



Dear Abstinence Education Program Applicant:

The Ohio Department of Health is providing the enclosed Request for Proposals (RFP) for your review, consideration and completion as a request to operate an Abstinence Education Program in Ohio. Only those agencies currently funded for this grant are eligible to apply for these funds. Proposals are due Monday, July 17, 2006 for the funding period October 1, 2006 through September 30, 2007. The enclosed application summary provides basic information about the RFP, while the application guidance provides the specific details and instructions for the RFP.

Questions about this application can be address to:

Valerie Huber, State Coordinator  
Ohio Department of Health  
Office of Abstinence Education  
246 N. High Street – 7<sup>th</sup> Floor  
Columbus, Ohio 43215  
Telephone: (614) 995-5169

Thank you for your interest in the Abstinence Education Grant.

Sincerely,

Bernard L. Schlueter, M.A., FACHE  
Senior Policy Advisor

Enclosures



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

**THE DIRECTOR'S OFFICE**

**ABSTINENCE EDUCATION PROGRAM  
REQUEST FOR PROPOSALS (RFP)  
FOR  
FISCAL YEAR 2007  
(10/01/06 - 9/30/07)**

**Local Public Applicant Agencies  
Non-Profit Applicants**

**CONTINUATION GRANT APPLICATION INFORMATION**

## *Table of Contents*

<b>I</b>	<b><u>APPLICATION SUMMARY and GUIDANCE</u></b>	
	A. Policy and Procedure .....	1
	B. Application Name .....	1
	C. Purpose.....	1
	D. Qualified Applicants .....	1
	E. Service Area.....	1
	F. Number of Grants and Funds Available .....	2
	G. Due Date .....	2
	H. Authorization .....	2
	I. Goals.....	2
	J. Program Period and Budget Period .....	2
	K. Local Health Districts Improvement Standards .....	3
	L. Public Health Impact Statement .....	3
	M. Appropriation Contingency .....	4
	N. Programmatic, Technical Assistance & Authorization for Internet Submission .....	4
	O. Acknowledgment.....	4
	P. Late Applications.....	4
	Q. Successful Applicants .....	4
	R. Unsuccessful Applicants .....	4
	S. Review Criteria .....	5
	T. Freedom of Information Act.....	5
	U. Ownership Copyright.....	5
	V. Reporting Requirements .....	6
	W. Special Condition(s) .....	8
	X. Unallowable Costs .....	8
	Y. Audit.....	9
	Z. Submission of Application .....	9
<b>II.</b>	<b><u>APPLICATION REQUIREMENTS AND FORMAT</u></b>	
	A. Application Information.....	11
	B. Annual Assurances .....	11
	C. Budget.....	12
	D. Budget Certification.....	13
	E. Program Narrative.....	13
	F. Attachments .....	17
	G. Electronic Funds Transfer (EFT) Form .....	17
	H. Internal Revenue Service (IRS) W-9 Form.....	18
	I. Public Health Impact Statement Summary.....	18
	J. Public Health Impact/Response Statement .....	18
	K. Liability Coverage.....	18
	L. Non-Profit Organization Status.....	18
	M. Attachments as Required by Program .....	18

### **III APPENDICES**

- A. Philosophy of Ohio's Abstinence Education Program
- B. General Information on the Selection of Curriculum and Supplementary Resources (Section 510 A-H and Ohio Revised Code Section 3313.6011)
- C. Supplementary Resources Related to Condoms
- D. Instructions for Submitting Attachments via GMIS
- E. On-Line Submission of Program Report Instructions

### **IV. ATTACHMENTS**

- 1. School Service Form
- 2. Letter of Agreement With Schools
- 3. Unduplicated Count of Clients Served/Total Encounters By Clients Form
- 4. Assurance of Program Compliance
- 4a. Assurance of Subcontractor Compliance
- 5. Program Goals and Objectives Form
- 5a. Goals & Objectives – Sample Form
- 6. Curricula Form
- 7. Supplementary Resources Form
- 8. Biographical Sketch

## I. **APPLICATION SUMMARY and GUIDANCE**

An application for an ODH grant consists of a number of required parts – an electronic component submitted via an Internet Website (**which is sent with electronic acknowledgment in lieu of signature page**), various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Abstinence Education Program
- C. Purpose:** The purpose of the Abstinence Education Grant Program is to improve public health by promoting primary prevention. This is accomplished by providing abstinence until marriage education to unmarried youth in order to prevent sexually transmitted disease, decrease out of wedlock pregnancy and births, promote health and protect from other consequences of premarital sexual activity.
- D. Qualified Applicants:** Only agencies, currently funded under the Abstinence Education program are eligible to apply. Eligible applicants are the following Ohio organizations: Abstinence the Better Choice, Inc, Central Ohio AEN, Greater Dayton Pro-Life Education Foundation, Huron County General Health District, The Mercy Foundation, Miami County General Health District, Operation Keepsake, PregnancyCare of Cincinnati, REACH of Southwest Ohio, Inc, The RIDGE Project, Inc, RSVP of Licking County, St. Vincent Mercy Medical Center. All applicants must be a local public or non-profit agency, located in Ohio which is fully responsive to all elements of the federal guidelines of abstinence education funding. (See *Appendix B* for federal A-H guidelines), and be a currently funded program). For continuation grants, the applicant must have demonstrated acceptable performance standards during the previous grant period.
- E. Service Area:** The Abstinence Education Program targets all youth in Ohio for abstinence education. Taking a mandate from Title V Section 510 and ORC 3313.6011, the Abstinence Education Program seeks to increasingly fund programs that bring services to unserved and underserved areas of Ohio. Additionally, special emphasis is to be placed on collaboration among abstinence service providers in order to elevate both the degree and consistency of service. Collaboration is to be sought among abstinence until marriage programs that are funded by Title V, Section 510; CBAE and Title XX Adolescent Family Life (AFL) funding streams if they are located in the same area. Attention is to be given to both the content and depth of service, realizing that reinforcement of the message is vital to a continued commitment of abstinence by adolescents.

- F. Number of Grants and Funds Available:** Up to 12 grants for a total of approximately \$1,640,000 may be awarded to applicant agencies.

No grant award will be issued for less than **\$75,000 nor more than \$200,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted.

- G. Due Date:** Applications are due via the Internet on or before **Monday, July 17, 2006**.

Applications including any mailed forms and required attachments are due **Monday, July 17, 2006**. Attachments and any mailed forms will be considered to be "on time" if they are post marked or received on or before the established due date. Instructions for the submittal of applications and attachments, via the Internet, are contained in Appendix D.

Please contact Deborah Beck Candow, Program Coordinator, with any questions at 614.728.6817, by e-mail [deborah.candow@odh.ohio.gov](mailto:deborah.candow@odh.ohio.gov) or by fax at 614.644.8526.

