _____

45. Estimated Funding (include all that apply):

Amount Requested from the State: _____

Applicant Contribution (e.g., in kind, matching): _____

Local Contribution: _____

Other Source of Contribution: _____

Program Income: _____

Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I Agree

Authorized Representative

46. First Name: _____ 47. Last Name: _____ 48. Suffix: _____

49. Title: _____

50. Telephone Number: _____ 51. Fax Number: _____

52. E-mail Address: _____

53. Signature of Authorized Representative: _____

Date Signed: _____

**FY2020 Personal Responsibility Education Program
Continuation Funding Application
Appendix 2 - CSA Budget Information**

For information regarding CSA.

<http://www.dhs.state.il.us/page.aspx?item=61069>

How to register for the CSA Tracking System

1. You will need a functioning Illinois.gov ID and password
2. If you do not have an Illinois.gov ID you will need obtain one at the following web link:
<https://extapps.illinois.gov/ADIM/VerifyEmail.aspx>
- Please note:** Choose General Public (Not employed by the State of Illinois) [EXTERNAL] even if you are a State of Illinois employee. Your CSA registration will not be validated if you choose Other Employees [SPS].
- If you do not have a State of Illinois driver's license,** please email your request to DHS.DHSOCA@Illinois.gov with the following information: Name, Company, Address, Phone #, DUNS #, FEIN # and email address.
3. The address for the CSA Tracking System Registration Site is:
<https://csa.dhs.illinois.gov/gtrpublic/gtr>
4. You will need to input an Invitation Key Code in order to submit your request for CSA Tracking System access. If you do not have an Invitation Key Code, send an email to DHS.dhsoca@illinois.gov to receive your Invitation Key Code.

Please register only once with your Illinois.gov ID. IDHS Grantee-Providers may have more than one employee register for the CSA Tracking System access. Once your registration is processed by the Office of Contract Administration personnel you will receive instructions on how to log into the Provider Access Area. After you successfully log in to the CSA Tracking System there may be a facilities page that will appear (if you are a new IDHS Provider) where you will need to enter your facilities information into the CSA Tracking System.

Please note: In order to access your IDHS Uniform Grant Agreements/EEC Contracts you will also need to ensure your organization has registered for access to the Centralized Repository Vault (CRV). If your organization has not registered for CRV access you will not be able to view your contracts. Please use the following web link to access the CRV Registration web page: [Central Repository Access \(CRV\)](#)

Confidentiality Notice - The Grantee-Provider shall comply with applicable State and Federal statutes, Federal regulations and Department administrative rules regarding confidential records or other information obtained by the Provider concerning persons served under this Agreement. The records and information shall be protected by the Provider from unauthorized disclosure.

After registering for CSA, you must submit a budget for July 1, 2019 – June 30, 2020. Your budgets can be entered at this link <https://csa.dhs.illinois.gov/gtpsecure/gtp>. If you have any questions about your budget you can email DHS.YouthServicesInfo@illinois.gov.

Illinois Department of Human Services
Bureau of Positive Youth Development
Teen Pregnancy Prevention – Personal Responsibility Education Program (TPP-PREP) FY20
Work Plan Application
Appendix 3

Table 1: Agency and Contact Information

Agency Name:	
Service Area:	
Homeless Youth Shelter (provide name) – if not serving a shelter, indicate NA	
Projected number of youth to be served in FY20: In-school(s) Homeless Youth Shelter(s) Total (Do not include youth served by Adult Preparation Subjects)	
Executive Director: Address: Phone: Fax: Email:	
Fiscal Contact: Address: Phone: Fax: Email:	
PREP Program Supervisor: Address: Phone: Fax: Email:	
PREP Program Preventionist: Address: Phone: Fax: Email:	

Table 2: Time Allocated to each PREP Activity

Activity	Estimated Percent of Time Allocated
Coalition	
Curriculum Planning, Implementation, Evaluation	
Adult Preparation Services	
Total Time	100%

Table 3: PREP Staffing

Name of Staff Member	Percent of FTE

Teen Pregnancy Prevention Education

Table 4: School/Location Information

Please complete the following table for each school/location you intend 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:

- A. Location – This should be the name of the school and/or community-based site where the curriculum is being implemented.
- B. City/County – Enter the name of the city and county where the school and/or community-based site is located.
- C. Grade(s) Targeted – Enter the grade level(s) of the students you intend to target
- D. Curriculum - Please enter the name of the curriculum you are using.
- E. Number of cohorts: Please enter the total number of cohorts or classrooms you expect to serve over the fiscal year at this school/location.
- F. 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.
- G. Racial/Ethnic Makeup by School/Location: Provide the percent of African American youth, Hispanic youth, and Multiracial youth at the school or location you are providing the curriculum sessions. For schools, please reference the following website: <http://iirc.niu.edu/>. Type in the name or address of your school, and then from the school’s page there are several tabs at the top of the screen in gray. Click on “Student Characteristics” for a breakdown of the racial/ethnic demographics of the school.
- H. 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/ Location	City/County	Grade(s) Targeted	Curriculum	Total Number of Projected Cohorts	Total Number of Projected Youth	Racial Ethnic Make-Up				Signed agreement with School (Y/N)
						African American %	Latino/ Hispanic %	Multi- racial %	Caucasian racial %	

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. Please see Appendix B for IDHS PREP Standards for Curriculum Implementation.

