



Colorado State Plan Title V State Abstinence Education Grant Program

Colorado Department of Education
Service Area: State of Colorado (64 counties, 178 school districts)

FY2011
Grant amount: \$647,131

Colorado Department of Education
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**Colorado State Plan
Title V State Abstinence Education Grant Program**

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Program Narrative

The Colorado State Plan for the Title V State Abstinence Education Grant Program is part of a comprehensive approach to adolescent well-being that seeks to support Colorado youth in developing and navigating healthy relationships and in making decisions that result in reduced teen pregnancy and sexually transmitted infections. The chief strategy of the plan is a competitive grant program that will be offered to all communities in the state through the Colorado Department of Education (CDE). The Colorado Constitution, Article 9, Section 15, states that local school boards "shall have control of instruction in the public schools of their respective districts." That local control framework will guide implementation of the state Title V plan in which providers funded by this grant may offer abstinence education programs appropriate to the needs and challenges of local communities and school districts. In Colorado, Local Education Agencies (LEAs) may use multiple programs to meet state academic standards and address local needs. Thus, funded programs may be used in concert with other health and wellness programs, such as those that emphasize positive youth development to address the comprehensive health and wellness needs of children.

Similar to the nation as a whole, the overall teen birth rate in Colorado has decreased over the past decade. However, between 2005 and 2007 the rate increased significantly in 26 Colorado counties, and the rate remains high among Hispanic and African-American females throughout the state. While the competitive grant program is open to all communities/counties in the state of Colorado, priority consideration will be given to providers in communities that experience the highest number of teen pregnancies and to the school districts that experience large numbers of students that are at risk for STDs and HIV.

Description of Problem and Need

Compared to states across the nation of similar size and demographics, Colorado adolescents experience median rates of unintended pregnancies and sexually transmitted diseases. According to the 2010 Anne E. Casey Foundation report *Kids Count*, the Colorado teen birth rate ranked 29th in the United States with a rate of 42.6 births per 1,000 young women ages 15-19 compared to the national rate of 40.5 births per 1,000. The number of teen pregnancies (ages 15-19) in Colorado is 10,840 annually.

Colorado's overall rank in child wellbeing is 20th in the nation based on 10 indicators, including the following:

- Percentage of teens not in school and not school graduates (8%)
- Percentage of children living in families where no parent has full-time, year-round employment (24%)
- Percentage of children living in poverty (15%, an increase of 50% since 2000)
- Percentage of children in single parent families (27%)
- Low birth-weight babies (9%).

Demographic information of Colorado adolescents is as follows:

- 47% Non-Hispanic White
- 32% Hispanic
- 18% African-American
- 3% American Indian

As noted earlier, the Colorado Department of Public Health and Environment reports that the risk of teen pregnancy is highest for Hispanic females in the state, followed by African-American females.¹ The cost of teen pregnancy to the state is approximately \$167 million dollars annually. Research closely links teen parenthood to many negative consequences for mothers, fathers and their children. For example, compared to those who delay bearing children, teen mothers are more likely to drop out of school, remain unmarried and live in poverty; their children are more likely to be born at low birth weight, grow up poor, live in single-parent households, experience abuse and neglect, and enter the child welfare system. Daughters of teen mothers are more likely to become teen parents themselves and sons of teen mothers are more likely to be incarcerated.²

Research by the Centers for Disease Control and Prevention shows that many adolescents and young adults in the United States engage in risky sexual behaviors and experience negative sexual and reproductive health outcomes. Nearly a quarter of females ages 15 to 19, and 45% of those ages 20 to 24, had a human papilloma virus (HPV) infection during 2003 and 2004. Rates of sexually transmitted diseases/infections (STDs/STIs) among adolescents are troubling, with race/ethnicity being a factor. In the U.S., the gonorrhea rate is approximately 20 times higher among African-American teens and two times higher among Hispanic adolescents ages 15 to 19 than their white peers. The chlamydia rate is approximately eight times higher among African-American teens and two times higher among Hispanic adolescents ages 15-19 than their white peers.³

In Colorado, HIV and other sexually transmitted diseases and infections have a considerable impact on young people. The state ranks 19th in the nation in cases of HIV /AIDS diagnosed among young people ages 13-19. The rates of HIV / AIDS are proportionally higher in the more densely populated part of the state including the Denver Metro area. The rate of sexually transmitted diseases is also comparatively high among racially diverse minority communities that experience low socioeconomic conditions, health disparities and reduced access to adequate health screenings and services. Colorado's ranking for the number of chlamydia cases reported is 24th, and 35th in reported cases of gonorrhea. In 2008 a total of 6,103 cases of chlamydia and 931 cases of gonorrhea were reported among young people ages 15-19 in Colorado.

