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**Department of Health & Human Services
Administration for Children and Families**

Program Office: Family and Youth Services Bureau; Administration on Children, Youth and Families

Funding Opportunity Title: Community-Based Abstinence Education Program

Announcement Type: Initial

Funding Opportunity Number: HHS-2007-ACF-ACYF-AE-0099

CFDA Number: 93.010

Due Date for Applications: [Insert 45 days from date of publication].

Executive Summary:

The Family and Youth Services Bureau is accepting applications to provide support to

public and private entities for the development and implementation of the Community-Based Abstinence Education (CBAE) program. The purpose of these programs is to educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage. Acceptable applications will be designed to provide abstinence-until-marriage education as defined by Section 510(b)(2) of the Title V Social Security Act, for adolescents aged 12 through 18. The anticipated number of awards is 50-60, with funding ranges between \$250,000 and \$600,000 depending upon the availability of funds and enactment of the Fiscal Year (FY) 2007 program appropriation.

I. FUNDING OPPORTUNITY DESCRIPTION

Legislative Authority

A. Legislative Authority

The Community-Based Abstinence Education (CBAE) program is authorized by Title XI, Section 1110 of the Social Security Act. A FY 2007 appropriation is anticipated.

Programs funded through the CBAE program must promote abstinence education as defined by Section 510(b)(2) of Title V of the Social Security Act and given below. Programs that utilize this definition promote "abstinence-until-marriage education." Sex education programs that promote the use of contraceptives are not eligible for funding under this announcement.

For purposes of this program, the term "abstinence education" means an educational or motivational program that:

- (A) Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) Teaches abstinence from sexual activity outside 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 of 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 use increases vulnerability to sexual advances; and

(H) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

B. Background of Funding for the Community-Based Abstinence Education Program

The Centers for Disease Control and Prevention (CDC) has reported that nearly 900,000 adolescents under the age of 19 become pregnant every year and about three million become infected with a sexually transmitted disease (STD). Despite recent improvements in teen pregnancy and birthrates, the United States (U.S.) rates are higher than any other developed nation. According to a National Vital Statistics report, there were 34.8 births per 1,000 unmarried females, aged 15-19 in 2003. When teens give birth, their future prospects decline. Teen mothers are less likely to complete high school, more likely to be single parents, and more likely to live in poverty than other teens. Of equal concern is the fact that, according to CDC reports, there are approximately 18 million new STD cases in the U.S., and about one-fourth of these are among adolescents. Having multiple sexual partners is the factor most closely identified with acquiring an STD.

Despite these negative statistics, choosing to abstain from sexual activities until marriage, marrying someone who has also abstained, and maintaining a mutually monogamous relationship offer youth 100 percent protection from pre-marital pregnancy and from acquiring an STD. For teens who have been sexually active, a decision to delay further sexual activity until marriage offers 100 percent protection from new risk.

Today's youth are bombarded by implicit and explicit messages that promote sexual activity before, and outside of, marriage. Unfortunately, teens receive less information about the

physical and emotional benefits that they are more likely to find by having one lifelong sexual partner within marriage. Those youth who are aware of these benefits and want to delay sex until marriage may not receive from society the support and training that they need to achieve this goal. Government agencies often use special programs to target specific audiences that are underserved by other systems. The increasing numbers of youth who are open to the message of delaying sex until marriage are such an audience.

Teen sexual abstinence improves preparation for stable marriage, especially when teens have a greater awareness of the psychological, emotional and relational context in which sexual relations take place. Healthy marriages are beneficial to children. Children growing up in a healthy marriage are significantly less likely to experience physical, sexual and emotional abuse or neglect, welfare dependence, poverty, drug or alcohol abuse, emotional and behavioral problems, academic failure or incarceration.

The Family and Youth Services Bureau (FYSB) in the Administration for Children and Families (ACF) administers the CBAE program. This program complements other programs administered by FYSB by working to prevent young people's involvement in risky behavior such as alcohol, drug use and crime; providing youth with healthy messages about their bodies, their behaviors, and their interactions; and supporting youth in making the healthy decision to postpone sexual activity until marriage.

C. Purpose, Priorities and Scope of the CBAE Program

1. Purpose:

The CBAE program will support programs that are designed to promote abstinence-until-marriage education as defined by Section 510(b)(2) in Title V of the Social Security Act, for adolescents aged 12 through 18. The entire focus of these programs is to educate young people and create an environment within communities that supports teen decisions to postpone sexual activity until marriage. Since communicating abstinence education to various target populations requires a number of different approaches, activities may include adult and peer mentoring, before- and after-school programs, and parent education groups to promote abstinence from sexual activity until marriage.

2. Priorities:

Applicants are strongly encouraged to address the following:

Cultural Sensitivity and Environment

Culturally sensitive and age-appropriate programs are associated with higher rates of success in accomplishing program goals. Therefore, successful applicants will tailor programs to the unique cultural and environmental needs of the target population they intend to serve. For example, programs designed to serve youth in foster care should give consideration to the factors resulting in those youth being at greater risk for premarital sex and how abstinence-until-marriage education materials can be adapted so that they are relevant and effective.

Healthy Marriage

Successful applicants will equip participants with skills and knowledge that give them a greater capacity to develop both healthy relationships in the short-term and healthy marriages in the long-term. Relationship training may cover a range of topics, including: teaching the characteristics of healthy relationships and healthy marriage, learning how to communicate effectively and manage conflict, and developing a "go-slow," low intensity approach to teen relationships, to name a few.

Medical Accuracy

Applicants are required to ensure that all data in their applications are true and correct. This applies to medical information presented in all curricula funded under this program announcement. In order to be considered medically accurate, all medical information must be accurate, properly referenced, and consistent with data acquired through rigorous, validated research. Applicants must sign the assurance contained in Appendix B.

Grantees are not required to provide information on contraception except in the instances where they produce materials subject to Section 317P(c)(2) of the Public Health Service Act, as described in this announcement. In general, information on contraceptives, if included, must be medically accurate and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.

This medical accuracy requirement is intended to require a high standard of medical accuracy while allowing for diverse interpretive viewpoints regarding research findings and in the public policy recommendations that may result from such research findings.

Should ACF find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.

Section 317P(c)(2) of the Public Health Service Act

Mass produced materials that as their primary purpose are specifically about STDs, including human papillomavirus, are required by Section 317P(c)(2) of the Public Health Service Act to contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the sexually transmitted disease the materials are designed to address. Mass produced materials are considered to be specifically designed to address STDs if more than 15 percent of the content is related to STDs. Examples of medically accurate statements about the effectiveness or lack of effectiveness of condoms are provided in Appendix C.

Sustainability

In FY 2006, the project period for CBAE grants was extended from three to five years. One reason for the extension was to give grantees more time to enhance their sustainability. Successful applicants will build capacity through private, local, State and other governmental development to increase their ability to continue the project past the grant period. Applicants should clearly demonstrate an achievable plan for financially sustaining the project after the grant project period ends.

Evaluation

Successful applicants will clearly identify the outputs and outcomes of their program and show that they have adequate plans to collect and analyze their data and report their findings.

Outputs are the direct products or deliverables of program activities. Often they are a measure of the service delivery (i.e., how much service was delivered and to how many people). For example, an abstinence education program may provide a class to teach students the skills and knowledge necessary to remain abstinent until marriage. One output measure for that activity is the number of people who completed the class. Successful applicants will provide quantified projections for all of their identified project outputs. There are three outputs that grantees are required to estimate and track:

- The number of youth served;
- The hours of service provided to each youth; and
- The number of youth that complete the program.

Applications that do not present reasonable methods of collecting this data accurately and routinely will receive fewer points as described in the *Evaluation Criteria* given in *Section V-1*. Successful applicants will choose additional outputs that will allow for effective monitoring and management of the project. Additional examples of outputs include the number of staff trained to provide services, the number of events hosted, number of marketing materials distributed, the number of organizations represented in a coalition, the number of student mentors trained, the number of parents reached, etc.

Outcomes are the results of a program, typically describing a change in people or systems. For example, youth that participate in an abstinence education program may be more likely to commit to abstain from sex until marriage. Applicants are expected to measure the following two outcomes:

- The number of youth who have never had sexual intercourse and remain abstinent following the abstinence education program.
- The number of youth who have had sexual intercourse but have discontinued having sex following the abstinence education program.

Successful applicants will include plans for measuring outcomes six months after completion of the abstinence education program.

Beyond these two core outcome measurements, applicants are encouraged to evaluate even longer-term outcomes (for example, 1 year, 3 year, or 5 year outcomes), though applicants are not required to do so if this proves to be unfeasible. In other words, applicants will not be excluded from consideration solely because their plans do not include the measurement of longer-term outcomes; however, priority consideration will be given to those applicants who include plans for tracking youth several years after program completion and measuring longer-term outcomes (for example, 1 year, 3 year, or 5 year outcomes).

Additional examples of outcomes include: youth demonstrating an increased knowledge of

the benefits of abstinence, fewer teen pregnancies, fewer STDs, increased relationship skills and knowledge, increased refusal or assertiveness skills to resist sexual ~~urges and~~ advances, an increased knowledge of the relationship of alcohol and drug use to vulnerability to sexual advances, etc.

Successful applicants will also contract with independent, third-party evaluators to form and implement an evaluation plan to show that the project activities are accomplishing the goals of the project. A detailed evaluation plan should include: information about the affiliation and qualifications of the evaluator, hypotheses or research questions that are directly tied to program objectives, description of the comparison strategy (e.g., experimental, quasi-experimental), expected sample size (including recruitment strategies), how outcomes will be operationalized (including data collection instruments), plans for data analysis (including statistical techniques), plans for follow-up assessment beyond pre- and post-testing, and plans for how relevant findings will be reported to the professional field.

