

REQUEST FOR PROPOSAL

**Proposals Due:** Wednesday, May 1, 2013 by 4:00 p.m.

***Webinars:*** *Monday, April 1, 2013 from 9:00 – 10:00 a.m.*

**Colorado Department of Education**

**Office of Federal Program Administration**

1560 Broadway, Suite 1450, Denver, CO 80203

**2013-16**

**Colorado Comprehensive Health Education**

**Act of 1990**

**For program questions contact:**

Kathleen Patrick (patrick\_k@cde.state.co.us or 303-866-6779)

**For fiscal/budget questions contact:**

Marti Rodriguez (rodriquez\_m@cde.state.co.us or 303-866-6769)

**For RFP specific questions contact:**

Lynn Bamberry (bamberry\_l@cde.state.co.us or 303-866-6813)

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| **Colorado Comprehensive Health Education Act of 1990 Grant - Overview****REQUEST FOR PROPOSAL*****Proposals Due: Wednesday, May 1, 2013*** |
| **Introduction** | The Colorado Comprehensive Health Education Act of 1990 encourages a planned, sequential health education program offered at every grade level preK – 12th grade. The intent of the funding is to foster healthy behaviors through increasing students’ health knowledge and skills to establish and maintain their physical, emotional, social, mental, and sexual health and wellness in addition to the modification of risky behaviors. |
| **Purpose** | The purpose of the Colorado Comprehensive Health Education Act of 1990 is to foster healthy behaviors in children and communities through a comprehensive educational plan, which has as its goal not only the increase of health knowledge and skills for lifelong wellness and the management of risky situations but also the modification of high-risk behaviors. **Definitions**:“Comprehensive Health Education” (C.R.S. 22-25-103(3)) means a planned, sequential health program of learning experiences in preschool, kindergarten, and grades one through twelve which shall include but shall not be limited to:* Communicable diseases, including HIV/ AIDS;
* Community and environmental health;
* Consumer health;
* Dental health;
* Tobacco, alcohol and other drug use;
* Human growth and development;
* Hereditary and developmental conditions;
* Mental, emotional health;
* Nutrition, personal health and physical fitness;
* Family life education;
* Injury prevention, safety, motor vehicle safety, and emergency care; and
* Age appropriate instruction on family roles, child development and parenting.

“High risk behaviors” means actions by children and adolescents that present a danger to their physical or mental health or which may impede their ability to lead healthy and productive lives (C.R.S. 22-25-103(4)).The Healthy Youth Act of 2007 (HB 1292) directs that wherever offered, sexuality education must be science based, age-appropriate, culturally sensitive, medically accurate, and address the topics of abstinence and contraception (C.R.S. 22-1-110.5). |
| **Available Funds** | This will be a three year continuing grant with approximately $300,000 available each year for distribution annually. With the State Board of Education’s adoption of the Colorado State Standards for Comprehensive Health Education in December 2009, priority for the 2013-2016 funds is given to implementing the new standards. Large districts can apply for up to $40,000, medium districts up to $30,000 and small districts up to $20,000. Funds are contingent upon appropriations by the Colorado State Legislature. **Large Districts** are defined as those with 20,000+ students.**Medium Districts** are defined as those with 5,000–20,000 students.**Small Districts** are defined as those with less than 5,000 students.  |
| **Eligible Applicants** | All Districts or BOCES can apply for this grant which can then be renewed for an additional two years after submission of their end-of-year report including a budget for the following year.  |
| **Allowable Use of Funds** | **Expenses may include:*** Creation or support for a local health advisory committee;
* Curricula design meetings to meet or exceed the state standards (substitutes and/ or stipends to participate);
* Programs and instructional materials review, and policy review and changes;
* Staff time to coordinate standards-based curriculum design and implementation;
* Development of standards-based and skills-based assessments; and
* Participation in CDE facilitated Standards Implementation trainings and/or Comprehensive Health and Physical Education Think Tank meetings;
* Ongoing meetings and work of the local health advisory committee;
* Program and instructional materials purchase teacher training; and
* Stipends or salary for staff time to coordinate and refine the implementation.