Dating violence is also problematic for adolescents, in Colorado and across the nation. According to the 2006 Bureau of Justice Special Report, *Intimate Partner Violence in the United States*, one in five female students reported being physically or sexually abused by a dating partner. Thirty-eight percent of date rape victims are between ages 14 to 17. One in three high school students has been or will be involved in an abusive relationship. In Colorado, 7.5% of females 15 years old or younger, and 13.5% of 16-17 year olds reported being physically forced

¹ Colorado Health Information Data Set, local-level health data compiled by the Colorado Department of Public Health and Environment (www.cdphe.state.co.us/cohid).

² Hoffman, S.D. (2006). *By the Numbers: The Public Costs of Teen Childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

³ Sexual and Reproductive Health of Persons Aged 10–24 Years — United States, 2002–2007, *The Morbidity and Mortality Weekly Report (MMWR) Series*, Vol. 58, Surveillance Summaries 6, July 17, 2009.

to have sexual intercourse when they did not want to.⁴ In order to reduce these negative outcomes, adolescents need to be educated, equipped and empowered with the relationship development skills necessary to develop healthy relationships and form and maintain healthy relationships – and safe and stable families – in their future for the well-being of both children and adults.

Every two years the Colorado Department of Education administers the Youth Risk Behavior Survey as part of the Healthy Kids Colorado Survey that also includes protective factors. Key findings from the 2009 YRB Survey indicate that 40% of Colorado high school students are sexually active but only 4% of schools deliver comprehensive HIV, STD, or pregnancy prevention programs that meet the needs of ethnic/racial minority youth at high risk, according to the 2008 School Health Profiles Survey. Results also indicate that only 12% of schools had lead health education teachers who received professional development during the past two years on key aspects of HIV education. The identified areas include:

- a. Teaching HIV prevention to students of various cultural backgrounds
- b. Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills
- c. Teaching about health-promoting social norms and beliefs related to HIV prevention
- d. Strategies for involving parents, families and others in student learning of HIV prevention education
- e. Assessing students' performance in HIV prevention education
- f. Implementing standards-based HIV prevention education curricula and student assessment
- g. Teaching HIV prevention to students with limited English proficiency
- h. Addressing community concerns and challenges related to HIV prevention education.

Further, only 13% of schools reported lead health education teacher receiving professional development during the past two years on: (a) describing how widespread HIV and other STD infections are and the consequences of these infections, (b) identifying populations of youth who are at high risk of being infected with HIV and other STDs, and (c) implementing health education strategies using prevention messages that are likely to be effective in reaching youth. An important finding from the survey was that parents of children ages 6-14 are supportive of sexuality education with 87.8% supportive of sexually transmitted disease prevention and 84.5% supportive of human sexuality education.

These findings about the lack of adequate training and professional development for lead health education teachers, as well as strong parental support for sexuality education, point to an environment in which providers in local communities can work with LEAs to develop and deliver a health education program – including medically accurate abstinence education – that will address local needs and concerns.

⁴ 2009 Youth Risk Behavior Survey, Colorado Department of Public Health and Environment.
Colorado Title V State Plan

Focal Population

According to *The State of Adolescent Sexual Health in Colorado 2009* from the Colorado Organization on Adolescent Pregnancy, Parenting and Prevention, teen birth rates in individual counties vary greatly. While overall the state experienced declines in teen birth rates (ages 15-19) between 1991 and 2007, as noted earlier, between 2005 and 2007 the rate *increased* in 26 counties in the state – including three of the most populous counties, Pueblo, Jefferson and Weld. The 10 Colorado counties with the highest fertility rates are presented below.