- H. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 93.235*. The authorization of federal funds for this purpose is contained in the Personal Responsibility and Work Opportunity Act of 1996 (Public Law 104-193) which amended Title V of the Social Security Act. This program is currently receiving funding through a series of short-term continuing resolutions passed by the US Congress with the most recent extension of December 31, 2006 under the Deficit Reduction Act of 2005.
- I. Goals:** To promote abstinence education as primary prevention for improving public health. This is accomplished by providing abstinence until marriage education to all youth in order to prevent sexually transmitted disease, decrease out of wedlock pregnancy and births, promote health and protect from consequences of premarital sexual activity. Targeted populations may include adolescents as well as college-age students and significant adults in their lives.
- J. Program Period and Budget Period:** The program period extends from October 1, 2005 until September 30, 2007. The budget period begins October 1, 2006 and ends on September 30, 2007. Continuation of programs beyond the budget period will be determined by ODH and is contingent on availability of funds to support the approved program, compliance with the Special Conditions of the Notice of Award and the applicant's performance.

**K. Local Health Districts Improvement Standards:** This grant program will address the Local Health Districts Improvement Goal 4 – “Promote Healthy Lifestyles”, Standard 4.3 –“Prevention, healthy promotion, early intervention, and outreach services are provided directly or through contracts or partnerships.” The Local Health District improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>.

(Click on “Local Health Departments” then “Local Health Departments Performance Standards Workgroup Information,” and click the link “Local Health District Improvement Goals/Standards/Measures.”)

**L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
  - (a) The Local Health District Improvement Standard(s) to be addressed by grant activities;
  - (b) A description of the target population to be served;
  - (c) A summary of the services to be provided or activities to be conducted; and,
  - (d) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards **(not required for continuation cycle, if unchanged)**.

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available **(not required for continuation cycle, if unchanged)**.

- M. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. The amount awarded may not be the same as the amount requested, but will be based on perceived need and equitable distribution of funds. Due to the irregular nature of the State's receipt of Federal funding for disbursement, quarterly allotments to applicant agencies may not be paid on a specific and regular schedule. Additionally, the amount per applicant agency per quarter may be less than requested, as determined by the amount of funds received by ODH. Applicant agencies should plan to draw upon alternate resources as necessary to maintain their programmatic cash flow when receipt of grant funds from ODH is delayed.
- N. Programmatic, Technical Assistance and Authorization for Internet Submission:**  
Please contact Deborah Candow, Program Coordinator, with any program related questions at 614.728.6817, by e-mail [deborah.candow@odh.ohio.gov](mailto:deborah.candow@odh.ohio.gov) or by fax at 614.644.8526.
- O. Acknowledgment:** An electronic mail (e-mail) message will be sent to the valid e-mail address of the program director listed in the applicant agency's "Application Information Page" acknowledging ODH system receipt of the Internet submission.
- P. Late Applications:** Applications are dated the time of actual submission via the Internet, or are automatically submitted on the application due date. Any required forms and required any attachments will be considered to be "on time" and reviewable if they are postmarked or received on or before the established application due date of **July 17, 2006.**
- Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files, but they must be delivered by 4:00 p.m. on the application due date. FAX attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**
- Q. Successful Applicants:** Successful applicants will receive official notification in the form of a "Notice of Award" (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- R. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.

**S. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;
6. Demonstrates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the request for proposal; and,
9. Has demonstrated acceptable past performance.

The Ohio Department of Health will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given request for proposals. There will be no appeal of the Department's decision.

**T. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

**U. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:

Funded by Ohio Department of Health  
 Federal Government-US DHHS-ACF  
 Director's Office  
 Abstinence Education Program

- V. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

**Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of your agency flexibility status and/or further payments.**

Submit reports as follows:

- W. Program Reports:** Subgrantee Program Reports must be completed and submitted via the Internet by the following dates:

- a. **Unduplicated Count of Clients Served and Total Encounters By Clients Form (Attachment #3)** Submit completed forms quarterly by the following dates:

First Quarter (10/1/06 – 12/31/06)	due January 15, 2007
Second Quarter (01/1/07 – 03/31/07)	due April 15, 2007
Third Quarter (04/1/07 – 06/30/07)	due July 15, 2007
Fourth Quarter (07/1/07 – 09/30/07)	due October 31, 2007

- b. **Semi-Annual Program Report** is due **April 15, 2007**.

- c. **Annual Program Report** is due **October 31, 2007**.

Additional instruction will be sent to subgrantees prior to the due date of required reports. Additional required attachments associated with a Program Report may be sent electronically coupled with an e-mail. Any paper Non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date.

Submission of Subgrantee Program Reports via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of this submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

- 2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via the Internet** by the following dates:

First Quarter (10/1/06 – 12/31/06)	due January 15, 2007
Second Quarter (01/1/07 – 03/31/07)	due April 15, 2007
Third Quarter (04/1/07 – 06/30/07)	due July 15, 2007
Fourth Quarter (07/1/07 – 09/30/07)	due October 15, 2007

***Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.***

- 3. Final Expense Reports:** A Subgrantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via the Internet** within 45 days after the end of the budget period by **November 15, 2007**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as invoice to return unused funds.

***Submission of the Subgrantee Final Expense Report via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.***

- 4. Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via the Internet as part of the Subgrantee Final Expense Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

**W. Special Condition(s):** Responses to all special conditions **must be submitted via the Internet within 30 days of receipt of the first quarter payment.** A Special Conditions link is available on the Welcome screen for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30-day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

***Submission of response to grant special conditions via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.***

**X. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political points of view or for religious proselytization or for fund raising or lobbying, but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fee for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
17. All costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;

18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts, for compensation, with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants; and
22. Provision of any education that encourages and/or demonstrates the use of contraception.

**Use of grant funds for prohibited purposes will result in the loss or recovery of those funds.**

**Y. Audit:** An independent audit must be completed no later than nine months after the end of the agency's fiscal year.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expends \$500,000 or more in Federal awards in its fiscal year are required to have a single audit (\$300,000 for fiscal years ending on or before December 31, 2003). The fair share of the cost of the single audit is an allowable cost to Federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards (\$300,000 for fiscal years ending on or before December 31, 2003). The financial audit is not an allowable cost to the program.

Once the audit is completed, a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days. Reference GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

**Z. Submission of Application:**

The Internet application submission must consist of the following:

<p><b>Complete &amp; Submit Via Internet</b></p>
--

1. Application Information
2. Assurances

3. Budget
  - Cover Page
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Confirmation of Contractual Agreements
  - Section D
  - Summary
4. Budget Certification
5. Program Narrative
6. Attachments as required by Program **(Refer to Page 20)**

An original and one (1) copy of the following forms, available on the Internet, must be completed, printed, signed in **blue ink** with original signatures and mailed to the address listed below:

<b>Complete, Sign &amp; Mail To ODH</b>
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1. Electronic Funds Transfer (EFT) Form. **(Required if new agency, thereafter only if banking information has changed)**
2. IRS W-9 Form **(Required if new agency, thereafter only if changed)**

Two (2) copies of the following documents must be mailed to the address listed below:

<b>Copy &amp; Mail To ODH</b>
---------------------------------------

1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**
3. Liability Coverage **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed)**
4. Evidence of Non-Profit Status **(Non-Profit organizations only; for competitive cycle only; for continuation, only if changed)**

Two (2) copies of the following documents must be mailed to the address listed below:

<b>Complete Copy &amp; Mail To ODH</b>
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1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

2. An original and two copies of **Attachments** (non-Internet compatible) as required by Program. Please assemble all attachments for the Abstinence Education Program in the following order:
  - Cover letter with grant number and name of program included, as well as a description of submission
  - Attachments to be submitted via the mail  
**(Refer to Pages 18-19)**
  - Audit (if not previously submitted)

**Ohio Department of Health  
Grants Administration  
Central Master Files, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, Ohio 43215**

## **II. APPLICATION REQUIREMENTS AND FORMAT**

To access the on-line Grants Management Information System (GMIS), enter the GMIS site address: <http://gap.odh.state.oh.us> and enter the 11-digit program number provided by your program contact, which serves as your username when you log in. Do not submit the grant application until all appropriate sections have been completed and saved. For additional instructions, please refer to the information available on each individual screen through the on-line GMIS System's User Manual.