To support quality evaluations, the project periods are five years. ACF requires that a minimum of 15 percent of the requested budget be used for the purpose of program evaluations. For example, if an applicant has requested the full amount of \$600,000, it must indicate that \$90,000 of this total amount is dedicated to evaluation activities.

Grantees may be asked to participate in a national evaluation of the CBAE program. The grantee will cooperate with any research or evaluation efforts sponsored by the U.S. Department of Health and Human Services (HHS).

3. Scope:

All aspects of the proposed program must be consistent with the definition of abstinence education pursuant to A-H of Section 510(b)(2) of the Social Security Act. Additionally, successful applicants must adequately address each of the elements within the "Scope" section of this program announcement as indicated below.

Required Content:

- A curriculum must contain material consistent with the A-H elements.
- ACF will evaluate all proposed curricula, supplemental materials, and proposed or anticipated modifications to the curricula to assure compliance with the 13 themes outlined below. This review will include a content analysis to determine whether at

least 70 percent of the material directly relates to the 13 themes and that each theme is adequately addressed.

- No one theme should be over- or under-represented in the entire curriculum.
- A curriculum must not contain any material inconsistent with any of the A-H elements.
- Material must not promote contraception and/or condom use, which merely reduces, not eliminates, all risk.
- A curriculum must not promote or encourage sexual activity outside of marriage.
- A curriculum must not promote or encourage the use of any type of contraceptives outside of marriage.
- A curriculum must be age-appropriate with regard to the developmental stage of the intended audience. Graphic images of genitalia for purposes of illustrating the effects of STDs are inappropriate for certain age groups, especially if classes are not gender separated.

Additional Guidance Regarding Curriculum Content:

- Abstinence curricula must have a clear definition of sexual abstinence that must be consistent with the following: "Abstinence means voluntarily choosing not to engage in sexual activity until marriage. Sexual activity means physical sexual contact between individuals that involves the genitalia of at least one person."
- The curriculum must have a clear message regarding the importance of abstinence from sexual activity until marriage and must emphasize that the best life outcomes are more likely to be obtained if an individual abstains until marriage.
- The term "resources" must refer to all materials to be used in the submitted curriculum.
- Throughout the entire curriculum, the term "marriage" must be defined as "only a legal union between one man and one woman as a husband and wife, and the word 'spouse' refers only to a person of the opposite sex who is a husband or a wife" (consistent with Federal law).
- The curriculum must teach the psychological and physical benefits of sexual

abstinence-until-marriage for youth.

- The curriculum must teach ~~to all racial, socioeconomic, geographic, age, gender and ethnic groups~~ the importance of marriage, commitment, responsible parenthood, especially fatherhood, and the potential harm of out-of-wedlock childbearing to all racial, socioeconomic, geographic, age, gender and ethnic groups.
- Information on contraceptives, if included, must be age-appropriate, medically accurate, and presented only as it supports the abstinence message being presented. The curriculum must not promote or endorse, distribute or demonstrate the use of contraception or instruct students in contraceptive usage.
- The following National Institute of Allergies and Infectious Diseases definition for STDs must be applied throughout the curriculum:

"A sexually transmitted disease is any contagious disease that is transmitted through direct person to person sexual contact. Sexually transmitted diseases are contracted through exchange of semen, blood, or any other body fluids or by direct sexual contact with the affected body area of an individual who has a sexually transmitted disease."

Successful Abstinence Education Curriculum

A. It is essential that the abstinence education curriculum has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.

The curriculum must be consistent with the bulleted examples.

Examples may include, but are not limited to:

- Has as its exclusive purpose to teach abstinence. Every element, goal, and objective of the curriculum must be consistent with the abstinence-until-marriage message. The curriculum must teach abstinence in preparation for marriage throughout.
- Teaches the social gains realized by abstaining from non-marital sexual activity. (Included in themes D1, D2, F1, and F2 described below.)
- Teaches the psychological gains realized by abstaining from non-marital sexual activity. (Included in themes B1, B2, D1, D2, and E1 described below.)

- Teaches the health gains realized by abstaining from non-marital sexual activity. (Included in themes B1, B2, C2, and E2 described below.)

B. It is critical that the abstinence education curriculum teaches abstinence from sexual activity outside marriage as the expected standard for all school-aged children.

The curriculum must adequately address each of the themes below and be consistent with the bulleted examples.

Theme B1. Teaches that abstinence from sexual activity is the expected standard for all school-age children.

Examples may include, but are not limited to:

- Teaches that abstinence from sexual activity is the expected standard for school-age children.
- Teaches that pursuing the expected standard of abstinence serves to establish an understanding of, and respect for, others.
- Teaches that committed caring relationships require respect for others, their feelings and their bodies.
- Teaches that abstinence reflects qualities of personal integrity and is honorable.

Theme B2. Teaches, in an age-appropriate manner, the topic of returning to abstinence, that teens who have engaged in non-marital sexual activity may abstain from further non-marital sexual activity, thereby reducing potential negative psychological, health, and social consequences.

Examples may include, but are not limited to:

- Teaches that teens who have been sexually active may choose to return to abstinence.
- Teaches that teens who choose abstinence, even after they have been sexually active, are likely to improve their future well-being.

C. Abstinence education curriculum must teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, STDs, and other associated

health problems.

The curriculum must adequately address each of the themes below and be consistent with the bulleted examples.

Theme C1. Teaches, in an age-appropriate manner, that abstinence is the only certain way to avoid out-of-wedlock pregnancy.

Examples may include, but are not limited to:

- Teaches that contraception may fail to prevent teen pregnancy and that sexually active teens using contraception may become pregnant.
- Teaches the published failure rates associated with contraceptives relative to pregnancy prevention, including "real use" versus trial or "laboratory use," human error, product defect, teen use and possible side effects of contraceptives. (References for information must be provided with the curriculum.)
- Does not promote or encourage the use or combining of any contraceptives ~~in order to make sex "safer."~~

Theme C2. Teaches, in a medically accurate and age-appropriate manner, that abstinence is the only certain way to avoid the sexual transmission of STDs and related health problems. Teaches the harmful physical effects of infection by STDs that may result from sexual activity outside of the context of faithful marriage. Teaches the physical health gains realized by abstaining from sexual activity. (This theme is limited to STDs; the physical effects of out-of-wedlock pregnancy are covered in themes F1 and F2.)

Examples may include, but are not limited to:

- Teaches the epidemiology of STDs in the U.S. (e.g., infection rates, modes of transmission, existence of incurable and potentially fatal STDs). (References for information must be provided with the curriculum.)
- Teaches the limitations of contraception to consistently prevent STDs.
- Teaches that sexually active teens increase the risk of contracting an STD with each additional sex partner.
- Teaches the adverse physical, emotional and socio-economic consequences

associated with contracting an STD.

- Teaches that acquiring an STD may potentially affect future relationships.
- Teaches that abstinence decreases the potential for experiencing other associated health problems (e.g., infertility, chronic pelvic pain, liver disease, certain reproductive organ cancers, [HIV/AIDS](#)).
- Teaches the increased biological susceptibility to STD infection associated with earlier age of initiation of sexual activity.

D. It is required that the abstinence education curriculum teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity.

The curriculum must adequately address each of the themes below and be consistent with the bulleted examples.

Theme D1. Teaches that the expected standard for sexual activity is within the context of a mutually monogamous marriage relationship. Teaches that healthy human sexuality involves enduring fidelity, love and commitment; human happiness and well-being are associated with a stable, loving marriage. Teaches that non-marital sex can undermine the capacity for healthy marriage, love and commitment. Teaches that abstinence is beneficial in preparation for successful marriage and significantly increases the probability of a happy, healthy marriage.

Examples may include, but are not limited to:

- Teaches that non-marital sex in teen years may reduce the probability of a stable, happy marriage as an adult.
- Teaches that healthy human sexuality involves enduring fidelity, love and commitment.
- Teaches that teen abstinence may increase the probability of a healthy marriage.
- Teaches that teen non-marital sex may not evolve into an intimate enduring relationship.
- Teaches that sex can be fulfilling when practiced within the intimacy, love and

commitment of marriage.

Theme D2. Teaches that human sexuality includes deep emotional and psychological aspects and is not merely physical in nature.

Examples may include, but are not limited to:

- Teaches that mutual faithfulness, intimacy and commitment within marriage can lead to increased human happiness.
- Teaches that premarital sexual activity can create a pattern of relationship instability.
- Teaches the difference between love and sex.
- Teaches the stages of emotional intimacy and bonding.
- Teaches that sexual activity exclusively within marriage usually serves to promote healthy emotional bonding.
- Teaches that the lack of commitment associated with non-marital sex may increase the potential for emotional harm.
- Teaches that males and females may view sex, intimacy, and commitment differently.
- Provides an understanding that non-marital teenage sexual activity may harm others.
- Teaches the short-term and unstable nature of many teen sexual relationships.

E. It is essential that the abstinence education curriculum teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.

The curriculum must adequately address each of the themes below and be consistent with the bulleted examples.

Theme E1. Teaches the harmful psychological effects of sexual activity outside the context of marriage. Teaches the psychological gains [that can be](#) realized by abstaining from sexual activity.

Examples may include, but are not limited to:

- Teaches the potential psychological effects (e.g., depression and suicide) associated with adolescent sexual activity.
- Teaches that abstinence can increase the freedom to fulfill age-appropriate, psychosocial, developmental stages.
- Teaches the harmful psychological effects that can be associated with experiencing relationship failure, especially if sexual intimacy was experienced before marriage.
- Teaches that abstinence may increase the freedom to enjoy emotional health by lessening the likelihood of experiencing the negative emotions that can be associated with a decision to become involved in premarital sexual activity.