10 Colorado Counties With the Highest Fertility Rates*		
Females Ages 15–19 Years (2005–2007 Average)		
Rank	County	Fertility Rate 2005-2007
1	Otero	78.5%
2	Prowers	76.6%
3	San Juan	73.2%
4	Rio Grande	70.5%
5	Costilla	68.0%
6	Denver	67.0%
7	Morgan	66.0%
8	Las Animas	65.5%
9	Adams	64.5%
10	Lincoln	60.5%
	Colorado	38.9%

In 2005-2007, rural counties accounted for 81% of Colorado counties with teen birth rates (ages 15–19) higher than the state average. In 2007, the highest teen birth rates in the state were among Latina and black teens.⁵

As a statewide agency charged with instructional responsibility for all Colorado students, the CDE will make every effort to reach out to the entire state with information on applying for the Title V State Abstinence Education Grant funds. Counties/communities that experience the highest number of teen pregnancies and school districts with large numbers of students that are at risk for STDs and HIV will be specifically encouraged to submit proposals. Part II of the RFP requires applicants to cite a needs assessment of problems related to teen pregnancy and STDs/STIs, and to identify which groups are most at risk for unintended births and have the greatest need for early interventions. Special consideration will be given to applications from providers in communities with subpopulations with high rates of teen pregnancy and sexually transmitted diseases. Additionally, applicants are encouraged to consider the needs of LGBTQ youth and identify how their programs will be inclusive of and non-stigmatizing toward such participants.

⁵ Colorado Department of Public Health and Environment (2009), Health Statistics Section; teen birth data provided to COAPPP January, 2009.

Program Components: Goals, Objectives, Logic Model

Goals

The primary goal of the Colorado Title V State Abstinence Education Grant Program is to *support local efforts* in communities and programs throughout the state to reduce the rate of teen pregnancy and sexually transmitted diseases. Specifically, the state plan will:

1. Support local efforts to reduce unplanned pregnancies in Colorado.
2. Support local medically accurate and evidence-based education efforts and initiatives for young people in Colorado that align with HB 07-1292 concerning medically accurate sex education.
3. Support local efforts on the implementation of the newly revised Colorado Comprehensive Health and Physical Education Standards (see Appendix A).
4. Support local efforts on youth development to increase the value of self-sufficiency, academic achievement and future orientation in students.
5. Support local efforts to increase the skills of parents to be able to connect with their adolescents and deliver clear health messages regarding the avoidance of alcohol, tobacco and other drugs as well as delaying and abstaining from sexual activity.

Outcome Objectives

Recipients of Title V abstinence education funds through Colorado's state plan will be expected to craft outcome objectives that are specific to that local community's needs, challenges, population and proposed intervention/program. The *state's* outcome objectives are broader as they reflect the state's goal to support local efforts and initiatives to reduce pregnancy, sexual activity, and sexually transmitted diseases among Colorado youth. In addition, these funds are intended to be used in conjunction with the full implementation of the Colorado Comprehensive Health and Physical Education standards if delivered in public schools.

1. The teen birth rate and the rate of sexually transmitted disease among adolescents 15-19 years old will decrease.
2. The percentage of adolescents who engage in sexual activity will decline.
3. The incidence of positive behaviors among adolescents, relating to their feelings and beliefs of self-sufficiency, academic achievement and a future orientation, will increase.
4. The number of parents who participate in programs and counseling to improve their ability to connect with their adolescents and deliver clear health messages regarding the avoidance of alcohol, tobacco and other drugs as well as delaying and abstaining from sexual activity will increase.
5. Local providers of health and sexuality education and information will incorporate the Colorado Comprehensive Health and Physical Education standards into programs and materials, particularly Standards 3, 4 and 5 (Personal and Physical Wellness, Emotional and Social Wellness, and Prevention and Risk Management). Providers should also ensure that programs are consistent with the state statute, HB07-1292 concerning medically accurate sex education.

