

**New York State Department of Health**  
RFA: 0804301102 CBAPP RFA 2009

**MODIFICATIONS TO THE COMMUNITY-BASED  
ADOLESCENT PREGNANCY PREVENTION (CBAPP) RFA**

The following modifications have been made to the CBAPP RFA:

1. The Applicant Checklist found in Attachment 4 on page 105 of the RFA has been modified to include the following Attachments (both of these were unintentionally omitted from the checklist on page 105 in the original RFA):
  - Organizational chart(s), as described on page 26 of the RFA, as the 12th attachment in an application
  - Organizational information about subcontractor and/or collaborating organizations/agencies, as described on page 27 of the RFA, as the 13th attachment in an application

The new Application Checklist follows below:

- Cover Sheet**
- Program Summary**
- Statement of Assurances**
- Statement of Needs and Assets**
- Applicant Organization**
- Description of Program**
- Work Plan**
- Budget**
- Letter of Intent (non Article 28 applicants)**
- Letters of Support**
- Vendor Responsibility Questionnaire and /or Attestation**
- Organizational Chart**
- Subcontractor Organizations**

2. Budget Table 3-A can be found posted as a separate attachment along with the RFA posting at <http://www.health.state.ny.us/funding/> The instructions for Form 3A are on page 30 of the RFA. This table should be included with the budget submission as the last page of the budget. This form was unintentionally omitted from the budget pages in the original RFA.
  
3. Two of the website locations for the resources listed on page 14 of the RFA have changed. They can be found at:

**Emerging Answers 2007** is now found at: <http://www.thenationalcampaign.org/EA2007/>

**Science and Success – Advocates for Youth is now found at**

[http://www.advocatesforyouth.org/index.php?option=com\\_content&task=view&id=89&Itemid=161](http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=89&Itemid=161)

***What Works 2009: Curriculum-Based Programs That Prevent Teen Pregnancy***, National Campaign to Prevent Teen and Unplanned Pregnancy, remains the same and is available at: [www.thenationalcampaign.org/resources/pdf/pubs/whatworks09.pdf](http://www.thenationalcampaign.org/resources/pdf/pubs/whatworks09.pdf)

4. The currently funded CBAPP providers are:

<b>Bronx</b>	Harlem Hospital Center Urban Health Plan, Inc. Planned Parenthood of New York City Committee for Hispanic Children and Families, Inc.
<b>Kings</b>	Diaspora Community Services Inc (aka Haitian Women's Program)
<b>New York</b>	Inwood House New York Presbyterian Mount Sinai Adolescent Health Center Community Healthcare Network
<b>Queens</b>	Schneider Children's Hospital/LIJ Medical Center Charles Wang Community Health Center
<b>Long Island</b>	SNAP Long Island Planned Parenthood Nassau County
<b>Hudson</b>	Hudson River Healthcare Maternal Infant Services Network Planned Parenthood of Mid-Hudson
<b>Capital</b>	Upper Hudson Planned Parenthood Planned Parenthood Mohawk Hudson (Schenectady)
<b>Central</b>	North Country Prenatal/Perinatal Planned Parenthood Mohawk Hudson (Utica) Planned Parenthood Southern Finger Lakes Planned Parenthood South Central Syracuse Model Neighborhood
<b>Western</b>	Planned Parenthood of Western New York Wayne County Action Program Planned Parenthood of Rochester/Syracuse

## ANSWERS TO QUESTIONS RECEIVED REGARDING THE CBAPP RFA

### **SELECTION AND IMPLEMENTATION OF EVIDENCE-BASED SEXUALITY EDUCATION PROGRAMS**

**1. On Page 13, B. Activities, # 1: There is only one evidence-based elementary program for our population and it is not a good fit for our community. Can we use the FLASH Program out of Washington at the elementary level if we are using identified evidence programs in the rest of the proposal?**

No, grant funds awarded through this RFA require that for Activity One (early, comprehensive, evidence-based, age-appropriate, and medically accurate sexuality education to delay the onset of sexual activity and to reduce the practice of risky sexual behaviors), applicants must select an evidence-based program from one of the comprehensive resources included as Attachments 10a and 10b and stated under the modifications on page 1 of this document.

**2. Can applicants adapt the evidence based interventions to better suit the target population?**

**3. With the curricula options listed, is there any leeway with modifying them to meet the specific needs of the target population or agency capacity? For example, could we use BART, but modify it to be led by trained peer-educators instead of a teacher or adult instructor? Or, alternatively, an adult instructor with a peer educator? Or implementing a gender-specific curriculum with a mixed group, or using a school-based curriculum in a community setting?**

*The answer below is in response to both Question 2 and Question 3:*

Applicants may not adapt or modify evidence based interventions. Applicants should select and implement educational programming that has been demonstrated to be effective in positively impacting sexual behavior, pregnancy and/or STD rates for the particular setting and target population they plan to serve. Applicants must select an evidence-based program from one of the comprehensive resources included as Attachments 10a and 10b and stated under the modifications on page 1 of this document. Some of the evidence-based programs may include the use of peer educators in which case the use of peer educators would be acceptable.