Theme E2. Teaches that teen sexual activity may have harmful effects in addition to the effects previously mentioned in C1, C2, and E1. Teaches that abstinence can help youth to avoid these potentially harmful effects.

Examples may include, but are not limited to:

- Teaches that teen sexual activity is associated with decreased school completion, decreased educational attainment, and decreased income potential.
- Teaches that teens who are sexually active are also more likely to engage in other risk behaviors such as: smoking, alcohol abuse, drug abuse, violence, and crime.

F. It is critical that the abstinence education curriculum teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society.

The curriculum must adequately address each of the themes below and be consistent with the bulleted examples.

Theme F1. Teaches that sexual activity outside of marriage may result in non-marital pregnancy. Teaches, in an age-appropriate manner, that bearing children out-of-wedlock may have harmful consequences for the child. Teaches that by abstaining from non-marital sexual activity, teens will have increased potential to form healthy marriages that will benefit their future children.

Examples may include, but are not limited to:

- Teaches that teen sexual abstinence will decrease the probability of out-of-wedlock child bearing and improve preparation for stable marriage.
- Teaches that marriage may greatly improve the well-being of children.
- Teaches that a healthy marriage will significantly decrease the likelihood that one's children will experience: physical, sexual, and/or emotional abuse or neglect; welfare dependence; poverty; drug or alcohol abuse; emotional and behavioral problems; academic failure; and incarceration.
- Teaches that the earlier the initiation of non-marital sexual activity, the greater the probability of out-of-wedlock pregnancy and birth.

Theme F2. Teaches the potential beneficial effects of marriage to the well-being of adults and society. Teaches, in an age-appropriate manner, that bearing children out-of-wedlock is likely to have harmful consequences for the child's parents and society as a whole.

Examples may include, but are not limited to:

- Teaches the multi-faceted benefits of healthy marriage to our society (e.g., increased life span; higher standards of living; higher levels of sexual satisfaction).
- Teaches that bearing children out-of-wedlock increases the likelihood that a mother will live in poverty, become dependent on welfare, and/or experience significant delays in, or interference with, achieving desired life goals.
- Teaches that adults who are married are less likely to be involved in illegal activity, abuse substances or spend time in prison.
- Teaches that bearing children out-of-wedlock is associated with increased rates of depression, domestic violence, and failed relationships.
- Teaches that bearing children out-of-wedlock can result in an increased potential for government expenditures and can have negative effects on society (e.g., increased services for non-marital parents and children, higher medical costs, higher rates of crime, incarceration and/or academic failure).
- Teaches the importance of marriage to economic well-being and prosperity and the importance of abstinence in the teen years to long-term healthy and happy

marriages.

- Teaches the association between healthy marriage and adult happiness.
- Teaches the relationship of abstinence before marriage and fidelity in marriage to responsible parenthood.
- Teaches the importance of marriage to responsible fatherhood.
- Teaches that males who father children out-of-wedlock may face substantial child support payments for the next 18 years and other legal obligations.

G. Abstinence education curriculum must teach young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances.

The curriculum must adequately address each of the themes below and be consistent with the bulleted examples.

Theme G1. Teaches the importance of goal setting and future-oriented thinking as a means of promoting sexual abstinence. Teaches the importance of personal character in deciding to remain sexually abstinent. Teaches the value of building and maintaining healthy relationships that are free from sexual involvement.

Examples may include, but are not limited to:

- Teaches that sexual desires are natural and controllable and that individuals are capable of making choices to abstain from sexual activity.
- Teaches the value of building and maintaining healthy relationships that are free from sexual involvement.
- Identifies role models for success and examples of healthy sexual values.
- Teaches that being sexually active does not prove one is mature, successful or popular.
- Teaches the importance of personal character and self-discipline in deciding to remain sexually abstinent.
- Teaches skills for improving risk assessment, healthy decision making, refusal skills and self-discipline concerning sexual activity.

- Enhances future orientation, helping the young person who has chosen abstinence to develop and implement long-term life goals for themselves as individuals.
- Enhances a sense of personal efficacy, creating a strong personal understanding that significant life goals are personally attainable and that current conduct can lead to goal attainment.
- Teaches that abstinence is a means of developing discipline, self-awareness, and goal-setting behaviors.
- Teaches that the expected standard of abstinence provides guidelines for decision-making and/or goal-setting behaviors.

Theme G2. Teaches techniques and skills to help young people reject sexual advances and maintain the expected standard of abstinence.

Examples may include, but are not limited to:

- Enhances sense of personal efficacy in students that they can, as individuals, adhere to abstinence standards.
- Teaches examples of verbal and non-verbal responses designed to stop sexual advances.
- Provides skills for maintaining independent personal standards regarding abstinence and for resisting negative peer influences.
- Teaches how to set and communicate boundaries and avoid settings and circumstances commonly associated with an increased likelihood of sexual advances (e.g., staying out late, being alone with a date in an unsupervised setting, attending parties where sexually active peers are likely to attend).
- Teaches how to avoid settings that involve potential interaction with pornography (e.g., explicit movies, TV, magazines, Internet).
- Provides understanding of media influence on sexual behavior and skills for resisting negative media influences.
- Teaches students to ask for help from parents and adults who can support and reinforce abstinence-until-marriage decisions.

Theme G3. Teaches that the use of drugs or alcohol can increase one's vulnerability to sexual advances (including sexual exploitation or violence). Teaches skills for avoiding high-risk situations where sexual activity is more likely.

Examples may include, but are not limited to:

- Teaches that alcohol and/or drug use can decrease self-control, lower levels of inhibitions, and adversely influence decisions regarding sexual behavior.
- As a means of promoting sexual abstinence, encourages participation in age-appropriate activities that do not involve the use of alcohol and/or drugs.
- Teaches techniques for refusing to participate in alcohol, tobacco and drug use.
- Teaches that abstinence increases the potential of avoiding other high-risk behaviors (e.g., drug abuse, alcohol abuse, tobacco use and sexual violence).
- Explains how situations or circumstances associated with alcohol, drug abuse or other high-risk behaviors can contribute to the increased likelihood of encountering sexual advances.

H. It is required that the abstinence education curriculum teaches the importance of attaining self-sufficiency before engaging in sexual activity.

The curriculum must be consistent with the bulleted example.

- Teaches the relationship between self-sufficiency and abstinence-until-marriage. Teaches that the delay of the initiation of sexual activity until marriage can significantly improve life outcomes, financial well-being and marital stability. Included in themes B1, B2, D1, D2, F1, and F2.

D. Other Program Requirements

Grants under this program shall be made to entities that agree that, with respect to an adolescent to whom the entities provide abstinence education under such grant, the entities will not provide to that adolescent any other education regarding sexual conduct, except in the case of an entity expressly required by Federal law to provide health information or services [42 United States Code (U.S.C.) Section 710(b)(2)(A)]. Each adolescent shall not be precluded from seeking health information or services from the entity in a different

setting - either in time or place - than the setting in which abstinence education was provided. Nothing shall preclude entities that have a public health mandate from discussing other forms of sexual conduct or providing services, as long as this is conducted in a different setting - either in time or place - than where and when the abstinence-until-marriage course is being conducted. ACF requires applicants to prepare, sign and submit with their applications a document of assurance that speaks to this separation of Federal abstinence education services and private abstinence and/or sex education services. An example of an acceptable statement of assurance is provided in Appendix A.

All grantees must send at least one key staff person to attend one grantees' meeting per year of three days each in Washington, DC. The initial meeting is expected to be held shortly after the official award date. Grantees are also strongly encouraged to send at least one key staff person to attend a regional conference once a year.

II. AWARD INFORMATION

Funding Instrument Type:	Grant
Anticipated Total Priority Area Funding:	\$30,000,000
Anticipated Number of Awards:	50 to 60
Ceiling on Amount of Individual Awards:	\$600,000 per budget period
Floor on Amount of Individual Awards:	\$250,000 per budget period
Average Projected Award Amount:	\$425,000 per budget period

Length of Project Periods:

60-month project period with five 12-month budget periods

This announcement invites applications for five-year project periods (up to \$600,000 per budget period). In the first year of the project, grants will be awarded on a competitive basis. Continuation grant applications will be considered on a noncompetitive basis for years two through five subject to availability of funds, satisfactory progress of the grantee, and a determination that continued funding would be in the best interest of the Federal Government. Grants will be awarded for 12-month budget periods with a five-year project period.

Applicants will prepare a detailed budget for the first year of the project only. Applicants may not request increased levels of funding in years two through five.

Awards under this announcement are subject to the availability of funds.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants:

- State governments
- County governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State-controlled institutions of higher education
- Native American Tribal governments (Federally recognized)
- Public housing authorities/Indian housing authorities
- Native American Tribal organizations (other than Federally recognized Tribal

governments)

- Non-profits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Non-profits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- For-profit organizations other than small businesses
- Small businesses

Faith-based and community organizations that meet the statutory eligibility requirements are eligible to apply under this announcement.

Organizations and their faith-based and community partners shall not use direct Federal grants or contracts under the CBAE program to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, an organization must take steps to separate, in time or location, their inherently religious activities from the CBAE funded services. Some of the ways organizations may accomplish this include, but are not limited to, promoting only the Federally funded program in materials, websites, or commercials purchased with any portion of the Federal funds. Further, participation in such activity by individuals receiving services must be voluntary.

A faith-based organization receiving HHS funds retains its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs. For example, a faith-based organization may use space in its facilities to provide secular programs or services funded with Federal funds without removing religious art, icons, scriptures, or other religious symbols. In addition, a faith-based organization that receives Federal funds retains its authority over its internal governance, ~~and~~, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents in accordance with all CBAE program requirements, statutes, and other applicable requirements governing the conduct of HHS funded activities.