How the state will measure outcome objectives:

- Collection and analysis of data from grantees
- Site visits of grantees (at least one per fiscal year)
- Annual/ongoing data collection by the Colorado Department of Public Health and Environment
- Biennial CDE Youth Risk Behavior Survey as part of the Healthy Kids Colorado state survey
- Surveys, interviews and focus groups in grantee areas
- CDE Accountability System data (CSAP, Student Growth Model)

Process Objectives/Activities

- Develop RFP for release upon approval Title V Colorado State Plan (completed)
- Design and distribute press release and newsletter announcements notifying potential grantees of RFP process
- Conduct a webinar to answer questions and provide technical assistance to potential grantees
- Collect, read and assess all proposals using rubrics (CDE staff and peer review)
- Notify selected grantees
- Hire .5 FTE grants administrator to monitor the program and provide technical assistance to grantees
- Annually collect, analyze and report data on all objectives of the grant to determine effectiveness of efforts and to identify gaps to address
- Conduct annual site visits to all grantees (based on feasibility given the final number of grants) to discuss effectiveness of programs.
- Provide technical assistance to grantees toward understanding and integration of Colorado Academic Standards and implementation of HB 07-1292 (“Adoption of Science-based Content Standards for Instruction Regarding Human Sexuality”).

Logic Model

The logic model on the next page demonstrates how proposed inputs and activities will lead to the outcome objectives and ultimately the achievement of the goal statement.

Implementation Plan

A comprehensive approach to health is at the forefront of Colorado’s Comprehensive Health and Physical Education standards, which include an emphasis on abstinence throughout all grade levels. By the end of eighth grade, students will have developed mastery about the benefits of abstinence combined with information about contraception. The specific goals of this grant, derived from the Colorado Academic Standards, are to support Colorado youth in developing and navigating healthy relationships and in making decisions that result in reduced teen pregnancy and sexually transmitted infections, including HIV.

Title V State Abstinence Education Grant Program Logic Model

Inputs	Outputs		Outcomes -- Impact		
	<i>Activities</i>	<i>Participation</i>	<i>Short</i>	<i>Medium</i>	<i>Long</i>
<p>Title V grant funds</p> <p>Colorado Department of Education staffing, including:</p> <ul style="list-style-type: none"> - .5 FTE grants mgr - Division director supervision - Finance staff assistance - Contracting services guidance and assistance <p>CDE infrastructure including data collection methods, division coordination, grants technical assistance</p>	<p>CDE grant RFP creation and coordination</p> <p>CDE press releases for RFP and grantee selection</p> <p>CDE monitoring and technical assistance to grantees</p> <p>Data collection on grantees and LEAs</p> <p>Annual report writing to DHHS</p> <p>CDE site visits to grantees</p>	<p>Government Agencies</p> <ul style="list-style-type: none"> - CDE - CO Dept of Health and Human Services (coordination with other grants) - CO Dept of Public Health (data) <p>Local education providers</p> <ul style="list-style-type: none"> - District staff - School staff - Health teachers - Youth development providers <p>Abstinence Program providers</p>	<p>Creation of local abstinence education programs in areas of high need throughout the state of Colorado.</p> <p>Development of working partnerships between the CO Department of Education and the CO Dept. of Health and Human Services</p>	<p>Incremental changes in beliefs and attitudes of students in communities where these programs are running</p> <p>Implementation of Colorado Health and Physical Education standards into programs and materials, particularly Standards 3, 4 and 5</p>	<p>Decreased rates of teen births, sexually transmitted diseases, percentage of adolescents that engage in sexual activity,</p> <p>Increased number of parents who participate in programs and communicate with their child about health messages and the avoidance of sexual activity</p>
<p>Challenges</p> <p>Colorado ranks 29th in the nation in total teen pregnancies, with approximately 12,130 girls becoming pregnant before their eighteenth birthdays each year; Colorado ranks 29th in the nation in total incidences of sexually transmitted diseases. It is estimated that 20% of teen pregnancies in Colorado will result in abortions.</p>			<p>Opportunities</p> <ul style="list-style-type: none"> - Adoption of Comprehensive Health and Physical Education Standards, Colorado Department of Education, 2009 - HB 1292, providing guidance on teaching human sexuality in public schools 		
<p>Assumptions</p> <p>As a local control state, local education providers are authorized and best suited to determine local approaches to addressing unwanted teen pregnancy and STDs/STIs.</p> <p>Colorado Health and Physical Education standards should be aligned to programs and materials, particularly Standards 3, 4 and 5</p>			<p>External Factors</p> <ul style="list-style-type: none"> - Colorado geography: disparities/distances between urban and rural communities of the state - A fiercely local-control state - Local programs and implementation choices 		

The Colorado Title V implementation plan is based on the state context of local control of school and health care systems. The plan is designed to support local efforts in ways that individual communities deem appropriate to provide comprehensive sexual health services to their students and citizens. The main strategy and activity of the plan is a comprehensive grant process via a statewide Request for Proposal (RFP) that will solicit applications from education and health providers. Through the grant awards, the state will be able to support local initiatives for young people that are aligned with the Colorado Academic Standards.