**Requirements:*** Attendance is required at one Grantee/Think Tank meeting in fall 2013 for program coordinators; and
* Curriculum design and implementation must be standards-based, comprehensive, and compliant with relevant legislation.
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| **Duration of Grant** | Grants are awarded upon the approval of the application. Funds for the first year must be expended by June 30, 2014. Year Two and Year Three funds will be released after approval of year-end report and budget. Funds are contingent upon appropriations by the Colorado State Legislature.  |
| **Evaluation & Reporting** | For the purpose of sharing grantees’ learning with districts across the state who may or may not receive state funds, districts or BOCES receiving Colorado Comprehensive Health Education Act of 1990 Grant funding are required to submit to CDE:* An annual performance report (see attachment A);
* Instructional materials alignment results;
* Curriculum maps; and
* An annual financial report.
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| **Technical Assistance** | An application training webinar will be held on Monday, April 1, 2013 from 9:00-10:00 a.m. Please email CompetitiveGrants@cde.state.co.us to register for this technical assistance opportunity. |
| **Review Process** | Applications will be reviewed by CDE staff to ensure they contain all required components. Note: This is a competitive process – applicants must score at least 61 points out of the 93 points possible to be considered for funding. There is no guarantee that submitting a proposal will result in funding or funding at the requested level. All application decisions are final. Applicants that do not meet the qualifications will be notified and may reapply in future grant applications. Applicants will be notified of award by July 1, 2013.  |

**Submission Process and Deadline**

The **original plus 4 copies** must be received at CDE by Wednesday, May 1, 2013 at 4:00 pmto**: CompetitiveGrants@cde.state.co.us**. In addition to the 5 hard copies, an electronic copy of the proposal and electronic budget must be submitted to: CompetitiveGrants@cde.state.co.us . The electronic version should include all required pieces of the proposal as one document. Faxes will not be accepted. Incomplete or late proposals will not be considered. Application materials and budget are available for download on the CDE Website at: <http://www.cde.state.co.us/HealthAndWellness/HS_ComprehensiveHealthEducation.htm>.

Proposals will be due **by 4 p.m.** on **Wednesday, May 1, 2013 to:**

**Nicole Dake**

**Colorado Department of Education**

**Competitive Grants and Awards**

**1560 Broadway, Suite 1450**

**Denver, CO 80202**

Submit an electronic copy of the proposal and electronic budget to: **CompetitiveGrants@cde.state.co.us**

**APPLICATION FORMAT**

The total narrative (Parts II – VII) of the application cannot exceed 10 pages.

1. All pages must be standard letter size, 8-1/2” x 11” using 12-point font and single-spaced.
2. Use 1-inch margins.
3. Number all pages.
4. The signature page can be scanned and include signatures of the lead organization/fiscal agent.
5. Successful applicants will be required to submit disclosure and assurance pages with signatures.

## Required Elements

The format outlined below **must be followed** in order to assure consistent application of the evaluation criteria. **See evaluation rubric for specific selection criteria needed in Parts II – VII (pages** **13 – 16).**

 **Part I: Proposal Introduction (not scored)**

 Cover Page

 Certification and Assurances Form

 Executive Summary ***(no more than 1 page)***

 Table of Contents

 **Part II: Current Status of Comprehensive Health Education Program**

 **Part III: Program Objectives**

 **Part IV: Health Advisory Council**

 **Part V: Evaluation Plan**

 **Part VI: Superintendent/BOCES Director Commitment**

 **Part VII: Electronic Budget** *(not included in 10 page limit)*

**Budget Instructions and Budget Form**

Complete the proposed budget and budget narrative at: <http://www.cde.state.co.us/HealthAndWellness/HS_ComprehensiveHealthEducation.htm>.

When the applications have been reviewed, final grant amounts will be determined and a more detailed budget may be required. The final budget will comply with the application review comments and the proposed budget. Please remember that no grant funds can be obligated or spent until a final budget has been received and approved by CDE.