Regulations pertaining to the Equal Treatment for Faith-Based Organizations, which

includes the prohibition against Federal funding of inherently religious activities, can be found at either 45 CFR 87.1 or the HHS website at <http://www.os.dhhs.gov/fbc/waisgate21.pdf>.

Sex education programs that promote the use of contraceptives are not eligible for funding under this announcement [42 U.S.C. Section 710(b)(2)(A)].

Grantees currently receiving funding from the Abstinence Education program in FYSB may not apply for funding unless they are in the final year of their project period.

2. Cost Sharing or Matching: None

3. Other:

D-U-N-S Requirement

All applicants must have a D&B Data Universal Numbering System (D-U-N-S) number. On June 27, 2003, the Office of Management and Budget (OMB) published in the *Federal Register* a new Federal policy applicable to all Federal grant applicants. The policy requires Federal grant applicants to provide a D-U-N-S number when applying for Federal grants or cooperative agreements on or after October 1, 2003. The D-U-N-S number will be required whether an applicant is submitting a paper application or using the government-wide electronic portal, Grants.gov. A D-U-N-S number will be required for every application for a new award or renewal/continuation of an award, including applications or plans under formula, entitlement, and block grant programs, submitted on or after October 1, 2003.

Please ensure that your organization has a D-U-N-S number. You may acquire a D-U-N-S number at no cost by calling the dedicated toll-free D-U-N-S number request line at 1-866-705-5711 or you may request a number on-line at <http://www.dnb.com>.

Proof of Non-Profit Status

Non-profit organizations applying for funding are required to submit proof of their non-profit status.

Proof of non-profit status is any one of the following:

- A reference to the applicant organization's listing in the IRS's most recent list of tax-exempt organizations described in the IRS Code.
- A copy of a currently valid IRS tax-exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.
- Any of the items in the subparagraphs immediately above for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

When applying electronically, we strongly suggest that you attach your proof of non-profit status with your electronic application.

Private, non-profit organizations are encouraged to submit with their applications the survey located under *Grant Related Documents and Forms: Survey for Private, Non-Profit Grant Applicants*, titled, *Survey on Ensuring Equal Opportunity for Applicants*, at: <http://www.acf.hhs.gov/programs/ofs/forms.htm>.

Disqualification Factors

Applications that exceed the ceiling amount will be deemed non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be deemed non-responsive and will not be considered for funding under this announcement.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package:

ACYF Operations Center
c/o The Dixon Group
Attn: Community-Based Abstinence Education Program Funding
118 Q Street NE.
Washington, DC 20002-2132
Phone: 1-866-796-1591
E-mail: fysb@dixongroup.com

2. Content and Form of Application Submission:

Application Content

Each application must include the following components placed in the order given:

- 1) Application for Federal Assistance - applicant must use Standard Form (SF) 424.
- 2) Table of Contents - In the past, some successful applicants have used a second table of contents or index that serves as a cross-reference, clearly directing reviewers to the part of the application that responds to the evaluation criteria in *Section V*.
- 3) Project Abstract - A single-spaced, typed abstract not to exceed one page must be included in the application. Use plain language that is easy for non-experts to understand. Guidelines for content and format of the abstract are as follows:

Contact information at the top of the abstract should include:

- Name of Project;
- Name of Project Director(s);
- Full mailing address;
- Telephone number of contact person (include area code);
- Fax number for contact person;
- E-mail address for contact person; and
- Web site (if applicable).

The section headings of the abstract should include:

- Objectives and Need for Assistance: Describe the problem(s) the project is

designed to address. State the major goals and objectives of the project;

- Approach: Explain the project activities planned for reaching the project goals;
- Evaluation: Describe the techniques for tracking outputs and measuring outcomes resulting from the activities. Clearly indicate the “dose” that each participant will receive in abstinence education. The dose information must include the number of participants for the first year of the project, a break-down of this information for each component of the intervention, and an average. For example, if the intervention involves 500 young people taking a school curriculum that is five hours and 200 of these participants are also taking part in a 20-hour after school peer mentoring program, the following information should be stated:
 - o 300 participants will receive a dose of five hours of a school curriculum.
 - o 200 students will receive a dose of 25 hours of abstinence education in the form of a five-hour school curriculum and a 20-hour peer mentoring program.
 - o On average, students will receive a dose of 13 hours of abstinence education during the first year of the project. The average number hours of abstinence education received by each student was calculated as follows –

$$\frac{(300 \text{ participants} \times 5 \text{ hours}) + (200 \text{ participants} \times 25 \text{ hours})}{500 \text{ total participants}} = 13 \text{ hours}$$

- Organizational Profile: Describe the roles and responsibilities of the applicant organization, key staff members and any partner organizations to complete the project; and
 - Budget: Indicate the total amount of requested funding (one-year budget period only).
- 4) Project Description - A narrative description that addresses the criteria described in Section V.
 - 5) Budget Information for Non-Construction Programs SF- 424A.
 - 6) Detailed Budget and Justification - Provide a budget with line-item detail and detailed

calculations for each budget object class. Provide a narrative budget justification that describes the necessity of the proposed costs. The detailed budget and justification must address the criteria given in *Section V*.

7) Logic Model - ACF requires applicant organizations to use a model for designing and managing their project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget);
- Activities (e.g., approach);
- Outputs - the direct products or deliverables of program activities; and
- Outcomes - the results of a program, typically describing a change in people or systems.

The project's evaluation plan should describe how the outputs and outcomes will be measured. Additional information about the development of logic models may be available on the Internet at the FYSB web site: <http://www.acf.hhs.gov/programs/fysb/>.

8) Work Plan - CBAE requires applicant organizations to develop a work plan in table format (limited to two pages) that lists a set of activities to be conducted in order to accomplish each objective. For each activity listed, the applicant should include at least the following information: party responsible, start and end dates, and status (i.e., a field for tracking the progress of the activity).

9) Curriculum Description - ACF requires applicants to provide a detailed description of each of the curricula they propose to use (limited to six pages each). The curriculum description consists of two parts:

- Background Information - Indicate the applicant's name, city/state, project title, project director, project director telephone, project director e-mail, curriculum title, author/publisher's name and address, copyright date, and target audience. Provide a brief summary describing the proposed curriculum and the agency's past experience

in administering it. For commercially-produced curricula, describe any modifications to the curriculum from previous editions. Describe any planned modifications to the curriculum and provide the rationale for each addition or deletion.

- Demonstration of Curriculum's Consistency with Legislative Requirements - Using the requirements listed in the "Purpose, ~~Scope and~~ Priorities ~~and Scope~~ of the CBAE Program ~~;~~ ~~A-H Compliance~~" section of this announcement. Provide examples (e.g., quotes, descriptions or references to page numbers) that show how the curriculum reflects each of the 13 themes in an adequate and balanced manner.

Applicants may be required to submit a complete copy of the proposed curriculum materials before a final funding decision is made. It is not necessary to submit a complete copy of the proposed curriculum by the application due date. If one is required, the applicant organization will be contacted.

10) Support Documents - These may include organizational charts, financial statements, letters of support, third-party agreements and resumes of key staff members. *Section V* describes the relevant content to include in the supporting documents.

11) Document of Assurance - ACF requires applicants to prepare, sign and submit with their applications a document of assurance that provides the proper assurance that CBAE grant applicants will not provide to an adolescent and/or adolescents any other education regarding sexual conduct, except, in the case of any entity expressly required by law to provide health information or services. Please see *Section I, Funding Opportunity Description* for a full description. An example of an acceptable statement of assurance is provided in Appendix A.

12) Standard Forms and Certifications - Additional standard forms and certifications are required, including Proof of Non-Profit Status, SF-424 B (Assurances), SF-LLL (certification regarding lobbying) and Certification Regarding Environmental Tobacco Smoke. For additional information, see the Standard Forms and Certifications section below.

Page Limitation

The length of the entire application package should not exceed 80 pages. This includes all of the items listed above, with the exception of items that are stated to not count toward the

80-page limit. Project description narratives should be limited to 20 pages. Remaining pages may be used for all other forms and materials required. Pages submitted in excess of the 80-page limit will be removed and not reviewed. The Survey for Private, Non-Profit Grant Applicants and the Complete Curriculum (if requested) are the only materials that do not count towards the 80-page limit.

Application Format

Applicants may submit their applications in a hard copy and/or electronic format. No preference is given to either format during the review process. If applicants have concerns about whether all of the application materials are received for review, they may consider using multiple formats and delivery services.

Please note the following for submission of applications in paper format:

- Submit application materials on white, 8.5 x 11-inch paper only. Do not use colored, oversized or folded materials. Present application materials unstapled and unbound so that additional copies can be made for review;
- A standard font such as Times New Roman must be used. The font size must not be smaller than 12 point. The margins must be at least one inch on all sides. Project and budget narrative sections must be double-spaced;
- Number all application pages sequentially throughout the package, beginning with the Application for Federal Assistance (SF-424) as page number one. All application pages including government forms and attachments should be numbered;
- Arrange all materials in the order listed in the Application Content section above;
- Additional materials and support documents (e.g., logic model, work plan, document of assurance, letters of support, etc.) should follow the same general guidelines but may be single-spaced and may use the same or different standard font, not smaller than 10 point. Letters of support may use the supporting organizations' letterhead. If copies of third-party agreements are lengthy, the applicant may substitute an annotated list of those agreements briefly summarizing: who the agreement is with, the scope of work to be performed, work schedules and remuneration, and any other core aspects of the agreement that define the nature of

the relationship; and

- Cover letters are not required. Applicants are reminded that if a cover letter is submitted, it will count toward the 80-page limit.