***All applications must be submitted via the Internet. Submission of all parts of the grant application via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Checking the Acknowledge Button signifies your authorization of this submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.***

**A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed in its entirety. Include e-mail addresses for receipt of acknowledgements. This information will serve as the basis for necessary communication between the agency and the ODH.

**B. Annual Assurances:** Each subgrantee must submit the "Federal and State Assurances for Subgrantees" form. This form is submitted automatically with each application via the Internet.

**C. Budget:** Prior to completion of the budget section, please review pages 8 and 9 of the RFP for unallowable costs.

**A match of 50% is required by this program.** This match amount **must** be included in the applicant share column of the Budget Summary page with a match plan in the narrative.

- 1. Cover Page:** Provide a detailed narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and Section D(9) of the application for additional information. Similar detail should be included for subcontractor budgets.
- 2. Personnel, Other Direct Costs, Equipment, Contracts & Confirmation of Contractual Agreement (CCA) Form(s):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2006 to September 30, 2007.

Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>) and supplies directly related to planning, organizing, and conducting the initiative/program activity described in this announcement.

Where appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed "Confirmation of Contractual Agreement" (CCA) form must be submitted via the Internet for each contract. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

***Submission of the "Confirmation of Contractual Agreement" (CCA) via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.***

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

- 4. Budget Summary:** Enter information about the funding sources, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.

**D. Budget Certification:** The Budget Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Complete the form by entering the State and Congressional Districts. By clicking the Acknowledge box when submitting an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**E. Program Narrative:**

- 1. Executive Summary:** Identify the target population, services, programs and curricula to be offered and what agency or agencies will provide those services. Describe the public health problems that the program will address. The executive summary may not exceed 2 pages in length.

**2. Description of Applicant Agency/Documentation of Eligibility/Personnel:**

Briefly discuss the applicant agency's eligibility to apply. Provide evidence that the applicant agency has the capacity to implement and provide administrative overview for the proposed project. This should include a description of the following:

- The applicant's coordination of fiscal administration, data collection and reporting, compliance with ODH reporting requirements, and other activities to assure satisfactory program performance on behalf of the applicant agency and all partners;
- Plans for hiring and training additional staff;
- All personnel who will be directly involved in program activities. (Include position descriptions for these staff);
- How the applicant will partner (subcontract) with other providers of abstinence education services and how the applicant will coordinate the delivery and reporting of such collaborative services within the counties for which they apply.

- 3. Problem/Need:** Identify and describe the local health concern that will be addressed by the program, but do not restate national and state data. Clearly identify and support the selection of the target population.

Describe the applicant agency's collaborative effort with other agencies to address the problem/need within the community.

Describe the methodology used to avoid duplication of services.

Describe community support for the proposed program. Include examples of such support, including schools, local organizations, media, parents, and other significant stakeholders.

Describe any challenges or successes your organization has had with offering abstinence education in your service area. Include challenges and barriers to establishing abstinence until marriage education and/or evaluation surveys in specific locales.

With the assistance of service area information provided by ODH, the applicant shall communicate with the other FY 2007 ODH applicant agencies and with other federally funded Abstinence Education providers (i.e., CBAE and Title XX Adolescent Family Life Grant recipients). Upon communication, if there are other abstinence educators providing services in the same schools, and/or in the same or contiguous counties, they must collaborate and formulate a plan **to minimize service duplication/overlap in the identified specific area(s).**

- 4. Methodology:** In a narrative, identify the program goals, objectives, and activities. Be specific in detailing how goals, objectives and activities are responsive to all elements of the federal definition for abstinence education (Appendix B). Complete a program activities timeline to identify program objectives and activities, and the start and completion dates for each. (Refer to Program Plan Instructions.)

Identify how the proposal includes youth and parental involvement in the input, review and/or development of the program. Programs are encouraged to design a workable program that is reasonable, achievable and holistic in its treatment of abstinence education. Asset building and the development of character strengths are important components of a successful abstinence program as are relationship skills as they pertain to dating and marriage preparation. Further, it is recommended that the proposal contain a component that advocates "renewed virginity" for those previously sexually active.

It is also encouraged that a parental component be included, as research demonstrates the strong connection between parental communication and connectiveness and youth avoidance of risk behavior.

**At a Minimum, Abstinence Education Programs Must:**

1. Implement abstinence education that is responsive to all elements of Section 510, A-H which includes
  - a. Any curriculum to targeted adolescent school children (See Appendices B, C and Attachment #6);
  - b. All supplementary resources (including speakers, brochures, pamphlets, videos, cds, posters and websites) that augment, supplement or expand the basic curricula (See Appendices B and C, and Attachment #7);
2. Provide assurance that abstinence education funds will not be used for proselytizing of any faith;
3. Provide administrative oversight and attention to meetings, e-mails, required reports and evaluation:
  - a. Assure attendance and participation at all required meetings
    - i. Program Directors are to be the primary attendees of technical assistance meetings, but may designate another staff member from the applicant agency to attend under unavoidable circumstances. While subcontractors are also encouraged to attend in order to become familiar with grant procedures and parameters, a subcontractor does **not** satisfy the requirement of an attendee from the applicant agency;
    - ii. Professional development workshops must be attended by the following staff members:
      - **Understanding Abstinence workshops:** any staff who interacts with the public or who provide instruction **must** attend this workshop, including subcontractor organizations. It is only required to attend this workshop one time. Dates for this workshop have been set for October 4 and 6, 2006 from 9:30 am to 12:30 and October 5, 2006 from 1:00 pm to 4:00 pm at the Columbus Developmental Center (1601 West Broad Street). Staff may select any one date to attend.



**Program Plan Instructions:**

Applicants must include the two State objectives noted below. Develop activities, which address each of the objectives. Activities must be time-phased, measurable, and specify activities that will be conducted during the budget period. Develop a plan of operation for each objective and activity. Describe by title, each person within applicant's agency and/or subcontracting agency who will be responsible for carrying out each objective and activity.