- A. Name of School/Location: Please enter the name of the school/location for which the row of information applies.
- B. Curriculum – Please enter the name of the curriculum you are using.
- C. 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).
- D. Frequency of Sessions – Please enter how frequently you will be providing sessions (i.e., once per week, twice per week, etc.)
- E. 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).
- F. 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
- G. Total Number of Minutes per Cohort – Please enter the total number of minutes that each cohort will receive of this curriculum. Calculate this by multiplying the response from Column E by the response from Column F.
- H. Total Number of Minutes Required by Curriculum Developers – Please enter the dosage by minutes that are required by the developers of the chosen curriculum.
- I. 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/Location	B. Curriculum Name	C. Number of Classes per Grade	D. Frequency of Sessions	E. Total # of Sessions per Cohort	F. Length of Each Session (in minutes)	G. Total Number of Minutes per Cohort	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.	

Please describe your plan to achieve a high rate of return for parental consent returns in the box below.

Teen Pregnancy Prevention Education

Table 7: Homeless Youth Shelter/Location Information

Please complete the following table for each shelter you intend on providing curriculum-based services over the next fiscal year. If you are serving multiple shelters/locations, please copy and paste the table as needed. Please report the following for each shelter/location:

- A. Location – This should be the name of the shelter/or community-based site where the curriculum is being implemented.
- B. City/County – Enter the name of the city and county where the shelter is located.
- C. Grade(s)/Ages Targeted – Enter the grades or ages of the population you intend to serve
- D. Curriculum - Please enter the name of the curriculum you are using.
- E. Number of cohorts: Please enter the total number of cohorts or classrooms you expect to serve over the fiscal year at this shelter/location.
- F. Number of youth to be served: Please enter the number of youth to be served at this shelter/location over the fiscal year. This should be an unduplicated number, so only those youth receiving curriculum sessions should be included.
- G. Racial/Ethnic Makeup by Shelter/Location: Provide the percent of African American youth, Hispanic youth, and Multiracial youth at the shelter or location you are providing the curriculum sessions.
- H. Signed Agreement with Shelter– Please indicate with a “yes” or a “no” whether you have a signed memorandum of agreement or linkage agreement with the shelter.

Shelter Name/ Location	City/County	Grade(s)/Ages Targeted	Curriculum	Total Number of Projected Cohorts	Total Number of Projected Youth	Racial Ethnic Make-Up			Signed agreement with Shelter (Y/N)
						African American %	Latino/ Hispanic %	Multi- racial %	

Table 8: Homeless Youth Shelter/Location Curriculum Implementation Information

Please complete the following table for the entire fiscal year. Include information for each shelter/location and curriculum you plan to provide throughout the upcoming year (i.e., if you are doing 1 curriculum at 2 shelters, you will have to complete two rows). If you need additional rows, please copy and paste new rows to the bottom of the table. Please see Appendix B for IDHS PREP Standards for Curriculum Implementation.

- A. Name of Shelter/Location: Please enter the name of the shelter/location for which the row of information applies.
- B. Curriculum – Select the name of the curriculum you are using.
- C. Number of Classes per Center: Please enter the number of classes you project to serve for each shelter. For example, if there are 3 classes that you will be delivering the curriculum with at this location, you would insert (3). If there is only one class, you would enter (1).
- D. Frequency of Sessions – Please enter how frequently you will be providing sessions (i.e., once per week, twice per week, etc.)
- E. 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).
- F. 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.
- G. Total Number of Minutes per Cohort – Please enter the total number of minutes that each cohort will receive of this curriculum. Calculate this by multiplying the response from Column E by the response from Column F.
- H. Total Number of Minutes Required by Curriculum Developers – Please enter the dosage by minutes that are required by the developers of the chosen curriculum.
- I. Adaptations Planned? – Please enter Yes or No as to whether the curriculum will require adaptations to delivery or content. See Table 6 above to enter any adaptations.