Forms and Certifications

The project description should include all the information requirements described in the specific evaluation criteria outlined in this program announcement under *Section V. Application Review Information*. In addition to the project description, the applicant needs to complete all of the Standard Forms required as part of the application process for awards under this announcement.

Applicants seeking financial assistance under this announcement must file the appropriate Standard Forms as described in this section. All applicants must submit SF-424, Application for Federal Assistance. For non-construction programs, applicants must also submit SF-424A, Budget Information and SF-424B, Assurances. For construction programs, applicants must also submit SF-424C, Budget Information and SF-424D, Assurances. The forms may be reproduced for use in submitting applications. Applicants must sign and return the standard forms with their application.

Applicants must furnish prior to award an executed copy of the SF-LLL, Certification Regarding Lobbying, when applying for an award in excess of \$100,000. Applicants who have used non-Federal funds for lobbying activities in connection with receiving assistance under this announcement shall complete a disclosure form, if applicable, with their application. Applicants must sign and return the certification with their application.

Applicants must also understand that they will be held accountable for the smoking prohibition included within Public Law (P.L.) 103-227, Title XII Environmental Tobacco Smoke (also known as the PRO-KIDS Act of 1994). A copy of the *Federal Register* notice that implements the smoking prohibition is included with this form. By signing and submitting the application, applicants are providing the necessary certification and are not required to return it.

Applicants must make the appropriate certification of their compliance with all Federal statutes relating to nondiscrimination. By signing and submitting the application, applicants are providing the necessary certification and are not required to return it. Complete the standard forms and the associated certifications and assurances based on the instructions on the forms. The forms and certifications may be found at:

<http://www.acf.hhs.gov/programs/ofs/forms.htm>.

Private, non-profit organizations are encouraged to submit with their applications the survey located under *Grant Related Documents and Forms: Survey for Private, Non-Profit Grant Applicants, titled, Survey on Ensuring Equal Opportunity for Applicants*, at:

<http://www.acf.hhs.gov/programs/ofs/forms.htm>.

Please see *Section V.1* for instructions on preparing the full project description.

Please reference *Section IV.3* for details about acknowledgement of received applications.

Electronic Submission

You may submit your application to us in either electronic or paper format. To submit an application electronically, please use the <http://www.Grants.gov> site.

If you use Grants.gov, you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site. ACF will not accept grant applications via facsimile or email.

IMPORTANT NOTE: Before you submit an electronic application, you must complete the organization registration process as well as obtain and register "electronic signature credentials" for the Authorized Organization Representative (AOR). Since this process may take more than five business days, it is important to start this process early, well in advance of the application deadline. **Be sure to complete all Grants.gov registration processes listed on the Organization Registration Checklist, which can be found at** http://www.acf.hhs.gov/grants/registration_checklist.html.

Please note the following if you plan to submit your application electronically via Grants.gov:

- Electronic submission is voluntary, but strongly encouraged.
- You may access the electronic application for this program at

<http://www.Grants.gov>. There you can search for the downloadable application package by utilizing the Grants.gov FIND function.

- **We strongly recommend that you do not wait until the application deadline date to begin the application process through Grants.gov.** We encourage applicants that submit electronically to submit well before the closing date and time so that if difficulties are encountered an applicant can still submit a hard copy via express mail. **To address any difficulties that you may encounter, it is to your advantage to submit 24 hours ahead of the closing date and time.**
- To use Grants.gov, you, as the applicant, must have a D-U-N-S number and register in the Central Contractor Registry (CCR). You should allow a minimum of five days to complete the CCR registration. **REMINDER: CCR registration expires each year and thus must be updated annually. You cannot upload an application to Grants.gov without having a current CCR registration AND electronic signature credentials for the AOR.**
- The electronic application is submitted by the AOR. To submit electronically, the AOR must obtain and register electronic signature credentials approved by the organization's E-Business Point of Contact who maintains the organization's CCR registration.
- You may submit all documents electronically, including all information typically included on the SF-424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this program announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. ACF will retrieve your application from Grants.gov.
- ACF may request that you provide original signatures on forms at a later date.
- You will not receive additional point value because you submit a grant application in electronic format, nor will we penalize you if you submit an application in hard copy.
- If you encounter difficulties in using Grants.gov, please contact the Grants.gov Help Desk at: 1-800-518-4726, or by email at support@grants.gov to report the problem

and obtain assistance.

- Checklists and registration brochures are maintained at <http://www.grants.gov/GetStarted> to assist you in the registration process.
- When submitting electronically via Grants.gov, applicants must comply with all due dates *AND* times referenced in *Section IV.3*.

Hard Copy Submission

Applicants that are submitting their application in paper format should submit one original and two copies of the complete application. The original and each of the two copies must include all required forms, certifications, assurances, and appendices, be signed by an authorized representative, have original signatures, and be unbound.

Non-Federal Reviewers

Since ACF will be using non-Federal reviewers in the review process, applicants have the option of omitting from the application copies (not the original) specific salary rates or amounts for individuals specified in the application budget as well as Social Security Numbers, if otherwise required for individuals. The copies may include summary salary information.

If applicants are submitting their application electronically, ACF will omit the same specific salary rate information from copies made for use during the review and selection process.

3. Submission Dates and Times:

Due Date for Applications: [Insert 45 days from date of publication]

Explanation of Due Dates

The due date for receipt of applications is referenced above. Applications received after 4:30 p.m., eastern time, on the due date will be classified as late and will not be considered in the current competition.

Applicants are responsible for ensuring that applications are mailed or hand-delivered or submitted electronically well in advance of the application due date and time.

Mail

Applications that are submitted by mail must be received no later than 4:30 p.m., eastern time, on the due date referenced above at the address listed in *Section IV.6.*

Hand Delivery

Applications hand carried by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers must be received on or before the due date referenced above, between the hours of 8:00 a.m. and 4:30 p.m., eastern time, at the address referenced in *Section IV.6.*, between Monday and Friday (excluding Federal holidays).

Electronic Submission

Applications submitted electronically via Grants.gov must be submitted no later than 4:30 p.m., eastern time, on the due date referenced above.

ACF cannot accommodate transmission of applications by facsimile or email.

Late Applications

Applications that do not meet the requirements above are considered late applications. ACF shall notify each late applicant that its application will not be considered in the current competition.

ANY APPLICATION RECEIVED AFTER 4:30 P.M., EASTERN TIME, ON THE DUE DATE WILL NOT BE CONSIDERED FOR COMPETITION.

Extension of Deadlines

ACF may extend application deadlines when circumstances such as acts of God (floods, hurricanes, etc.) occur; when there are widespread disruptions of mail service; or in other rare cases. A determination to extend or waive deadline requirements rests with the Chief Grants Management Officer.

Receipt acknowledgement for application packages will not be provided to applicants who submit their package via mail, courier services, or by hand delivery. Applicants will receive an electronic acknowledgement for applications that are submitted via <http://www.Grants.gov>.

Checklist

You may use the checklist below as a guide when preparing your application package.

What to Submit	Required Content	Required Form or Format	When to Submit
SF-424	See Section IV.2	See http://www.acf.hhs.gov/programs/ofs/forms.htm	By application due date.
Project Description	See Sections IV.2 and V	Found in Sections IV.2 and V	By application due date.
SF-424A	See Section IV.2	See http://www.acf.hhs.gov/programs/ofs/forms.htm	By application due date.
Budget and Budget Justification	See Section IV.2 and V	Found in Sections IV.2 and V-	By application due date.
Proof of Non-Profit Status	See Section III.3	Found in Section III.3	By application due date.
SF-424B	See Section	See http://www.acf.hhs.gov/programs/ofs/forms.htm	By applicatio

	IV.2	htm	n due date.
Certification Regarding Lobbying	See Section IV.2	See http://www.acf.hhs.gov/programs/ofs/forms.htm	By application due date
SF-LLL Disclosure of Lobbying Activities	See Section IV.2	See http://www.acf.hhs.gov/programs/ofs/forms.htm	By application due date
Certification Regarding Environmental Tobacco Smoke	See Section IV.2	See http://www.acf.hhs.gov/programs/ofs/forms.htm	By application due date.

Additional Forms

Private, non-profit organizations are encouraged to submit with their applications the survey located under *Grant Related Documents and Forms: Survey for Private, Non-Profit Grant Applicants*, titled, *Survey on Ensuring Equal Opportunity for Applicants*, at: <http://www.acf.hhs.gov/programs/ofs/forms.htm>.

What to Submit	Required Content	Required Form or Format	When to Submit
Survey for Private,	See form.	See http://www.acf.hhs.gov/programs/ofs/	By application due

Non-Profit Grant Applications		forms.htm	date.
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4. Intergovernmental Review:

State Single Point of Contact (SPOC)

This program is covered under Executive Order (EO) 12372, "Intergovernmental Review of Federal Programs," and 45 CFR Part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." Under the Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs.

As of August 1, 2005, the following jurisdictions have elected to participate in the EO process: Arkansas, California, Delaware, District of Columbia, Florida, Georgia, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New York, North Dakota, Rhode Island, South Carolina, Texas, Utah, West Virginia, Wisconsin, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands. As these jurisdictions have elected to participate in the Executive Order process, they have established SPOCs. Applicants from participating jurisdictions should contact their SPOC, as soon as possible, to alert them of prospective applications and receive instructions. Applicants must submit all required materials, if any, to the SPOC and indicate the date of this submittal (or the date of contact if no submittal is required) on the Standard Form 424, item 16a.

Under 45 CFR 100.8(a)(2), a SPOC has 60 days from the application deadline to comment on proposed new or competing continuation awards. SPOCs are encouraged to eliminate the submission of routine endorsements as official recommendations. Additionally, SPOCs are requested to clearly differentiate between mere advisory comments and those official State process recommendations, which may trigger the "accommodate or explain" rule.