**OBJECTIVE 1:** By 9/30/2007, provide a curriculum to all targeted adolescent school children responding to the eight (A-H) Federal legal requirements for sexual abstinence until marriage education, including abstinence from drugs, alcohol, and tobacco use. Submit a copy of all curricula, and the supplementary resources that are an integral part of your program prior to its usage and indicate how they meet A-H requirements. (See Attachment #6 and Attachment #7 for templates.)

**OBJECTIVE 2:** By 9/30/2007, promote Public and Professional awareness about Ohio Revised Code: Section 3313.6011. The State Board of Education requires that course material and instruction in STD education follow mandated guidelines from Ohio's legal requirement for abstinence education. (Law is quoted in Appendix B).

- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments will be sent via GMIS as a file as part of an email utilizing the GMIS Send/Record Comments link. Attachments sent electronically must be transmitted by the application due date. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before **(July 17, 2006)**. All attachments must clearly identify the authorized program name and program number. A minimum of an original and two copies of non-internet attachments is required.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**

- H. Internal Revenue Service (IRS) W-9 Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax or agency address information has changed.)**
- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed)**.
- J. Public Health Impact Response/Statement:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed)**.
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; for continuation, only if changed)**.
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your 501(c)(3) exempt status **(Non-Profit Organizations only; for continuation, only if changed)**.
- M. Attachments as Required by Program: Provide an original and two copies of the following attachments to be sent via the mail to ODH Central Master Files:**
- 1. Abstinence Education Curricula & Supplementary Materials:** Provide a copy of the curricula you plan to use for your program unless the ODH Abstinence Education Program has previously reviewed and approved your selected curriculum. Provide a copy of any revisions, updates and modifications made since the curriculum and/or educational materials were reviewed and/or approved by ODH. Send a copy of all supplementary materials that are integral to the program (including brochures, videos, handouts, and information hotline transcripts) for review and approval **prior to their usage** in any funded program. (Materials will not be returned unless special arrangements are made for that purpose.)

2. **Evaluation Tools:** Submit a blank copy of all applicant (and subcontractor) questionnaires and other non-ODH evaluation forms to be utilized for collecting and analyzing data to assess the program's effectiveness, if applicable.
3. **Letters of Agreement with Schools:** Submit copies of all letters of agreements from schools. The original agreements signed in **blue ink**, signed either by the superintendent, the principal of the school, or their designee shall include: a) name of school district; b) school(s) to be served; c) number of classes and grade levels targeted for the program; and d) number of unduplicated students to be served. See Attachment #2 for template for agreement letter.
4. **FY 2007 Assurance of Program Compliance:** Submit Attachment #4 with an original signature (in **blue ink**) from the authorized applicant official. Submit Attachment #4a with original signature from the authorized official from each subcontractor. Only subcontractors who provide direct abstinence services are required to sign this assurance.
5. **Cooperative Agreements:** Submit a currently dated copy of the written agreement(s) of cooperation signed in **blue ink** by all applicable applicant agencies, their collaborative partners, and other applicable abstinence education providers as described in the Program Narrative section of the RFP indicating efforts to avoid duplication of services in specified service areas. This letter does not assume that agencies will be working as partners, but merely that there is routine exchange of information regarding services in order to avoid duplication.
6. **Job Descriptions:** Submit job descriptions for persons to be paid directly through program funds. The applicant shall retain the job descriptions of subcontractor staff on file; these should not be sent to ODH.

**Letters of Support:** Submit currently dated and signed letters of support for the applicant agency and for each of the applicant's current subcontractors. Letters of support should be submitted by entities who are not direct beneficiaries of abstinence educational monies. Quality of letters is of greater importance than quantity of letters. Only applicants can submit letters; letters submitted directly to ODH by subcontractors or letter-writers will not be accepted.

**Provide the following attachments electronically through the GMIS system:**

1. **School Service Form**: Submit completed Attachment #1 form. The table must be organized by county and shall include: 1) name of the school; 2) school district; 3) grade levels; 4) number of students; 5) the extent of programming in each school (e.g. an assembly, 5 days of incremental instruction, etc); and 6) the names of other abstinence programs which provide services in the same school. As soon as the schedules of classes and/or events are determined, one copy must be submitted to the ODH.
2. **FY 2007 Unduplicated Count of Clients Served/Total Encounters By Clients Form**: Submit completed Attachment #3 form with FY 2007 projected numbers. Clients refer to any individual who receives an educational message regarding abstinence from your organization. If a mass media campaign is planned, include the projected client numbers to be impacted in the Narrative but do not include the mass media projections on this form.
3. **FY 2007 Abstinence Education Program Goals and Objectives Form**: Submit completed Attachment #5 form with applicant goals and objectives including the two State objectives.
4. **Curricula Form**: Submit a completed Attachment #6 form for each curriculum used by the applicant and the subcontractors.
5. **Supplementary Resources Form**: Submit a completed Attachment #7 form for each applicant and subcontractor listing resources used that are an integral part of program implementation.
6. **Biographical Sketches**: Submit biographical sketches for applicant agency staff only for those persons to be paid directly through program funds. The applicant shall also submit the resumes of subcontractors who provide direct educational services. All other subcontractor resumes should be retained on file in the office of the applicant. Submit all biographical sketches using the template in Attachment # 8.

## The Philosophy Of Ohio's Abstinence Education Program

The Ohio Abstinence Education Program promotes abstinence outside of marriage as primary prevention.

We believe that teens who learn to respect themselves and others are more likely to connect personal responsibility and positive behavior to human sexuality.

We also believe that emphasizing self control and delayed gratification contribute to a healthier and more productive society.

Abstinence Education is a holistic approach to sexual health and the positive response to a public health crisis, sexually transmitted disease and out of wedlock pregnancy.

Abstinence Education empowers youth with the skills to:

- **Envision** a positive future and set attainable goals.
- **Develop** character traits that will enable them to achieve these goals.
- **Build** relationships based on mutual respect.
- **Avoid** the negative personal and social consequences of unwed pregnancy, sexually transmitted disease, and premarital sexual intimacy.
- **Establish** healthy boundaries in dating relationships.
- **Become** individuals with the character necessary to remain abstinent *until* marriage, realizing that those same qualities are beneficial for the individual and society as a whole.

## General Information on the Selection of Curriculum and Supplementary Resources

### Title V Abstinence Education Funding

All resources purchased and distributed with Title V abstinence funding should emphasize the following:

- Must be consistent with all of the eight elements of the legislative definition of abstinence education in Section 510 of Title V of the Welfare Reform Act and the Ohio Revised Code Section 3313.6011.