A. Name of Shelter/Location	B. Curriculum Name	C. Number of Classes per Center	D. Frequency of Sessions	E. Total # of Sessions per Cohort	F. Length of Each Session (in minutes)	G. Total Number of Minutes per Cohort	H. Total Number of Minutes Required by Curriculum Developers	I. Adaptations Planned? (Yes/No)

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 or county is served by this coalition?
4. Describe the efforts you will take to maximize all resources within your community:
 - a. Community education (educating community stakeholders):
 - b. Networking to reach the target population
 - c. Consultation regarding program implementation effectiveness:
 - d. Sharing results (implementation and outcomes):
5. Does your coalition have a resource directory emphasizing referral sources for other needed services for both youth and parents/guardians?
6. Does your coalition have a mission statement that includes the reduction of teen pregnancy, HIV and STIs in the community?
The focus is TPP already
7. Please provide the names of the participants and the sectors the participants represent in Table 9 below.

Table 9: Coalition Members and Sector Representation

Name	Sector Represented
	Choose an item.

	Choose an item.

Please describe the objectives and activities you plan to conduct with your coalition throughout the fiscal year in the box below.

Adult Preparation Subjects

In the following table, list the services you will provide that address the adult preparation subjects. You can design your own activities, identify a curriculum or program. All activities must address at least three of the six adult preparation subjects and are designed to supplement curriculum information. The standards for implementation of the adult preparation subjects and their definitions are listed in Appendix C.

Table 10: Adult Preparation Subjects (APS)

For adult preparation subjects, you must deliver and/or partner with organizations to offer programming addressing at least three of the six adulthood preparation subjects. See Appendix C for a description of each of the topics and standards.

For each topic, please list how you plan to address that issue. You must select at least three of the topics to address over the course of the fiscal year. If you do not plan to address a topic this year, please indicate that with “Not Applicable.”

- A. How will you Address It? Please include the schools/locations and the targeted grade level(s).
- B. Number and Length of Sessions? Provide the number of sessions that will occur, followed by the length of sessions in minutes. For example, if you plan to have 5 sessions that each last 30 minutes, you would enter “5 sessions, 30 minutes each”
- C. Projected Number of Youth Served? List the projected number of youth for each topic.

Adult Preparation Topics	A. How Will You Address It? (List schools/locations and grades)	B. Number and Length of Sessions?	C. Projected Number of Youth Served?
Healthy Relationships			
Adolescent Development			
Financial Literacy			
Educational and Career Success			
Healthy Life Skills			
Parent/Child Communication			

Appendix B

IDHS PREP Standards for Curriculum Implementation

1. Demonstrate that the core curriculum was implemented in an appropriate setting. When using a model program, the curriculum should be implemented in a setting recommended by the program developer. *(The selected curriculum was implemented in an appropriate setting for ALL of the core curriculum participants).*
2. Demonstrate that the core curriculum is age appropriate for all core curriculum participants. When using a model program, the age of the program participants should adhere to the recommendations of the program developer. *(The selected curriculum was age appropriate for ALL of the core curriculum participants).*
3. Demonstrate that the total program developer required dosage (number of minutes) of the core curriculum is being offered to the majority of core program participants. All required modules of the core curriculum are implemented. *(All core curriculum sessions were offered to at least 80% of the core program participants).*
4. Demonstrate that the core curriculum is offered no more than twice per week for the majority of the core program participants (regardless of program developer recommendations). *(Sessions of the core curriculum were offered no more than twice per week for at least 80% of the core program participants).*
5. Demonstrate that core curriculum sessions are not less than 40 minutes long (regardless of program developer recommendations). *(Sessions of the core curriculum were not less than 40 minutes long).*
6. Demonstrate that the booster curriculum was implemented in an appropriate setting. When using a model program, the curriculum should be implemented in a setting recommended by the program developer. *(The selected curriculum was implemented in an appropriate setting for ALL of the booster program participants).*
7. Demonstrate that the booster curriculum is age appropriate for all booster program participants. When using a model program, the age of the program participants should adhere to the recommendations of the program developer. *(The selected curriculum was age appropriate for ALL of the booster program participants).*
8. Demonstrate that the total program developer required dosage (number of minutes) of the booster curriculum is being offered to the majority of booster program participants. All required modules of the booster curriculum are implemented. *(All booster curriculum sessions were offered for at least 80% of the booster program participants).*
9. Demonstrate that the booster curriculum is offered no more than twice per week for the majority of booster program participants (regardless of program developer recommendations). *(Sessions of the booster curriculum were offered no more than twice per week for at least 80% of the booster program participants).*

10. Demonstrate that booster curriculum sessions are not less than 40 minutes long (regardless of program developer recommendations). *(Sessions of the core curriculum were not less than 40 minutes long).*
11. Demonstrate that program participants are scheduled to receive all levels of the selected curriculum, core and boosters. *(All levels of the selected curriculum, core and booster, are scheduled to be implemented with ALL program participants. This standard will be reviewed in a future fiscal year by comparing the number of booster participants in served in the current fiscal year with the number of core participants served in the previous fiscal year).*
12. Demonstrate that only one level of the selected curriculum is implemented with the same group of program participants within a single school year. *(All program participants received only one level of the selected curriculum during the current school year).*
13. Demonstrate that most program participants have consistent program attendance (students are receiving most of the program). *(Among all cycles, the number of participants attending 80-100% of offered program sessions is 75% or higher).*
14. Demonstrate that most program participants received enough of the required program sessions to benefit from the program outcomes (most students are receiving most of the program). *(Among cycles where all required sessions were delivered, the number of participants attending 80-100% of sessions is 75% or higher as compared to participation in all cycles).*