When comments are submitted directly to ACF, they should be addressed to the U.S.

Department of Health and Human Services, Administration for Children and Families, Office of Grants Management, Division of Discretionary Grants, 370 L'Enfant Promenade SW., 4th floor, Washington, DC 20447.

Although the remaining jurisdictions have chosen not to participate in the process, entities that meet the eligibility requirements of the program are still eligible to apply for a grant even if a State, Territory, Commonwealth, etc. does not have a SPOC. Therefore, applicants from these jurisdictions, or for projects administered by Federally recognized Indian Tribes, need take no action in regard to EO 12372.

The official list, including addresses, of the jurisdictions that have elected to participate in EO 12372 can be found on the following URL:
<http://www.whitehouse.gov/omb/grants/spoc.html>.

5. Funding Restrictions:

Grant awards will not allow reimbursement of pre-award costs.

Construction and purchase of real property are not allowable activities or expenditures under this grant award.

Applicants should note that grants to be awarded under this program announcement are subject to the availability of funds. The size of the actual awards will vary.

Sex education programs that promote the use of contraceptives are not eligible for funding under this announcement [42 U.S.C Section 710(b)(2)(A)].

6. Other Submission Requirements:

Please see *Sections IV.2* and *IV.3* for deadline information and other application requirements.

Submit applications to one of the following addresses:

Submission by Mail

ACYF Operations Center
c/o The Dixon Group
Attn: Community-Based Abstinence Education Program Funding
118 Q Street NE

Washington, DC 20002-2132

Hand Delivery

ACYF Operations Center
c/o The Dixon Group
Attn: Community-Based Abstinence Education Program Funding
118 Q Street NE
Washington, DC 20002-2132

Electronic Submission

Please see *Section IV.2* for guidelines and requirements when submitting applications electronically via <http://www.Grants.gov>.

V. APPLICATION REVIEW INFORMATION

The Paperwork Reduction Act of 1995 (P.L. 104-13)

Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

The project description is approved under OMB control number 0970-0139, which expires 4/30/2007.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

1. Criteria:

Part I THE PROJECT DESCRIPTION OVERVIEW

PURPOSE

The project description provides the majority of information by which an application is evaluated and ranked in competition with other applications for available assistance. The project description should be concise and complete. It should address the activity for which Federal funds are being requested. Supporting documents should be included where

they can present information clearly and succinctly. In preparing the project description, information that is responsive to each of the requested evaluation criteria must be provided. Awarding offices use this and other information in making their funding recommendations. It is important, therefore, that this information be included in the application in a manner that is clear and complete.

GENERAL EXPECTATIONS AND INSTRUCTIONS

ACF is particularly interested in specific project descriptions that focus on outcomes and convey strategies for achieving intended performance. Project descriptions are evaluated on the basis of substance and measurable outcomes, not length. Extensive exhibits are not required. Cross-referencing should be used rather than repetition. Supporting information concerning activities that will not be directly funded by the grant or information that does not directly pertain to an integral part of the grant-funded activity should be placed in an appendix.

Pages should be numbered and a table of contents should be included for easy reference.

Part II GENERAL INSTRUCTIONS FOR PREPARING A FULL PROJECT DESCRIPTION

INTRODUCTION

Applicants that are required to submit a full project description shall prepare the project description statement in accordance with the following instructions while being aware of the specified evaluation criteria. The text options give a broad overview of what the project description should include while the evaluation criteria identify the measures that will be used to evaluate applications.

OBJECTIVES AND NEED FOR ASSISTANCE

Clearly identify the physical, economic, social, financial, institutional, and/or other problem(s) requiring a solution. The need for assistance must be demonstrated and the principal and subordinate objectives of the project must be clearly stated; supporting documentation, such as letters of support and testimonials from concerned interests other than the applicant, may be included. Any relevant data based on planning studies should be included or referred to in the endnotes/footnotes. Incorporate demographic data and

participant/beneficiary information, as needed. In developing the project description, the applicant may volunteer or be requested to provide information on the total range of projects currently being conducted and supported (or to be initiated), some of which may be outside the scope of the program announcement.

APPROACH

Outline a plan of action that describes the scope and detail of how the proposed work will be accomplished. Account for all functions or activities identified in the application. Cite factors that might accelerate or decelerate the work and state your reason for taking the proposed approach rather than others. Describe any unusual features of the project such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvement.

Provide quantitative monthly or quarterly projections of the accomplishments to be achieved for each function or activity in such terms as the number of people to be served and the number of activities accomplished.

Projections should be clearly indicated on the work plan.

When accomplishments cannot be quantified by activity or function, list them in chronological order to show the schedule of accomplishments and their target dates.

If any data is to be collected, maintained, and/or disseminated, clearance may be required from the OMB. This clearance pertains to any "collection of information that is conducted or sponsored by ACF."

Provide a list of organizations, cooperating entities, consultants, or other key individuals who will work on the project along with a short description of the nature of their effort or contribution.

EVALUATION

Provide a narrative addressing how the conduct of the project and the results of the project will be evaluated. In addressing the evaluation of results, state how you will determine the extent to which the project has achieved its stated objectives and the extent to which the accomplishment of objectives can be attributed to the project. Discuss the criteria to be

used to evaluate results, and explain the methodology that will be used to determine if the needs identified and discussed are being met and if the project results and benefits are being achieved. With respect to the conduct of the project, define the procedures to be employed to determine whether the project is being conducted in a manner consistent with the work plan presented and discuss the impact of the project's various activities that address the project's effectiveness.

ORGANIZATIONAL PROFILES

Provide information on the applicant organization(s) and cooperating partners, such as: organizational charts; financial statements; audit reports or statements from Certified Public Accountants/Licensed Public Accountants; Employer Identification Number(s); contact persons and telephone numbers; names of bond carriers; child care licenses and other documentation of professional accreditation; information on compliance with Federal/State/local government standards; documentation of experience in the program area; and, other pertinent information.

If the applicant is a non-profit organization, it should submit proof of its non-profit status in its application. The non-profit agency can accomplish this by providing any one of the following: a) a reference to the applicant organization's listing in the IRS's most recent list of tax-exempt organizations described in the IRS Code; b) a copy of a currently valid IRS tax exemption certificate; c) a statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrues to any private shareholders or individuals; d) a certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status; or e) any of the items immediately above for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

BUDGET AND BUDGET JUSTIFICATION

Provide a budget with line-item detail and detailed calculations for each budget object class identified on the Budget Information Form (SF-424A or SF-424C). Detailed calculations

must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated. If matching is a requirement, include a breakout by the funding sources identified in Block 15 of the SF-424.

Provide a narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

GENERAL

Use the following guidelines for preparing the budget and budget justification. Both Federal and non-Federal resources (when required) shall be detailed and justified in the budget and budget narrative justification. "Federal resources" refers only to the ACF grant funds for which you are applying. "Non-Federal resources" are all other non-ACF Federal and non-Federal resources. It is suggested that budget amounts and computations be presented in a columnar format: first column, object class categories; second column, Federal budget; next column(s), non-Federal budget(s); and last column, total budget. The budget justification should be in a narrative form.

PERSONNEL

Description: Costs of employee salaries and wages.

Justification: Identify the project director or principal investigator, if known at the time of application. For each staff person, provide: the title; time commitment to the project in months; time commitment to the project as a percentage or full-time equivalent; annual salary; grant salary; wage rates; etc. Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant.

FRINGE BENEFITS

Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Justification: Provide a breakdown of the amounts and percentages that comprise

fringe benefit costs such as health insurance, FICA, retirement insurance, taxes, etc.

TRAVEL

Description: Costs of project-related travel by employees of the applicant organization. (This item does not include costs of consultant travel).

Justification: For each trip show: the total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. Travel costs for key staff to attend ACF-sponsored workshops should be detailed in the budget.

EQUIPMENT

Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the organization's regular written accounting practices.)

Justification: For each type of equipment requested provide: a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use on the project; as well as use and/or disposal of the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition.

SUPPLIES

Description: Costs of all tangible personal property other than that included under

the Equipment category.

Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

CONTRACTUAL

Description: Costs of all contracts for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts with secondary recipient organizations, including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open and free competition. Recipients and subrecipients, other than States that are required to use 45 CFR Part 92 procedures, must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed at 41 USC 403(11), currently set at \$100,000.

Recipients might be required to make available to ACF pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc.

Note: Whenever the applicant intends to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each delegate agency, by agency title, along with the required supporting information referred to in these instructions.

OTHER

Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: insurance; food; medical and dental costs (noncontractual); professional services costs; space and equipment rentals; printing and publication; computer use; training costs, such as tuition and stipends; staff

development costs; and administrative costs.

Justification: Provide computations, a narrative description and a justification for each cost under this category.

INDIRECT CHARGES

Description: Total amount of indirect costs. This category should be used only when the applicant currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant Federal agency.

Justification: An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. If the applicant organization is in the process of initially developing or renegotiating a rate, upon notification that an award will be made, it should immediately develop a tentative indirect cost rate proposal based on its most recently completed fiscal year, in accordance with the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. When an indirect cost rate is requested, those costs included in the indirect cost pool should not be charged as direct costs to the grant. Also, if the applicant is requesting a rate that is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

EVALUATION CRITERIA:

The following evaluation criteria appear in weighted descending order. The corresponding score values indicate the relative importance that ACF places on each evaluation criterion; however, applicants need not develop their applications precisely according to the order presented. Application components may be organized such that a reviewer will be able to follow a seamless and logical flow of information (i.e., from a broad overview of the project to more detailed information about how it will be conducted).