Providers funded by this grant may offer developmentally appropriate programs that focus on emotional and social wellness, prevention and risk management from an abstinence perspective, and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity. Programs designed for children, their teachers, and parents will be considered for this grant. As described earlier, in Colorado LEAs may use multiple programs to meet state academic standards and address local needs, thus, funded abstinence education programs may be used in collaboration with other health and wellness programs, such as those that emphasize positive youth development to address the comprehensive health and wellness needs of children.

As a result of the RFP process, several communities across the state will develop context-appropriate implementation plans based on the problems and needs in their community for reaching their focal population(s). Each grantee will develop and identify goals, activities, mechanisms, and a set of broad steps that will be used to implement the activities. For each step, the RFP will require articulation of the responsible party, the expected outputs, and the start and end dates.

Barriers

The principal barrier to the implementation of this plan is Colorado's geography. Outside of the heavily populated urban areas along the Front Range of the state (Denver, Adams, Jefferson and Douglas Counties) are numerous and far-flung rural communities that face significant challenges of isolation, low population and transportation issues. The Title V grant process is designed to select providers who will ensure that their services match the specific challenges of each community they intend to serve, and that they can provide equal access to services to all communities in Colorado.

A second challenge to implementation is the short turnaround time between the grant commencement and the distribution of funds to the state, along with the necessary start time for the programs. CDE has overcome this challenge by simultaneously developing the RFP process with this state plan so that upon approval of the plan, the RFP will be disseminated quickly to all interested parties in the state. The detailed draft RFP is available in Appendix B.

A final challenge we face is to align and coordinate the Title V State Abstinence Education Grant Program with a federal grant to be administered by the Colorado Department of Health and Human Services (CDHHS). The Personal Responsibility Education Program, offered through the DHHS Administration for Children and Families, has similar yet distinct goals and objectives to the Title V grant program. The Colorado Department of Education is working closely with the CDHHS to ensure that the goals, objectives, and overall messages of the two grant programs are

clear, coordinated and understood by all grantees. We expect these two federal programs to be mutually supportive to communities across Colorado.

Mechanisms

Through the Title V State Plan RFP process, the Colorado Department of Education intends to develop formal partnerships and contracts with service providers to deliver locally appropriate services throughout the state to schools and youth serving agencies. The RFP will be released by CDE upon notification of approval of our Title V state plan by DHHS. Proposals from service providers will be due to CDE by 4:00 p.m. on March 2, 2011. Eligible applicants will include local health departments, local community-based organizations, and non-profits with demonstrated experience working with students, parents, and teachers to Local Education Agencies (LEAs) and youth serving agencies within the state. The required elements of the RFP are listed below.

Part I	Proposal Introduction
	- Cover Page
	- Certification and Assurances Form
	- Executive Summary
Part II	Needs Assessment
Part III	Program Effectiveness and Quality
Part IV	Implementation Plan
Part V	Letters of Commitment
Part VI	Evaluation Plan
Part VII	Budget Narrative and Electronic Budget

A specific evaluation rubric will be used for selection criteria required in Parts II-VII. CDE staff will review applications to ensure they contain all required components. The Title V State Plan is a competitive process – applicants must score at least 96 points out of a total 135 points possible to be approved for funding.

Approximately \$571,301 will be available annually, for three years (FY11-FY14), to fund eligible programs. Any entity applying must provide evidence of a 50% match of the project's total cost with non-federal resources. The match may be local government dollars, private dollars such as foundation funds, in-kind support, or available state dollars.