#### ***Welfare Reform Act of 1996; Section 510 of Title V***

The term “abstinence education” means an educational or motivational program which:

- A. Has as its exclusive purpose, teaching the social, psychological, and physical health gains to be realized by abstaining from sexual activity;*
- B. Teaches abstinence from sexual activity outside of marriage as the expected standard for all school-age children;*
- C. Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;*
- D. Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;*
- E. Teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;*
- F. Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;*
- G. Teaches young people how to reject sexual advances and how alcohol and drug uses increase vulnerability to sexual advances; and*
- H. Teaches the importance of attaining self-sufficiency before engaging in sexual activity.*

#### **Ohio Legal Requirements for Abstinence Education Ohio Revised Code: Section 3313.6011**

*STD instruction “shall emphasize that abstinence from sexual activity is the only protection that is 100% effective against unwanted pregnancy, STD’s and the sexual transmission of a virus that causes AIDS.” It requires that the State Board of Education shall require that course material and instruction in STD education follow the following guidelines:*

1. *Stress that students should abstain from sexual activity until after marriage*
  2. *Teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage*
  3. *Teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child's parents and society*
  4. *Stress that sexually transmitted diseases are serious possible hazards of sexual activity*
  5. *Advise students of the laws pertaining to financial responsibility of parents for children born in and out of wedlock*
  6. *Advise students of the circumstances under which it is criminal to have sexual contact with a person under the age of 16."*
- Must contain a strong abstinence *until marriage* focus ("until later", "not yet", "early sexual involvement" are not acceptable). The clear message must teach "abstinence from sexual activity outside of marriage as the expected standard for all school-age children." (Section 510, A-H guidelines.)
  - Abstinence from all forms of sexual activity should be encouraged. Sexual abstinence is defined in Ohio as: "voluntarily refraining from sexual activity." (Ohio Revised Code [ORC] describes sexual activity as including any genital activity and touching that is designed to sexually stimulate. ORC 2907.01)
  - Should be medically accurate in all assertions.
  - Resources may not encourage nor demonstrate the use of contraception nor refer to other resources that do (via website links, videos, pamphlets, etc).
  - Materials should be age appropriate for the intended audience. This means that classroom presentations should be designed to respect the maturity level of the average student, being especially careful not to be overly explicit. Lessons should teach necessary information and skills while preserving the natural modesty of the student.

## Supplementary Resources Related to Condoms

### Ohio Title V Abstinence Education Funding

#### **Preface:**

In selecting general materials that are appropriate for use with Ohio's Title V Abstinence Education grant funds, please refer to the fact sheet: "*General information on the selection of curriculum and supplementary resources*" distributed by the ODH Abstinence Education Program.

For basic and foundational guidance, the General Information resource should be used. To supplement for specific topics, refer to the appropriate topical fact sheets provided.

#### **Guidance:**

The purpose of this information sheet is to provide guidance on the selection of supplementary condom information resources. Remember the following:

- Information presented about condoms, (as is true of all information regarding contraception) may not encourage nor demonstrate the use of contraception with this abstinence education grant funding. Effectiveness rates may be discussed, but abstinence must always be the recommended behavior.
- Condoms may reduce the risk of pregnancy and sexually transmitted disease (STD), but do not prevent pregnancy or STDs even if used 100% of the time.

**References:**(Davis KR and Weller SC. The Effectiveness of Condoms in Reducing Heterosexual Transmission of HIV. *Fam Plann Perspect.* 1999; 31(6):272-279; Bunnell RE, et al. High Prevalence and Incidence of Sexually Transmitted Diseases in Urban Adolescent Females Despite Moderate Risk Behaviors. *J Infect Dis.* 1999; 180:1624-1631; 138. Zenilman JM, et al. Condom Use To Prevent Incident STDs: The Validity of Self-Reported Condom Use. *Sex Transm Dis.* 1995; 22(1):15-21. Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention. July 20, 2001. National Institute of Allergy and Infectious Diseases, National Institute of Health, Department of Health and Human Services. Available at: <http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>; Wald, Anna, Langenberg Andria, et. al.; "The Relationship between Condom Use and Herpes Simplex Virus Acquisition", *Annals of Internal Medicine*, November 15, 2005, Volume 143, No. 10, Pages 708-714. ; Ahmed, Saifuddin, et. al. "HIV incidence and sexually transmitted disease prevalence associated with condom use: a population study in Rakai, Uganda", *AIDS*, 2001, Vol. 15, No. 16, Pages 2171-2179. Crosby, RA, DiClemente, RJ, Wingood, GM, Lang, D, Harrington, KF, "Value of Consistent Condom Use: A Study of Sexually Transmitted Disease Prevention Among American Adolescent Females", *American Journal of Public Health*, June 2003, Vol. 93, No. 6, Pages 901-902.; Fitch, JT, Stine C, Hager, WD, Mann, J, Adam, MB, McIlhaney, J, *Condom Effectiveness: Factors That Influence Risk Reduction, STDs*, December 2002, Volume 29., No. 12, Pages 811-817. Steiner, MJ, Dominik, R, et. al, "Contraceptive Effectiveness of a Polyurethane Condom and a Latex Condom: A Randomized Controlled Trail", *Obstetrics and Gynecology*, Vol 101, No. 3, March 2003, Pages 539-547. Warner L, et al. Assessing Condom Use Practices. *Sex Trans Dis.* 1998; 25(6):273-277. "Crosby, RA, Sanders, SA, Yarber, WL, Graham, CA, Dodge, A, "Condom use errors and problems among college men", *STDs*, Volume 29, No. 9, September 2002, Pages 552-557

- Citing statistics based on the "Perfect use" of condoms for preventing pregnancy is a misrepresentation of how the average person actually practices condom use which is more accurately represented by the term "typical use". Clinical studies represent "perfect use"

rates which means using the method consistently and correctly *every single time*, while cohort studies in the general population represent “typical use” rates.

## Page 2 – Appendix C

- As with all medical information and research, the study of the effectiveness of condoms is ever changing. Common errors are sometimes repeated about condoms simply because the person sharing the information is not aware of newer and/or more reliable data. **Always seek the most recent information before presenting it.**
- Remember that neither the discussion of STDs nor condom efficacy rates are central to the message of abstinence education. Being holistic in its approach, abstinence education addresses the many advantages of reserving sexual activity for marriage. The prevention of sexually transmitted disease and pregnancy represent only two of those advantages.

## FAQs about Condoms

### 1. Why are condoms often said to be “protective” or called “wearing protection”?

Successful media campaigns have given the erroneous message that wearing a condom equates to “safe sex” or “protection” from the unwanted consequences of sex – namely pregnancy and sexually transmitted diseases.

<p>“<b>Protective</b>” is defined as “to cover or shield from danger or injury (Webster’s Dictionary). Medical terminology “protective” is defined as “affording defense or immunity or an agent that affords defense against a deleterious influence.” (Dorlands Medical Dictionary)</p>
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So does a condom offer “protection”? Is a person who uses a condom “safe”? While a condom offers *risk reduction* for pregnancy and certain STDs, it is *not* protection, nor does it assure “safe sex”. How “safe” are youth who use condoms? Not safe enough! Youth deserve a full disclosure of current information about the effectiveness of condoms so they have a better understanding of why abstinence is the only reliable choice for their premarital sexual health.

### 2. Do condoms contain holes or pores that can permit the acquisition of an STD?

Some would say that since a sperm is much larger than a virus or bacteria, condoms are less effective at preventing the spread of disease than they are in preventing pregnancy simply because of the likelihood of virus or bacterium flowing through the pores in condoms. As evidenced by the research-based discussion given below, this assertion should **not** be made.