Appendix C

DHS Standards for Adult Preparation Subjects Definitions

IDHS Standards for Supplemental Activities

The following standards have been developed by DHS for implementation of supplemental activities:

- Positive youth development program must only target youth who received the PREP curriculum sessions.
- An APS may not be a one-time event (e.g. teen conference, etc.) or a one-time campaign (e.g. conducting a week-long national media campaign).
- For in-school, target youth participants who are 11 to 18 years old or in grades 6 through 12. For shelters, target youth participants who are 11-20 years old.
- Sessions must be conducted at least once per week.
- Materials must be culturally sensitive/relevant and suitable to the age and development of the youth being served.
- The majority of program session time must be focused on interactive activities.
- Organized sports and or recreational activities as stand-alone activities are not permissible.

Adult Preparation Subjects

Below is a list of the adult preparation subjects to be incorporated into supplemental activities and a definition of each subject.

- 1. Healthy Relationships** - Relationships are interactions between people that are ongoing, voluntary, and mutually acknowledged. Healthy relationships are those relationships that are based on trust, honesty, and respect. Romantic relationships involve a unique dimension that is marked by affection, which is oftentimes physical and may or may not involve sex. Activities should address topics such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions.
- 2. Adolescent Development** - Adolescent development extends beyond the physiological changes that occur in adolescence to also encompass cognitive, emotional, social, sexual, identity formation, and spiritual change and growth. Changing social structure and life demands have catalyzed a paradigm shift in what it takes for adolescents to become “successful” adults. In other words, there has been a significant move toward understanding successful development as a product of preparation and capacity building rather than as simply the absence or management of problems. Activities should address topics such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.

- 3. Financial Literacy** - Financial education is the term used to capture efforts to improve financial literacy, and generally includes those programs that seek to improve knowledge, attitudes, and behavior related to personal finance. While experts do not agree on a uniform definition of the term financial literacy, in general, the term implies a level of basic knowledge or competence about financial concepts. Activities should address topics such as the ability to balance a checkbook, manage a credit card, prepare a budget, take out a loan, and buy insurance.
- 4. Educational and Career Success** - Education and career success programs focus on developing such skills as employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity. These programs generally seek to improve academic performance, increase school attendance, increase school engagement and/or increase school completion.
- 5. Healthy Life Skills** - The World Health Organization (WHO) defines life skills as “abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”. Specific skills and everyday demands may vary throughout the course of adolescence and across different socio-cultural groups. Life skills include, but are not limited to, communication, decision-making, coping, self-management, goal-setting, and avoidance of unhealthy behaviors.
- 6. Parent/Child Communication** - Positive communication between parents and children greatly helps young people to establish individual values and to make healthy decisions. Positive parent child communication can help adolescents have healthy and responsible sexual decision-making by providing accurate information and by creating open lines of communication. If children receive a negative message about sexuality from their parents, they will be less likely to turn to their parents to discuss sexual matters as they get older. In this way, open parent-child communication may be an effective prevention tool.

How to create a budget in CSA

- To access the IDHS Training Manual for use of the Budget Templates in the CSA System
http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManual_Revision_3_28_18.pdf

Uniform Grant Budget

Complete the Uniform Grant Budget in the CSA system. For more information about how to access the CSA system, see <http://www.dhs.state.il.us/page.aspx?item=61069>. For instructions about how to enter a budget into the CSA system see the [Training Manual for use of the Budget Templates in the CSA System](#). For EACH cost item listed in the budget worksheet, a detailed justification must be included in the narrative section. This justification should describe specifically how the budgeted amount was derived. The justification must also directly correlate the expenditure to the grant program – why/how it is necessary under the grant. Items being cost allocated must be fully detailed as to the method utilized. The Budget and Budget narratives should be prepared to reflect a budget period from July 1, 2018 – June 30, 2019. The Budget should be electronically signed and submitted in the CSA system. The budget must be electronically signed by the applicant's Chief Executive Officer and or Chief Financial Officer. See <http://www.dhs.state.il.us/page.aspx?item=95350> for more information about requesting CSA budget signoff authority.

Sub-Contractor PDF Uniform Grant Budget Forms

Complete the PDF version of the Uniform Grant Budget for Sub-Contractor budgets ONLY! Include completed Sub-Contractor Budgets found at this [link](#).