Monitoring

CDE will hire a half-time (.5 FTE) grants administrator to oversee and monitor the grant sites and provide assistance, data and evaluation information to grantees throughout the state. Providers receiving Title V Abstinence Education Grant funding will be required to submit to CDE at minimum:

- An annual performance report (see elements below)
- Any additional information required by the US Department of Education
- An annual financial report.

The grants administrator will also conduct site visits throughout the duration of the grant period to monitor and learn from site-specific programs.

A performance report for the funded sites of the grant program must be submitted to CDE on or before October 1, 2011. Narrative responses should be submitted via email to provide feedback on the following six questions.

1. Discuss how planned activities/strategies did or did not occur as planned.
2. Provide a description of the progress on each of the measurable objectives. Include a description of how the grant activities supported the objectives.
3. Discuss how this grant led to successes, based on the Outcome Objectives, and how the grantee will continue to build on these successes and reach sustainability.
4. Discuss any pitfalls or lessons learned that you would share with another grantee doing the same work.
5. Provide advice to CDE on how it can continue to support an LEA in its abstinence education efforts.
6. Information will also be required on the following by gender, ethnicity and age:
 - Unduplicated count of clients served
 - Hours of service received by clients
 - Tracking and reporting of the number of all clients that complete the various types of program(s) offered
 - Track and report geographical areas in which the grantee has provided services.

Program Coordination

Colorado Department of Education staff will manage and coordinate the Title V grant program. In addition to the .5 FTE grants administrator to be hired, the director of Teaching and Learning (Melissa Colman) and staff in the Competitive Grants and Awards division (Lynn Bamberry) and Grants Fiscal Management division (David Lyon) will provide support and leadership to the program. All of these parties will work closely with other CDE divisions to ensure internal coherence and coordination of all health and wellness initiatives within the Department. In addition, CDE will have regular meetings with staff of the Colorado Department of Health and Human Services to ensure program coordination with the Personal Responsibility Education Program grantees and other teen pregnancy prevention programs.

Service Recipient Involvement

CDE will ensure service recipient and public involvement through a number of ways. CDE will post both the Colorado State Plan of the Title V State Abstinence Education Grant Program and the Request for Proposals on the CDE website; issue statewide press releases announcing the program and RFP; and host a program page on the CDE website for all grant recipients and the general public to find up-to-date information on the grant program, guidelines and effectiveness of grantee efforts.

Referrals

Specific program needs of the service recipients that cannot be accommodated by CDE will be

referred to the Colorado Department of Health and Human Services for more information about other programs around the state. In cases where additional medically accurate information is needed, CDE will refer the recipient to a licensed health care professional.

Objective Performance Measures and Efficiency Measures

The CDE objective performance measures are based directly on the state goals of this program, restated below:

1. Support local efforts to reduce unplanned pregnancies in Colorado
2. Support local abstinence education efforts and initiatives for young people in Colorado
3. Support local efforts on the implementation of the newly revised Colorado Comprehensive Health and Physical Education Standards
4. Support local efforts on positive youth development to increase the value of self-sufficiency, academic achievement and future orientation in students
5. Support local efforts to increase the skills of parents to be able to connect with their adolescents and deliver clear health messages regarding the avoidance of alcohol, tobacco and other drugs as well as delaying and abstaining from sexual activity
6. Conduct these efforts in a way that is inclusive of LGBTQ youth, and identify how their programs will be inclusive of and non-stigmatizing toward such participants.

Two program-related objective *outcome* measures that the state will use to measure its success in providing support to local providers in reaching these key goals are described below.

1. We will measure the use of abstinence education as the means of preventing pregnancy and decreasing the teen pregnancy rate in Colorado by collecting and analyzing local data from each grantee through the biannual School Health Profiles survey for principals and teachers in the funded areas. In addition, we will analyze data collected and reported from CDPHE's Epidemiology, Planning and Evaluation Branch. The most recent Colorado Teen Fertility rates will establish baseline figures (see Appendix C).

2. We will measure the use of abstinence education programs to increase positive behaviors of adolescents relating to measurable outcomes as specified in the Colorado Comprehensive Health and Physical Education Standards through the biannual Healthy Kids Colorado Survey. In addition, academic achievement information on students in each grantee community will be tracked through the CDE SchoolView accountability data system.