**The following information is quoted from the “Integrated Sexual Health: Scientific Dimensions” PowerPoint Presentation, developed by the Medical Institute for Sexual Health at [www.medinstitute.org](http://www.medinstitute.org)**

- Fluid flow characteristics such as thickness and pressure are far more important than pore size in determining what is able to “leak” through a condom<sup>1</sup>
- Incorrect and inconsistent use of condoms is far more likely to cause failure of pregnancy and disease prevention than any material-related feature of condoms<sup>2</sup>

Some studies show leakage of virus-sized particles under laboratory conditions<sup>3</sup> but the numbers make it extremely unlikely to be enough to cause infection. Most studies conclude that leakage through an intact latex condom is not a significant factor in causation of STIs.<sup>2</sup> The NIH panel on condom effectiveness reviewed various studies and reported that it is not the viral size but fluid flow that determines the passage of virus sized particles through latex.<sup>1</sup> Evidence shows that an intact latex barrier should contain the infectious agents for all known STDs that are transmitted by the exchange of bodily fluids.<sup>4</sup>

<sup>1</sup>National Institutes of Health. Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention. 2001, July 20. Available at: <http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>. Accessed January 25, 2004.

<sup>2</sup>Carey RF, Herman WA, Stephen MR, Rinaldi JE, Herman BA, Athey TW. Effectiveness of latex condoms as a barrier to human immunodeficiency virus-sized particles under conditions of simulated use. *Sex Transm Dis.* 1992;19(4):234.

<sup>3</sup>Roland CM. The barrier performance of latex rubber. *Rubber World.* 1993;208(3):15-19.

<sup>4</sup>Fitch JT, Stine C, Hager WD, Mann J, Adam MB, McIlhaney J. Condom Effectiveness: Factors that Influence Risk Reduction. *Sex Transm Dis.* 2002;29(12):811-817.

### 3. Are condoms used consistently (all the time) by sexually active teens?

- Between 13%- 50% of teens self report consistent condom usage.

**References:** Bunnell RE, et al. High Prevalence and Incidence of Sexually Transmitted Diseases in Urban Adolescent Females Despite Moderate Risk Behaviors. *J Infect Dis.* 1999; 180:1624-1631;. Crosby, RA, DiClemente, RJ, Wingood, GM, Lang, D, Harrington, KF, “Value of Consistent Condom Use: A Study of Sexually Transmitted Disease Prevention Among American Adolescent Females”, *American Journal of Public Health*, June 2003, Vol. 93, No. 6, Pages 901-902; Sonenstein FL, Ku L, Lindberg LD, Turner CF, Pleck JH. Changes in sexual behavior and condom use among teenaged males: 1988-1996. *Am J Public Health.* 1998;88(6):956-959 et al. 1997. *Sex Transm Dis.*

- Condom use tends to decrease as a person gets older.

**References :** Anderson JE, et al. Condom Use and HIV Risk Behaviors Among U.S. Adults: Data from a National Survey. *Fam Plan Perspective.* 1999; 31(1):24-28; Gurnbaum JA, Kann L, Kinchen SA, et al. Youth risk behavior surveillance – United States 2001. *MMWR Surveil sum.* 2002;51(4). Available at: <http://www.cdc.gov/mmwr/PDF/SS/SS5104.pdf>

- Condom use tends to decrease as the length of a relationship increases

**References:** .Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2001. MMWR. 2002;51:1-64. Fortenberry JD, Wanzhu T, Hareziak J, Kats BP, Orr DP. Condom use as a function of time in new and established adolescent sexual relationships. *Am J Public Health*. 2002;92:211-213. Cooper ML, Agocha VB, Powers AM. Motivations for condom use: Do pregnancy prevention goals undermine disease prevention among heterosexual young adults? *Health Psychology*. 1999;18:464-474. Freya L. Sonnestein, PhD, Jeff Stryker, “Why Some Men Don’t Use Condoms: Male Attitudes About Condoms and Other Contraceptives”, Monograph by Henry J. Kaiser Family Foundation, 1997, Page 4.

- The most recent research indicates that inconsistent condom usage provides no risk reduction for STDs, with the possible exception of Herpes Simplex 2 and HIV.

**References:** Wald, Anna, Langenberg Andria, et. al.; “The Relationship between Condom Use and Herpes Simplex Virus Acquisition”, *Annals of Internal Medicine*, November 15, 2005, Volume 143, No. 10, Pages 708-714. (studies suggest approximately a 26% risk reduction with less than “always” use of condoms); Weller S, Davis KR. Condom effectiveness in reducing heterosexual HIV transmission. *The Cochrane Database Sys Rev*. 2001; (3):CD003255. <sup>1</sup>National Institutes of Health. Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention. 2001, July 20. Available at: <http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>, (In sero-discordant couples [one positive and one negative and the negative knows s/he is having sex with an HIV infected partner] studies suggest that the risk reduction for always use is approximately 85%. Less than always use provided much less risk reduction)

#### 4. What does condom effectiveness refer to?

When the effectiveness of condoms is discussed, it must be noted that condoms are not typically used consistently and correctly.

- a. Consistently means using a condom *every single time* a person engages in sexual activity
- b. Correctly means following the FDA approved steps for condom usage which describes the proper methods for both application and disposal. (7/05 FDA Condom Fact Sheet).

#### **Study results only reflect condom effectiveness for vaginal sex. Insufficient data exists to make definitive statements about risk reduction for either oral or anal intercourse.**

**References:** Hearst, Norman, Chen, Sanny; “Condom Promotion for AIDS Prevention in the Developing World: Is It Working?” *Studies in Family Planning*, Volume 35, No. 1, March 2004, Pages 39-47. Anderson JE, et al. Condom Use and HIV Risk Behaviors Among U.S. Adults: Data from a National Survey. *Fam Plan Perspective*. 1999; 31(1):24-28; Gurnbaum JA, Kann L, Kinchen SA, et al. Youth risk behavior surveillance – United States 2001. MMWR Surveil sum. 2002;51(4). Available at: <http://www.cdc.gov/mmwr/PDF/SS/SS5104.pdf> In sero-discordant couples (one positive and one negative and the negative knows they are having sex with infected partner) studies suggest that risk reduction for HIV acquisition for “always” use is approximately 85%. Davis KR and Weller SC. The Effectiveness of Condoms in Reducing Heterosexual Transmission of HIV. *Fam Plann Perspect*. 1999; 31(6):272-279.; Studies suggest that consistent (100%) condom use offers approximately 50% risk reduction for acquiring Chlamydia and Gonorrhea; Ahmed, Saifuddin, et. al. “HIV incidence and sexually transmitted disease prevalence associated with condom use: a population study in Rakai, Uganda”, *AIDS*, 2001, Vol. 15, No. 16, Pages 2171-2179. Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention. July 20, 2001. National Institute of Allergy and Infectious Diseases, National Institute of Health, Department of Health and Human Services. Available at: <http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>; Baeten JM, et al. 2001. *Amer J Obstet Gynecol*.