In considering how applicants will carry out the responsibilities addressed under this announcement, competing applications for financial assistance will be reviewed and

evaluated against the following criteria:

OBJECTIVES AND NEED FOR ASSISTANCE - 30 points

- The extent to which the target population is clearly defined. Statistical and demographic data show a clear need for abstinence-until-marriage education for the target population. (8 points)
- The extent to which the precise geographic location of the area to be served by the project is clearly described (e.g., city, county, boundary streets of a neighborhood, zip codes, school districts). (2 points)
- The extent to which all aspects of the project (e.g., educational materials as described in curriculum descriptions, special events, public awareness campaigns) are consistent with the 13 themes presented in *Section I.C.3.*, Scope of this program announcement. (20 points)

APPROACH - 20 points

- The extent to which the project narrative and supporting documents (e.g., logic model and workplan) describe a thorough and reasonable plan. The narrative and plans clearly conform to the formatting requirements given in *Section IV.2.* (10 points)
- The extent to which the applicant describes barriers to project implementation and possible resolution of these difficulties. (3 points)
- The extent to which activities include relationship skills training that will give participants a greater capacity to develop both healthy relationships in the short-term and healthy marriages in the long-term. A few examples are given in *Section I.C.2.* (4 points)
- The extent to which the applicant describes a credible and detailed plan that will lead to financially sustaining the project through a variety of funding sources after the grant project period ends. (3 points)

EVALUATION - 20 points

- The extent to which the applicant presents reasonable methods to collect data accurately and routinely on the following outputs: number of youth served, hours of service provided to each youth, and the number of youth that complete the program. (5 points. **Applications that do not fully satisfy this criteria will receive zero points.**)
- The extent to which the applicant describes evaluation processes used in previous projects and includes summaries of the reported findings. (3 points)
- The extent to which additional process outputs (as described in *Section I.C.2.*) are clearly identified. Quantified projections are given for all outputs. The methods for collecting the data are thorough and reasonable. (3 points)
- The extent to which performance outcomes are clearly identified (e.g., the proportion of youth that have never had sexual intercourse and remain abstinent; the proportion of youth that have had sexual intercourse but have discontinued having sex; other examples given in *Section I.C.2.*). (3 points)
- The extent to which the applicant has provided a detailed evaluation plan as described in *Section I.C.2.* The applicant will contract with an independent, third-party evaluator to form and implement the evaluation plan. (3 points)
- The extent to which evaluation plans provide for measurement of outcomes six months after program completion. (3 points)

ORGANIZATIONAL PROFILES - 20 points

- The extent to which the project narrative and supporting documents (e.g., organizational charts, financial statements, letters of support) clearly demonstrate the applicant organization's capabilities for, and experience in, promoting abstinence-until-marriage education. Successful completion of this project is realistic given their experience with the development, implementation, administration, and evaluation of similar projects. (7 points)

- The extent to which the project narrative and supporting documents (third-party agreements) clearly demonstrate the roles and capabilities of any partner organizations. In cases where partners have not yet been selected, the approach and criteria that will be used to select partners are clearly described and reasonable. The financial relationships between the applicant organizations and any partner organizations are clearly described and can reasonably be expected to ensure proper stewardship of Federal funds. (6 points)
- The extent to which the project narrative and supporting documents (e.g., resumes) clearly demonstrate that key staff members have experience in, and an ability for, promoting abstinence-until-marriage education. In cases where these positions have not been filled, the approach and criteria that will be used to hire experienced and qualified staff are clearly described and reasonable. (7 points)

BUDGET AND BUDGET JUSTIFICATION - 10 points

- The extent to which at least 15 percent of the total requested funding is designated for the purposes of evaluation. An example is given in *Section I.C.2*. (3 points. **Applications that do not fully satisfy this criteria will receive zero points.**)
- The extent to which the budget presentation is clear and detailed. The detailed budget and justification clearly explains and justifies the budget information presented on SF-424 and SF-424A. The costs of the proposed project are reasonable in view of the types and range of activities to be conducted, the number of participants to be served and the expected results and benefits. (4 points)
- The extent to which the applicant illustrates how the fiscal controls and accounting procedures will be used to ensure prudent use, proper disbursement and accurate accounting of funds received; and accounts for non-Federal resources. (3 points)

2. Review and Selection Process:

No grant award will be made under this announcement on the basis of an incomplete application.

All applications that are complete and conform to the requirements of this program

announcement will be subject to a competitive review and evaluation based on the specific competitive evaluation criteria. This review will be conducted in Washington, DC by a panel of experts knowledgeable in the areas of abstinence education, youth development, and social/human services. Please refer to *Section IV.2* for information on non-Federal reviewers in the review process.

Application review panels will assign a score (maximum score of 100) to each application. The panel will identify the application's strengths and weaknesses based on the application's responsiveness to the evaluation criteria.

In order to ensure that grantees are geographically well distributed, special consideration may be given to applications within the fundable range for States (and Territories), counties and communities that do not have a currently funded CBAE grant, or where the State's only Community-Based grantee is in its last year of funding.

Before a final award is made, ACF will undertake a series of pre-award negotiations with applicants whose proposals fall within the fundable range. During this pre-award negotiation phase, all proposed curricula, supplemental materials, and proposed or anticipated modifications to the curricula will be subject to an internal evaluation. This evaluation is designed to ensure that the applicant's proposed curricula adequately addresses the elements in *Section I.C.3, Scope* of this program announcement. The curricula will be evaluated as to whether they address the elements articulated therein in an adequate and balanced manner. Prospective grantees may incorporate themes that complement, but do not contradict, the "A-H" statements. However, at least 70 percent of any proposed curriculum material must directly relate to the "A-H" statements.

Approved but Unfunded Applications

Applications that are approved but unfunded may be held over for funding in the next funding cycle, pending the availability of funds, for a period not to exceed one year.

3. Anticipated Announcement and Award Dates:

Applications will be reviewed in early 2007. Grant awards will have a start date no later than September 30, 2007.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices:

The successful applicants will be notified through the issuance of a Financial Assistance Award document, which sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. The Financial Assistance Award will be signed by the Grants Officer and transmitted via postal mail.

Organizations whose applications will not be funded will be notified in writing.

2. Administrative and National Policy Requirements:

Grantees are subject to the requirements in 45 CFR Part 74 (non-governmental) or 45 CFR Part 92 (governmental).

Direct Federal grants, sub-award funds, or contracts under this ACF program shall not be used to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program. Regulations pertaining to the Equal Treatment for Faith-Based Organizations, which includes the prohibition against Federal funding of inherently religious activities, can be found at the HHS web site at: <http://www.os.dhhs.gov/fbci/waisgate21.pdf>.

Faith-based and community organizations may reference the "Guidance to Faith-Based and Community Organizations on Partnering with the Federal Government" at:

<http://www.whitehouse.gov/government/fbci/guidance/index.html>.

HHS Grants Policy Statement

Effective on October 1, 2006 all grantees are subject to the requirements of the U.S. Department of Health and Human Services Grants Policy Statement (HHS GPS) which provides the terms and conditions for HHS discretionary grants. Parts I, II, and III of the HHS GPS, which cover grants made by all HHS agencies (with the exception of the National Institutes of Health), may be found at:

<http://www.hhs.gov/grantsnet/gps/index.htm>.

3. Reporting Requirements:

Grantees will be required to submit program progress and financial reports (SF-269 found at: <http://www.acf.hhs.gov/programs/ofs/forms.htm>) throughout the project period. Program progress and financial reports are due 30 days after the reporting period. Final programmatic and financial reports are due 90 days after the close of the project period.

Final reports may be submitted in hard copy to the Grants Management Office Contact listed in Section VII of this announcement.

Program Progress Reports: Semi-Annually
Financial Reports: Semi-Annually

To be considered on a noncompetitive basis for funding in years two through five, continuation applications must be submitted with the semi-annual reports that are due 30 days after the first six months of each budget period.

VII. AGENCY CONTACTS

Program Office Contact:

Jeffrey S. Trimboth
Director, Abstinence Education
Family and Youth Services Bureau
118 Q Street, NE.
Washington, DC 20002-2132
Phone: 1-866-796-1591
E-mail: fysb@dixongroup.com

Grants Management Office Contact:

Catherine Wade
Grants Officer

education regarding sexual conduct, except that, in the case of an entity expressly required by Federal law to provide health information or services. In this circumstance, health information or services (expressly required by Federal law) must be conducted in a different setting - either in time or place - than where and when the abstinence-only course is being conducted.

Date

Printed Name of Authorized Individual

Signature of Authorized Individual

|

Appendix B

Medical Accuracy Assurance

Appendix B: Medical Accuracy Assurance

As the authorized individual signing this grant application on behalf of [NAME OF APPLICANT ORGANIZATION], I hereby attest and certify that all medical materials proposed in this application and funded during the project period of this grant are medically accurate.

Signature

Appendix C

Background on Condom Statistics

The Department of Health and Human Services has conducted a review of current peer-reviewed medical literature and government reports in order to provide examples of medically accurate information on condom statistics. The following examples are considered medically accurate as of the issuing date of this program announcement:

“Fifteen percent of women using condoms for contraception experience an unintended pregnancy during the first year of “typical use,”¹ and 20% of adolescents under the age of 18 using condoms for contraception get pregnant within one year.² Typical use rates reflect how well a method works for an average person who may or may not use the method correctly or consistently.