Additional performance measures – both outcome and output measures – are listed below. Output measures are those designed to measure the success of the program staff in implementing activities such as the number of program recipients or communities served:

- Count of clients served (broken down by ethnicity, gender and age)
- Hours of service received by clients
- Number of clients that complete various types of programs offered
- Track geographical areas in which the grantee has provided services.

The draft RFP in Appendix B contains the grant monitoring process, forms and narrative that will assist CDE in tracking this information. CDE intends to use the Performance Progress Report forms provided in the Title V Federal Grant announcement (see Attachment E in the draft Title V RFP).

Description of Programmatic Assurances

Grant recipients will be required to comply with three legislative priorities related to Section 510 (b)(2) and medical accuracy. Each applicant will have to illustrate and provide evidence that the following elements have been adequately addressed in the grant application and subsequent contract with CDE. (See draft RFP in Appendix B).

1. That applicants for sub-awards understand and agree formally to the requirement of programming to not contradict Section 510 (b)(2) (A-H elements) (RFP Attachment B).
2. That materials used by sub-awardees do not contradict Section 510(b)(2) A-H elements (RFP Attachment B).
3. That curricula and materials be reviewed for medical accuracy (RFP Part IB: Assurances Form, and Attachment A, Part III: Program Effectiveness and Quality).

**Title V State Abstinence Education Grant Program
Budget and Budget Discussion**

Personnel Services, .5 FTE grants manager	
Salaries	\$32,500
Fringe Benefits	8,000
Subtotal	<u>40,500</u>
Contractual/Temporary Personnel	<u>7,500</u>
Operating	
Equipment	2,300
Supplies	500
Contractual	7500
Other	5,100
Subtotal Operating	<u>15,400</u>
Travel	
In-state(regional conference)	4,000
Out-of-state (annual DC conference)	4,000
Subtotal Travel	<u>8,000</u>
<u>Total Direct Charges</u>	<u>68,500</u>
Distribution	<u>571,301</u>
Indirect Costs (.107%)	7,330
TOTAL BUDGET	\$647,131

Budget Discussion

The proposed budget supports the administrative and programmatic activities necessary to manage the Title V State Abstinence Education Program. Only 12% of the total budget amount is dedicated to project management; 88% of the budget dollars will be distributed to program providers to carry out project goals and objectives.

Providers receiving Title V Abstinence Grant funding will be required to submit to CDE, at minimum, an annual performance report, an annual financial report, and additional information required by the U.S. Department of Education (i.e., Performance Progress Report).

Sub-award process: Eligible applicants are providers who will provide abstinence education programs to Local Education Agencies (LEAs) and community-based organizations within the state. Eligible applicants will submit applications to CDE through the Title V State Abstinence Education Grant Program Request for Proposal. Applicants are due March 2, 2011 and will be reviewed by CDE staff to ensure they contain all required components. This is a competitive process – applicants must score at least 92 out of a total of 135 points possible to be approved for funding.

Allocation to support services recipients: Approximately \$647,131 each year for three years (FY11-FY14) will be available to fund one or more state abstinence programs. Any entity applying must provide evidence of a 50% match of the project's total cost with non-federal resources.

Identify sources of non-federal fund (match): The match may be local government dollars, private dollars such as foundation funds, in-kind support or available state dollars.

Qualifications of key personnel: See resume in Appendix D.

Assurance of personnel support for the Program: The Colorado Title V State Abstinence Education Grant Program will be coordinated by staff at CDE, including a half-time grants administrator, the Director of Teaching and Learning, and staff from the Competitive Grants and Awards and Grants Fiscal Management divisions. All of these parties will work closely with each other as well as other state agencies in Colorado to assure that sub-awardees are managing and reporting grant projects and dollars appropriately toward accomplishment of their stated goals and objectives. CDE staff will provide technical assistance to grantees as requested and needed.

Sub-awardee documents included in the application: Title V State Abstinence Education Grant Program Request for Proposal 2011 (Appendix B).

Budget for annual conference in Washington, DC: \$4,000 to cover airfare, lodging, meals, transportation and conference registration fee. An additional \$4,000 has been budgeted for a regional conference of sub-awardees in Colorado.