**5. If we inform teens about the limitations of condoms in preventing pregnancy and the spread of STDs, aren't they less likely to use contraception if they decide to become sexually active?**

The Food and Drug Administration was asked by a Congressional subcommittee if full disclosure on the limitations of condoms would diminish condom use. They responded on June 21, 2004: "We are not aware of such studies".

Furthermore, it is ill-advised to suggest that withholding medically accurate information on the effectiveness of condoms is beneficial. Overstatements about condom effectiveness are not medically accurate.

## Instructions for Submitting Attachments via GMIS

1. Complete the Word document "FY07 RFP Attach" then save the document to your computer's hard drive using "FY07 *Your Agency's Name* RFP Attachment" as a file name.
2. After submission of your FY07 grant application through GMIS, go to the GMIS Welcome screen and click on "**Send-Record Comments.**"
3. An e-mail message box will come up. Scroll down to the **Add New Comments** section. Type in a message indicating that you are submitting your FY06 grant attachments.
4. Next to the Attachment box, click on the **Browse** button.
5. Find your saved attachment (FY07 *Your Agency's Name* RFP Attachment) document on your hard drive.
6. Double click on the file name and the file name will appear in the Attachment box on the **Add New Comments** screen.
7. Click on **Add New Comments** screen at the bottom of the page.
8. You should get a message that says "Please Wait Sending E-mail." This may take a few minutes.
9. This should be followed by a message that says "Email sent successfully!"
10. If no other attachments are needed, click on **CLOSE**. If other attachments are needed, return to step #1 and begin the process again.

If you have any questions or problems, please contact Deborah Beck Candow,

Program Coordinator, at 614.728.6817, by e-mail [deborah.candow@odh.ohio.gov](mailto:deborah.candow@odh.ohio.gov) or by fax at 614.644.8526.

**Abstinence Education Program  
Ohio Department of Health**

**ON-LINE SUBMISSION OF PROGRAM REPORT  
INSTRUCTIONS**

**INSTRUCTIONS FOR THE USE OF FORMS ONLINE:**

1. Open each attached file.
2. Save the required forms on your hard drive for your records (Click "File", then "Save As", then save in "My Documents", and finally Save).
3. Complete the forms and then save them on your hard drive for your records.
4. Send completed forms as an attachment to an e-mail to the ODH GMIS Mailbox (Instructions detailed below).
5. Receipt of your submission will be noted in your individual GMIS grant account.
6. These completed forms will then be attached to the GMIS Program Report section using the directions included in this instruction.
7. Typical forms that will require on-line semi-annual and quarterly submission include Attachments #1e, 3, and 5. Precise submission instructions will be sent to successful applicants prior to the deadline for submission of these required reports.

**INSTRUCTIONS FOR THE SUBMISSION OF REPORTS ON GMIS:**

1. Log on to your GMIS account.
2. You will see the Welcome Screen.
3. Choose the **Program Report** option.
4. Select the appropriate **Available Report Period**.
5. Click the **Get Information** button.
6. The screen will display the **Subgrantee Program Report** form. This form will display 3 boxes with questions and text boxes. In the first text box, **I. Comparison of actual accomplishments to the objectives required by the Request for Proposals (RFP)** type a response which indicates that you are submitting the program report with this report (for example, "Program Semi-Annual Activity Reports for first half FY07 are being submitted on 3/10/07.") You do not need to enter a message in all of the text boxes, just the first one.
7. Scroll down to the bottom and click on **Save Changes**.
8. Then click on **Add Attachments**.
9. An e-mail message box will come up. Scroll down to the **Add New Comments** section. Type in a message indicating that you are submitting your Quarterly Activity Report.
10. Next to the Attachment box, click on the **Browse** button.
11. Find your saved program report documents on your hard drive.
12. Double click on the first file name and the file name will appear in the Attachment box on the Add New Comments screen.
13. Click the **Add Comments** button at the bottom of the page.
14. You should get a message that says "Please wait. Sending Email. This may take a few minutes."
15. This should be followed by a message that says "Email Sent Successfully!"
16. Repeat the above steps for each additional attachment needed, then click on **Close**.
17. You should then be back at the **Subgrantee Program Report** screen. Go to the bottom of this page and click on **Save Changes**. Then click the **Submit Program Report** button. You should get a message box that says "The Program Report has been successfully Submitted!"
18. You are then finished!



Letter of Agreement  
Ohio's Abstinence Education Program

The undersigned school agrees to permit abstinence education programming in their school during the FY 2007. These services are to be provided by:

\_\_\_\_\_  
(Name of abstinence organization)

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

School District: \_\_\_\_\_

School: \_\_\_\_\_

Grade levels targeted for this program: \_\_\_\_\_

Number of classes to be served during FY 2007: \_\_\_\_\_

Estimated number of students to be served: \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized school staff member

\_\_\_\_\_  
(Print name and title of above-signed individual)

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

**ABSTINENCE EDUCATION PROGRAM**

Ohio Department of Health

**FISCAL YEAR 2007 REPORT**Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_ Projected: \_\_\_\_ 1<sup>st</sup> Qtr: \_\_\_\_ 2<sup>nd</sup> Qtr: \_\_\_\_Agency: \_\_\_\_\_ 3<sup>rd</sup> Qtr: \_\_\_\_ 4<sup>th</sup> Qtr: \_\_\_\_

Grant Project Number: \_\_\_\_\_

Inclusive Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

County (ies): \_\_\_\_\_

**UNDUPLICATED COUNT OF CLIENTS SERVED**

<b>MALES</b>	<b>&lt;10</b>	<b>10 – 14</b>	<b>15 – 17</b>	<b>18 – 19</b>	<b>20 – 24</b>	<b>&gt;24</b>	<b>TOTAL</b>
Non-Hispanic White							
Black							
Hispanic							
Others							
<b>FEMALES</b>	<b>&lt;10</b>	<b>10 – 14</b>	<b>15 – 17</b>	<b>18 – 19</b>	<b>20 – 24</b>	<b>&gt;24</b>	
Non-Hispanic White							
Black							
Hispanic							
Others							
<b>TOTAL</b>							

**TOTAL ENCOUNTERS BY CLIENTS**

<b>MALES</b>	<b>&lt;10</b>	<b>10 – 14</b>	<b>15 – 17</b>	<b>18 – 19</b>	<b>20 – 24</b>	<b>&gt;24</b>	<b>TOTAL</b>
Non-Hispanic White							
Black							
Hispanic							
Others							
<b>FEMALES</b>	<b>&lt;10</b>	<b>10 – 14</b>	<b>15 – 17</b>	<b>18 – 19</b>	<b>20 – 24</b>	<b>&gt;24</b>	
Non-Hispanic White							
Black							
Hispanic							
Others							
<b>TOTAL</b>							

## ODH ABSTINENCE EDUCATION PROGRAM Assurance of Program Compliance

The Applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts, and other federal financial assistance from the U.S. Department of Health and Human Services.