“When used consistently for penile-vaginal sex, condoms reduce the risk of HIV transmission by about 85%.³ Consistent use provides even less risk reduction for most other STDs. For instance, consistent use for penile-vaginal sex decreases the risk of chlamydia, gonorrhea,^{4,5} and syphilis by about 50%,^{6,7} and for herpes by about 25%.⁸ Until recently, most studies found no evidence of effectiveness for HPV transmission

¹ Trussell J. The essentials of contraception: Efficacy, safety, and personal considerations. In: Hatcher RA, Trussell J, Stewart FH, *et al.*, eds. *Contraceptive Technology*. 18th Revised ed. New York: Ardent Media, Inc.; 2005:221-252.

² Grady WR, Hayward MD, Yagi J. Contraceptive failure in the United States: estimates from the 1982 National Survey of Family Growth. *Fam Plann Perspect* 1986;18(5):200-209.

³ National Institute of Allergy and Infectious Diseases. *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention*. Bethesda, MD: National Institute of Allergy and Infectious Diseases; 2001.

⁴ Baeten JM, Nyange PM, Richardson BA, *et al.* Hormonal contraception and risk of sexually transmitted disease acquisition: results from a prospective study. *Am J Obstet Gynecol*. 2001;185(2):380-385.

⁵ Ahmed S, Lutalo T, Wawer M, *et al.* HIV incidence and sexually transmitted disease prevalence associated with condom use: a population study in Rakai, Uganda. *AIDS*. 2001;15(16):2171-2179.

⁶ *Ibid.*, 2001.

⁷ National Institute of Allergy and Infectious Diseases, 2001, *op. cit.*

⁸ Shlay JC, McClung MW, Patnaik JL, Douglas JM Jr. Comparison of sexually transmitted disease prevalence by reported level of condom use among patients attending an urban sexually transmitted disease clinic. *Sex Transm Dis*. 2004;31(3):154-160.

with consistent use.^{9,10,11} Data from a 2006 study suggest that consistent use may reduce the risk of HPV transmission by about half.¹²

“Inconsistent condom use for penile-vaginal sex has been shown to reduce transmission risk for HIV,^{13,14,15} herpes,¹⁶ and HPV.¹⁷ However, the amount of risk reduction is much less than that provided with consistent use. For other important STDs (gonorrhea and chlamydia), inconsistent condom use may actually increase the risk of transmission.¹⁸

“Unfortunately, consistent condom use is difficult to achieve and maintain. For instance, in studies of couples where one partner is HIV infected and the other is not, only about half managed to use condoms consistently over the course of a year.^{19,20,21} And adolescents have even a harder time using condoms correctly and consistently. For instance, in one study conducted over a 6-month time period, only 13% of adolescent females achieved consistent use.²² In another study, half of females reported consistent condom use.²³ Although adolescent males are slightly better, use declines with age. While almost 70% of 16-year-old males in one study reported consistent use, only 40% of 19-year-old males did so.²⁴

“The use of condoms has often been recommended for anal intercourse. However, almost no peer-reviewed studies have demonstrated condom effectiveness for HIV risk reduction during anal intercourse, and definitive studies are lacking.^{25,26} Furthermore, the Surgeon General has stated, “Condoms provide some protection, but anal intercourse is simply too dangerous to practice,”²⁷ and the FDA warns that condoms “may be more

⁹ National Institute of Allergy and Infectious Diseases, 2001, *op. cit.*

¹⁰ Manhart LE, Koutsky LA. Do condoms prevent genital HPV infection, external genital warts, or cervical neoplasia? A meta-analysis. *Sex Transm Dis.* 2002;29(11):725-735.

¹¹ Vaccarella S, Franceschi S, Herrero R, *et al.*; for the IARC HPV Prevalence Surveys Study Group. Sexual behavior, condom use, and human papillomavirus: pooled analysis of the IARC human papillomavirus prevalence surveys. *Cancer Epidemiol Biomarkers Prev.* 2006;15(2):326-333.

¹² Winer RL, Hughes JP, Feng Q, *et al.* Condom use and the risk of genital human papillomavirus infection in young women. *N Engl J Med.* 2006;354(25):2645-2654.

¹³ Weller S, Davis K. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev.* 2002;(1):CD003255.

¹⁴ Pinkerton SD, Abramson PR. Effectiveness of condoms in preventing HIV transmission. *Soc Sci Med.* 1997;44(9):1303-1312.

¹⁵ Davis KR, Weller SC. The effectiveness of condoms in reducing heterosexual transmission of HIV. *Fam Plann Perspect.* 1999;31(6):272-279.

¹⁶ Wald A, Langenberg AG, Krantz E, *et al.* The relationship between condom use and herpes simplex virus acquisition. *Ann Intern Med.* 2005;143(10):707-713.

¹⁷ Winer RL, Hughes JP, Feng Q, *et al.* Condom use and the risk of genital human papillomavirus infection in young women. *N Engl J Med.* 2006;354(25):2645-2654.

¹⁸ Ahmed, 2001, *op. cit.*

¹⁹ Weller S, Davis K. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev.* 2002;(1):CD003255.

²⁰ Pinkerton SD, Abramson PR. Effectiveness of condoms in preventing HIV transmission. *Soc Sci Med.* 1997;44(9):1303-1312.

²¹ Davis KR, Weller SC. The effectiveness of condoms in reducing heterosexual transmission of HIV. *Fam Plann Perspect.* 1999;31(6):272-279.

²² Bunnell RE, Dahlberg L, Rolfs R, *et al.* High prevalence and incidence of sexually transmitted diseases in urban adolescent females despite moderate risk behaviors. *J Infect Dis.* 1999;180(5):1624-1631.

²³ Crosby RA, DiClemente RJ, Wingood GM, Lang D, Harrington KF. Value of consistent condom use: a study of sexually transmitted disease prevention among African American adolescent females. *Am J Public Health.* 2003;93(6):901-902.

²⁴ Sonenstein FL, Ku L, Lindberg LD, Turner CF, Pleck JH. Changes in sexual behavior and condom use among teenaged males: 1988 to 1995. *Am J Public Health.* 1998;88(6):956-959.

²⁵ Silverman BG, Gross TP. Use and effectiveness of condoms during anal intercourse. A review. *Sex Transm Dis.* 1997;24(1):11-17.

²⁶ Vittinghoff E, Douglas J, Judson F, McKirnan D, MacQueen K, Buchbinder SP. Per-contact risk of human immunodeficiency virus transmission between male sexual partners. *Am J Epidemiol.* 1999;150(3):306-311.

²⁷ U.S. Food and Drug Administration, Condom Brochure: *Condoms and Sexually Transmitted Diseases...especially AIDS.* <http://www.fda.gov/oashi/aids/condom.html>, Revised July 2005.

likely to break during anal intercourse.”²⁸ While condoms are also often recommended for oral sex, only a few studies have examined how much risk reduction they provide. Although the risk of getting gonorrhea can be reduced somewhat by consistent condom use for oral sex, no data are available for HIV.²⁹

“Although dental dams have been recommended for “protection” during oral sex, no medical device with the name “dental dam” is FDA-approved for any purpose in the United States. On the other hand, a “rubber dam” is a 6 x 6 inch square sheet of latex that is FDA-approved for use in dental procedures, but is not FDA-approved for the “prevention” or reduction of risk of STD transmission during sexual activity. Any recommendation to use a dental rubber dam during oral sex should be considered an “off-label” use. While the FDA has approved 10 x 6 inch rubber dams for use during oral/vaginal sex or oral/anal intercourse,³⁰ no studies have demonstrated their effectiveness in reducing the risk of any infection.

“While condoms with the spermicide nonoxynol-9 (N-9) had previously been recommended for reducing the risk of HIV and other STD, this is a serious medical error. Twelve peer-reviewed studies that evaluated N-9 were published from 1992 through 2004. None showed any reduction in STDs including HIV; one showed an increase in gonorrhea³¹ and two showed increases in HIV.^{32,33}

“Current recommendations as of March 29, 2006 from the CDC are based upon the NIH report discussed above. In the *Male Latex Condoms and Sexually Transmitted Diseases* fact sheet, the CDC does not specifically list any percentages or statistics. However they do make the following statement:

“The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected. For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms

²⁸ U.S. Food and Drug Administration, Condom Brochure: *Condoms and Sexually Transmitted Diseases...especially AIDS*. <http://www.fda.gov/oashi/aids/condom.html>, Revised July 2005.

²⁹ Wong ML, Chan RK. A prospective study of pharyngeal gonorrhoea and inconsistent condom use for oral sex among female brothel-based sex workers in Singapore. *Int J STD AIDS*. 1999;10(9):595-599.

³⁰ Appendix E: 510(k) Summary of Safety and Effectiveness for Sheer Glyde Dams [FDA submission]. January 7, 1999. US Food and Drug Administration Web site. Available at: <http://www.fda.gov/cdrh/pdf/k990067.pdf>. Accessed September 29, 2005.

³¹ Richardson BA, Lavreys L, Martin HL Jr, et al. Evaluation of a low-dose nonoxynol-9 gel for the prevention of sexually transmitted diseases: a randomized clinical trial. *Sex Transm Dis*. 2001;28(7):394-400.

³² Van Damme L, Ramjee G, Alary M, et al., for the COL-1492 Study Group. Effectiveness of COL-1492, a nonoxynol-9 vaginal gel, on HIV-1 transmission in female sex workers: a randomised controlled trial. *Lancet*. 2002;360(9338):971-977.

³³ Hoffman IF, Taha TE, Padian NS, et al. Nonoxynol-9 100 mg gel: multi-site safety study from sub-Saharan Africa. *AIDS*. 2004;18(16):2191-2195.

with every act of intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.³⁴”

³⁴ Center for Disease Control and Prevention, Fact Sheet for Public Health Personnel, *Male Latex Condoms and Sexually Transmitted Diseases*, January 23, 2003, posted on the CDC website, last reviewed by the CDC March 29, 2006. pp. 1-2.