Examples of the types of expenses that may be included in each object category are listed below for guidance only. Your budget narrative should provide enough detail so that the appropriate object category can be confirmed.

**Support Program.** Support service programs are those activities which facilitate and enhance instruction. Support services include school-based and general administrative functions and centralized operations for the benefit of students, instructional staff, other staff, and the community.

**(100) Salaries** - Amounts paid for personal services for both permanent and temporary employees, including personnel substituting for those in permanent positions. This includes gross salary for personal services rendered while on the payroll of the school district/agency/organization.

**(200) Employee Benefits** - Amounts paid on behalf of employees; generally those amounts are not included in the gross salary, but are in addition to that amount. Such payments are fringe benefit payments and, while not paid directly to employees, never the less are part of the cost of personal services. Workers’ compensation premiums should not be charged here, but rather to object (0500 other purchased services).

**(300) Purchased Professional and Technical Services** – Services which by their nature, can be performed only by persons or firms with specialized skills and knowledge. While a product may or may not result from the transaction, the primary reason for the purchase is the service provided. Included are the services of auditors, consultants, teachers, etc.

**(500) Other Purchased Services** – Amounts paid for services rendered by organizations or personnel not on the payroll of the district (separate from Professional and Technical Services or Property Services). While a product may or may not result from the transaction, the primary reason for the purchase is the service provided.

**(600) Supplies** – Amounts paid for items that are consumed, worn out, or deteriorated through use; or items that lose their identity through fabrication or incorporation into different or more complex units or substances. Items that do not contribute to a district’s fixed assets, as evaluated by the district’s fixed assets policy, may be coded as supply items, or may be coded as Non-Capital Equipment. Items that contribute to a district’s fixed assets must be coded as equipment. All computers must be entered as equipment. Include all supplies, food, books and periodicals, and electronic media materials here.

**(800) Other Expenses** – Amounts paid for goods and services not otherwise classified above. Some expenditures may cross object category lines. For example, professional development and evaluation may include salaries, purchased services (printing) and supplies/materials. The budget narrative should identify these elements so that a total cost of the activity can be determined.

**Indirect Costs** – Indirect costs are those elements of costs necessary in the provision of a service which are of such nature that they cannot be readily or accurately identified with the specific service.

***School Districts Only:*** School districts may budget indirect costs only if they are designated as the fiscal agent. The indirect cost rate used varies by district. Your district budget office should provide this rate to you, or you may access it by going to CDE’s web page and linking to School Finance.

**Colorado Comprehensive Health Education Act of 1990**

**2013-2016**

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| **Part I: Cover Page** *(Complete and attach as the first page of proposal)* |
| **Name of Lead Local Education Agency (LEA)/Organization:**  |  |
| Mailing Address:  |
|  |
| **Authorized Representative:**  |  |
| Telephone:  | E-mail: |
| **Signature:**  |
| **Program Contact Person:**  |  |
| Mailing Address:  |
| Telephone:  | E-mail: |
| **Signature:** |
| **Fiscal Manager:**  |  |
| Telephone:  | E-mail: |
| **Signature:** |
| **Region:** *Indicate the region(s) this proposal will directly impact* |
| **□ Metro □ Pikes Peak □ North Central □ Northwest □ West Central****□ Southwest □ Southeast □ Northeast** |
| **Amount Requested:** *Indicate the amount of funding you are requesting for each year of the grant.*  |
| **Year 1: $** | **Year 2: $** | **Year 3: $** | **Total: $** |

**Please note:** If grant is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application.

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| Part IB: Assurance Form *(Complete and attach after cover page)* |

Colorado Comprehensive Health Education Act of 1990

2013-2016

*The School Board President and Board- Appointed Authorized Representative must sign below to indicate their approval of the contents of the application, and the receipt of program funds.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  On | (date) , |  2013, | the Board of | (district) |

hereby agrees to the following assurances:

1. Establish a procedure to exempt a student, upon request of the parent or guardian of such student, from a specific portion of the program on the grounds that it is contrary to the religious beliefs and teachings of the student or the student’s parent or guardian. (C.R.S., 22-25-106(4)(a)).
2. Provide written notification to parents or guardians of the comprehensive health education program, and notification that the student is allowed an exemption which permits such student, at the request of the parent or guardian to be excused from all or any part of the program (C.R.S., 22-25-106(4)(b)(I)).
3. Make the curriculum and materials available for public inspection at reasonable times and reasonable hours and hold a public forum to comment on such curriculum and materials (C.R.S., 22-25-106(4)(b)(II)).
4. Any curriculum and materials developed and used in teaching sexuality and human reproduction shall include value-free, comprehensive sexual health information and personal responsibility, emphasizing abstinence as the only 100% way to prevent pregnancy and STI/Ds, and be age-appropriate, culturally sensitive, and medically accurate.
5. School officials **shall receive prior written approval from a parent or guardian** before his or her child may participate in any program discussing or teaching sexuality or human reproduction. Parents must receive, with the written permission slip, an overview of the topics and materials to be presented in this curriculum (C.R.S., 22-25-104(6)).
6. The applicant will annually provide CDE with an annual expenditure report and performance report (see Attachment A).
7. The applicant, nor the comprehensive health education curriculum and instruction, will not discriminate against anyone regarding race, color, sex, sexual orientation, religion, national origin, ancestry, age, marital status or disability.
8. Comply with all relevant state and federal laws.
9. The applicant may subcontract for work to be performed, but shall retain sole responsibility for the project and shall be the only direct recipient of funds.

*Program Encouragements:*

* Each school district and BOCES is encouraged to establish a local comprehensive health education advisory council to ensure that the program reflects the health issues and values of the community (C.R.S., 22-25-106(1));
* The board of a school district or BOCES is encouraged to appoint members of the community to the advisory council who represent various points of view within the school district concerning comprehensive health education; a majority of the committee shall be parents of children enrolled in the district (C.R.S., 22-25-106(2)); and
* Each school district or BOCES is encouraged to include instruction which (C.R.S., 22-25-106(3)):
1. Promotes parental involvement, promotes abstinence from high risk behaviors, fosters positive self-concepts, develops decision-making skills, and provides mechanisms for coping with and resisting peer pressure;
2. Focuses on the dynamic relationship among physical, mental, emotional and social well-being; and
3. Integrates available community resources into the program.

Funded projects will be required to maintain appropriate fiscal and program records. Fiscal audits of funds under this program are to be conducted by the recipient agencies annually as a part of their regular audit. Auditors should be aware of the Federal audit requirements contained in the Single Audit Act of 1984.

IF ANY FINDINGS OF MISUSE OF FUNDS ARE DISCOVERED, PROJECT FUNDS MUST BE RETURNED TO THE COLORADO DEPARTMENT OF EDUCATION. The Colorado Department of Education may terminate a grant award upon thirty (30) days notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

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|  |  |  |
| Name of School Board President (if applicable) |  | Signature of School Board President (if applicable) |
|  |  |  |
| Name of District Superintendent/BOCES Director |  | Signature of District Superintendent/BOCES Director |

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| **Colorado Comprehensive Health Education Act of 1990****2013-2016 Grant Program****Evaluation Rubric** |

|  |  |  |
| --- | --- | --- |
| **Part I:**  | **Proposal Introduction** | No Points |
| **Part II:** | Current Status of Comprehensive Health Education Program | /28 |
| **Part III:** | Program Objectives | /18 |
| **Part IV:** | Health Advisory Council | /20 |
| **Part V:** | Evaluation Plan | /9 |
| **Part VI:** | Superintendent/BOCES Director Commitment | /9 |
| **Part VII:** | Electronic Budget | /9 |
| **Total** | **/93** |

**GENERAL COMMENTS:** *Please indicate support for scoring by including overall strengths and weaknesses. These comments are used on feedback forms to applicants.*

**Strengths:**

*

**Weaknesses:**

*
*

**Required Changes:**

*

**Funded w/ Changes \_\_\_\_**

**Funded \_\_\_\_**

**Recommendation:**

**Not Funded \_\_\_\_**

**Request for Proposal Selection Criteria & Evaluation Rubric**

**Part I: Proposal Introduction No Points**

* **Cover Page**
* **Signed Assurances Form**
* **Executive Summary**

Provide a brief description (no more than 1 page) of the proposed Comprehensive Health Education project. This summary does not count toward the 8-page narrative page limit.