**The Applicant hereby assures that it will comply with the following:**

1. Applicant shall only provide abstinence until marriage education. No educational strategy will encourage and/or demonstrate the use of contraception. Any subgrantee of the Office of Abstinence Education that inappropriately uses the grant funds may be suspended, terminated, debarred, or such other remedies as may be legally available and deemed appropriate.
2. Applicant's proposed or selected curriculum(a) and activities will be consistent with all of the eight elements of the legislative definition of abstinence education in Section 510 of Title V of the Welfare Reform Act and the Ohio Revised Code Section 3313.6011.
3. Applicant will coordinate the delivery of collaborative services with its contractual partners, and will be responsible for data collection and reporting in accordance with all Abstinence Education Program reporting requirements.
4. Applicant will advertise any classes or activities that they conduct in non-public forums to notify any youth in the community that they may attend or participate voluntarily.
5. Applicant will not expend funds for sectarian instruction, sacred literature, worship, prayer, nor engage in proselytizing or other inherently religious practices in the implementation of any program activities, curricula, and/or components in collaboration with community churches or schools.
6. Applicant will participate in all Abstinence Education Program evaluations conducted by the Ohio Department of Health. Applicant will ensure that all surveys conducted and data collected will be confidential to protect the anonymity and privacy of the participants.
7. Applicant understands that if any copyrightable materials (e.g., audiovisuals, software, publications, curricula, and training materials, presentation, publications, pamphlets, journal articles, reports, books, teaching guides, or software), audiovisual (e.g., posters, slides, videotapes, film etc.) is developed under this grant (by the subgrantee or contractor), the U.S. Department of Health and Human Services (HHS) shall have a royalty-free nonexclusive and irrevocable right to reproduce, publish or otherwise use and authorize others to use the work for purposes which further the objectives of the Administration for Children and Families. **The subgrantee shall provide three (3) copies of all such copyrightable material upon the request of the ODH Abstinence Education Program.** All materials shall state: Funded by Ohio Department of Health; Federal Government – US DHHS-ACF; Director's Office, Abstinence Education Program.
8. Applicants proposing to provide abstinence until marriage education and who have a public health mandate, such as local health departments, community health centers or other community-based clinics, must provide signed assurance. This assurance must state that any discussion of other forms of sexual conduct or provision of services is conducted in a setting different from where and when the abstinence education instruction is being conducted to eliminate mixed messages.

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Date

Signature of Authorized Official

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Title of Authorized Official, and Name of Agency

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Grant Project Number

## ODH ABSTINENCE EDUCATION PROGRAM Assurance of Program Compliance: SUBCONTRACTOR

**Please Note: Only subcontractors that provide direct abstinence education are required to complete this form.**

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**The Applicant hereby assures that it will comply with the following:**

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Grant Project Number

**ABSTINENCE EDUCATION PROGRAM**  
Ohio Department of Health

**GOALS AND OBJECTIVES FORM**

**APPLICANT:** \_\_\_\_\_ **GRANT #:** \_\_\_\_\_

**GOAL #** \_\_\_\_\_

<b>Objectives</b> Specific and Measurable	<b>Activities</b> Tasks, Methods and Mechanisms	<b>Staff Person and/or Agency Responsible</b>	<b>Time Table</b> Specify Beginning and Ending Dates	<b>Evaluation</b> Specify Method Used for Each Activity	<b>Achievement Progress</b> For Semi-Annual and Final Program Reports <b>Numbers, Accomplishments, Reasons for Success or Failure</b>

**ABSTINENCE EDUCATION PROGRAM**  
Ohio Department of Health

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**APPLICANT:** \_\_\_\_\_ **GRANT #:** \_\_\_\_\_

**GOAL #** \_\_\_\_\_

<b>Objectives</b> Specific and Measurable	<b>Activities</b> Tasks, Methods and Mechanisms	<b>Staff Person and/or Agency Responsible</b>	<b>Time Table</b> Specify Beginning and Ending Dates	<b>Evaluation</b> Specify Method Used for Each Activity	<b>Achievement Progress</b> For Semi-Annual and Final Program Reports <b>Numbers, Accomplishments, Reasons for Success or Failure</b>
1. Provide a curriculum to all adolescent school children adhering to all of the eight (A-H) Federal legal requirements for sexual abstinence until marriage education, including abstinence from drugs, alcohol, and tobacco use.	1a. Program will present abstinence until marriage education programs to 12 counties, using the RSVP curriculum to youth ages 10-14 years.  1b. Program will strive to reach 30,000 students before the school year ends. 30% of those students will be minority students.	1a. Maria Ann Christianson, Program Name  1b. Maria Ann Christianson, Program Name	1a. 10/01/06 - 06/01/07  1b. 10/01/06 – 06/01/07	Pre and Post Tests Presentation Evaluations  Pre and Post Tests Presentation Evaluations Class Attendance Forms Survey question indicating ethnicity or race	

Ohio's Abstinence Education Program  
**CURRICULA FORM**  
 Please complete a new form for each curriculum used

Attachment # 6

**PLEASE DESCRIBE HOW THIS CURRICULUM ADDRESSES EACH COMPONENT OF SECTION 510 (A-H):**

Publisher & Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Applicant: \_\_\_\_\_ Grant #: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Name of Curriculum: \_\_\_\_\_

SECTION 510 A-H CRITERIA	THE CURRICULUM ADDRESSES THIS COMPONENT IN THE FOLLOWING WAY(S) – BE VERY SPECIFIC
Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.	
Teaches abstinence from sexual activity outside of marriage as the expected standard for all school-age children;	
Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;	
Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;	
Teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;	
Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;	
Teaches young people how to reject sexual advances and how alcohol and drug uses increase vulnerability to sexual advances; and	
Teaches the importance of attaining self-sufficiency before engaging in sexual activity.	

Ohio's Abstinence Education Program  
**Supplementary Resources**  
 That Are Integral to Program Implementation

Attachment # 7

Applicant: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Subcontractor (if applicable): \_\_\_\_\_

<p><b>Resource to be used is an integral part of the abstinence program.</b>  (Include Name &amp; Publisher)</p>	<p><b>Briefly explain how this resource responds to at least one aspect of Section 510 A-H.</b>  (While each resource may not necessarily address all components of A-H, the overall message must be consistent with all such components)</p>
<p>Example:  <i>I Will When 'I Do' - (brochure)</i>  <i>Life Cycle Books</i></p>	<p><i>Addresses A, B,C,D,&amp; E by focusing on some of the many reasons that marriage is the best context for sexual activity</i></p>
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Grant #: \_\_\_\_\_

Subgrantee: \_\_\_\_\_ Subcontractor: \_\_\_\_\_

## Biographical Sketch

Give the following information for all professional personnel contributing to the project, beginning with the Project Director. Submit this form anytime a new staff member is added to your funded program.

Name (Last, First, Middle initial)	Title	Birth Date (Mo/Day/Yr)

**Education:** (begins with baccalaureate or other initial professional education and includes postdoctoral training):

Institution and Location	Degree	Year Completed	Field of Study

**HONORS:**

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**MAJOR PROFESSIONAL INTEREST(S):**

**RESEARCH AND PROFESSIONAL EXPERIENCE:** List in reverse chronological order previous employment and experience. List in reverse chronological order most representative publications.