* **Table of Contents**

Place a table of contents after the Executive Summary.

**Parts II - VII: Narrative 93 Points**

The following criteria will be used by reviewers to evaluate the application as a whole. In order for the application to be recommended for funding, it must receive at least 61 points out of the 93 possible points and all required parts must be addressed. An application that receives a score of 0 on any required parts within the narrative will not be funded.

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| --- | --- | --- | --- | --- |
| **Part II: Current Status of Comprehensive Health Education Program**  | **Inadequate****(information not provided)** | **Minimal****(requires additional clarification)** | **Adequate****(clear and complete)** | **Excellent****(concise and thoroughly developed)** |
| 1. Provide a specific description of the current work to support comprehensive health education standards, as well as how health is integrated into other areas. Description should include a clear analysis of the key criteria that are called out in the HB 1292.
 | 0 | 3 | 6 | 9 |
| 1. Describe current health education graduation requirements.
 | 0 | 1 | 3 | 5 |
| 1. Describe the data utilized to determine the community’s priority health concerns and how this data guided the design of the comprehensive health education curriculum development and implementation. Describe how students’ concerns and interests are included in the data collection and analysis.
 | 0 | 2 | 5 | 7 |
| 1. Describe gaps and barriers to the development and implementation of a standards-based, legislatively compliant comprehensive health education curriculum
 | 0 | 2 | 5 | 7 |
| **Reviewer Comments:** |
| **TOTAL POINTS**  | **/28** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part III: Program Objectives** | **Inadequate****(information not provided)** | **Minimal****(requires additional clarification)** | **Adequate****(clear and complete)** | **Excellent****(concise and thoroughly developed)** |
| 1. Based on the analysis described above, identify two goals for improvement that will make significant gains toward the development and implementation of a standards-based, legislatively compliant comprehensive health education curriculum. Goals should be specific, measurable, attainable, realistic and timely (SMART Objectives\*).
 | 0 | 3 | 6 | 9 |
| 1. Provide a timeline in achieving a pre-K – 12th grade, standards-based comprehensive health education program that is holistic, skills-based, culturally sensitive and medically accurate and fosters a positive self-concept for all students. Provide a comprehensive outline of activities for your goals using SMART Objectives\*.

**For example:**Goal #1:

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategies /Activities** | **Implementation Benchmarks** | **Timeline** | **Person(s) Responsible** |
|  |  |  |  |

 | 0 | 3 | 6 | 9 |
| **Reviewer Comments:** |
| **TOTAL POINTS**  | **/18** |

**\*SMART objectives are:**

•Specific: Concrete, detailed, and well defined so that you know where you are going and what to expect when you arrive

•Measureable: Numbers and quantities provide means of measurement and comparison

•Achievable: feasible and easy to put into action

•Realistic: Considers constraints such as resources, personnel, cost, and time frame

•Time-Bound: A time frame helps to set boundaries around the objective

<http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part IV: Health Education Advisory Council (Note: could be a subset or working group of the Wellness Team or the Wellness Team itself)**  | **Inadequate****(information not provided)** | **Minimal****(requires additional clarification)** | **Adequate****(clear and complete)** | **Excellent****(concise and thoroughly developed)** |
| 1. Describe how you will support a local health education advisory council and the relationship to district leadership.
 | 0 | 1 | 3 | 5 |
| 1. Describe how students are routinely engaged or consulted on health curriculum and instruction issues.
 | 0 | 1 | 3 | 5 |
| 1. Show how the majority of members will be parents of school district children or students.
 | 0 | 1 | 3 | 5 |
| 1. Describe how community partners will actively participate and demonstrate collaboration with the school district to design and implement standards-based, legislatively compliant comprehensive health education curriculum and/or trainings.
 | 0 | 1 | 3 | 5 |
| **Reviewer Comments:** |
| **TOTAL POINTS**  | **/20** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part V: Evaluation Plan**  | **Inadequate****(information not provided)** | **Minimal****(requires additional clarification)** | **Adequate****(clear and complete)** | **Excellent****(concise and thoroughly developed)** |
| 1. Describe how you will evaluate the outcomes of your work plan. The data collected should build on existing data sources, connect to the accountability system to the extent possible, and promote the sustainability of the program by demonstrating its health and academic impacts.
 | 0 | 3 | 6 | 9 |
| **Reviewer Comments:** |
| **TOTAL POINTS**  | **/9** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part VI: Superintendent/ BOCES Director Commitment**  | **Inadequate****(information not provided)** | **Minimal****(requires additional clarification)** | **Adequate****(clear and complete)** | **Excellent****(concise and thoroughly developed)** |
| 1. Provide a letter of commitment that clearly outlines support for fully implemented, preK-12, comprehensive health education program. Examples of commitment include, but are not limited to, health education requirements, health class time, planning time with other content areas for integration, professional development, health as “core.”
 | 0 | 3 | 6 | 9 |
| **Reviewer Comments:** |
| **TOTAL POINTS**  | **/9** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part VII: Budget Narrative**  | **Inadequate****(information not provided)** | **Minimal****(requires additional clarification)** | **Adequate****(clear and complete)** | **Excellent****(concise and thoroughly developed)** |
| 1. All expenditures contained in the electronic budget are described in the budget narrative and connected to project goals and activities. The costs of the proposed project (as presented in the electronic budget and budget narrative) are reasonable and the budget sufficient in relation to the objectives, design, scope and sustainability of project activities.
 | 0 | 3 | 6 | 9 |
| **Reviewer Comments:** |
| **TOTAL POINTS**  | **/9** |

**Comprehensive Health**

**Annual Report Questions**

An End of Year report including Expenditures for Year 1 and Budget for Year 2 will be due to CDE on or before July 1, 2014. Submit report via e-mail to Kathleen Patrick at Patrick\_K@cde.state.co.us. Funds will not be released for Year 2 until the report is received and approved by CDE.

**Please address the following questions in 12 pt. font, double-spaced in no more than 10 pages.**

1. With the overall goal of implementing a standards-based, PK-12 Comprehensive Health Education curriculum for all students, describe the progress made on your objectives during the past year.
2. Describe the processes you have in place to comply with the grant agreements in the following areas:
	* + Define who has assumed responsibility for coordinating comprehensive health education programming and his/her position within the District. Describe any additional support provided by the District to sustain these efforts.
		+ Describe current efforts to coordinate comprehensive health education programs with the work of the local health advisory council and any other school health efforts within the District including wellness committees and school health teams.
		+ Describe the collaboration that occurred between the health council and the community/family. Please list the members of the council and the group the member represents.
3. Describe any gaps or needs that still exist.
4. Describe your evaluation process and results. (If you purchased curricular materials, please describe the evaluation process for selecting those materials and the criteria that was used in making the decision.)
5. Describe three highlights or accomplishments of the 2013-2014 comprehensive health education grant. (For example, design of standards-based curriculum and assessments, revised comprehensive health education policy). Include products when possible.
6. Describe the barriers to the 2013-2014 implementation of CHE. (Please address barriers other than time and money.)
7. Describe any strategies (other than time or money) that reduced the barriers and/or strategies that CDE could help to minimize.
8. Describe how the district has addressed the requirements of HB 1292 concerning human sexuality instruction, which includes instruction that is science based, age-appropriate, culturally sensitive, medically accurate, and inclusive of both abstinence and contraception (C.R.S. 22-1-110.5). Please include evidence of the curriculum and instructional materials meeting each of these requirements.
9. Please share a link (most preferable), attachment, or hard copies (least preferable) of any curriculum alignment (or mapping) tools and results that were developed with these grant funds.