**4. Within evidence based educational programs, can we use effective curricula such as Wise Guys, Teen PACT, Love Notes and Girls Inc.?**

Programs may use these curricula only if they are included as part of an evidence-based program from one of the comprehensive resources listed in the modifications on page 1 of this document and included as Attachments 10a and 10b. As described on pages 13-14 of the RFA, grant funds awarded through this RFA require that for Activity One (early, comprehensive, evidence-based, age-appropriate, and medically accurate sexuality education to delay the onset of sexual activity and to reduce the practice of risky sexual behaviors), applicants must select an evidence-based program. From these resources, applicants may select an educational program or an educational component of a larger program to implement to address Activity One.

**5. In terms of the existing grants that will also have to phase in use of a recommended curriculum in about two years, can a grantee continue to implement a program not on the list, if it has been rigorously evaluated, with empirical data that demonstrates that the program is effective?**

CBAPP programs already funded by the Department of Health may continue to implement their current program with the funds they are currently receiving. But if current CBAPP providers receive funding through this RFA to expand and/or enhance their existing programming in the area of comprehensive sexuality education (Activity One), they must select and implement evidence-based comprehensive sexuality education programming from the resources listed under the modifications on page 1 of this document and in Attachment 10a and 10b of the RFA. Current CBAPP programs that are not currently utilizing such evidence-based educational programming may request funding through this RFA to incorporate such programming in their programs. As stated on pages 5 and 14 of the RFA, it is anticipated that all CBAPP programs will be required to incorporate evidence-based educational programming over the next two years. At this time the specific requirements for future RFAs have not been established.

**6. Is there a more in depth description of the details of the listed evidence based programs for program replication?**

Yes, please go to the links listed on page 3, number 3 of this document.

**7. Can the initial work of the expansion (months 1 and 2) be used to investigate these evidence based programs in order to determine the best fit?**

No, current CBAPP providers that apply to receive funding through this RFA to expand/enhance programming related to Activity One (comprehensive sexuality education), must select an evidence-based program from the resources listed under the modifications on page 1 of this document and Attachments 10a and 10b of this RFA. If a current CBAPP provider is selected to receive an award through this RFA, their initial work can include activities to implement this evidence-based educational programming.

**OTHER PROGRAM QUESTIONS**

**8. Do I have to have an activity listed for each of the 9 goals, or can I have certain larger scale activities under certain goals?**

Applicants proposing to establish new CBAPP programs are required to develop and implement activities in all nine categories/areas described on pages 13-18 of the RFA. Currently-funded CBAPP programs, which already provide programming in all nine areas, may propose to expand and/or enhance current programming related to **any** of the nine areas through this RFA. As stated on page 13 of the RFA, multiple activities may be integrated within program components, but it should be clear in the proposal how all nine areas will be incorporated.

**9. A Youth Development focus is mandated, but can we utilize a “Risk and Protective Factor” framework to help guide our work?**

As stated on page 12 of the RFA, “Applicants are expected to incorporate a youth development approach to implement all program strategies.” Suggested recommendations for programmatic integration of a youth development approach are listed. There is no specific prohibition against the use of additional conceptual frameworks to help guide your work.

**10. Does the family planning clinic need to be in the same geographic areas we propose to target?**

Yes, collaborating family planning agencies must be readily accessible to the teens to be served. As described on pages 4-6 and 15 of the RFA, it is a primary program strategy of this RFA to ensure access to family planning and comprehensive reproductive health services for sexually active teens. The family planning provider(s) must be able to serve youth in the target geographic communities. Applicants not approved under Article 28 of the Public Health Law to

provide family planning services should provide a letter of intent from one or more family planning providers serving the targeted community stating their intent to collaborate with the CBAPP applicant organization to provide appropriate assessment and strong referral, service and follow-up agreements.

**11. We have a community coalition which has decided to set up a mentoring program. Are there regional or NYS mentoring programs which have been shown to be effective? How could we find this out?**

Some of the evidence-based programs listed in Attachments 10a and 10b include mentoring components.

**12. For new CBAPP programs, how much of the project period can be spent on project implementation?**

It is understood that there may be a start up period for hiring or training of staff, phasing in of new activities and other items. However, it is expected that project activities will be implemented within six months of the start of the project period.

**13. It would be helpful to know who current grant holders are so we might investigate collaboration... is this possible?**

A list of currently funded CBAPP providers is included in this Question and Answer document.

### **ELIGIBILITY REQUIREMENTS**

**14. Is a public school district eligible for the Community Based Adolescent Pregnancy Prevention Grant Program?**

Yes. Applications will be accepted from municipalities and not-for-profit 501(c)(3) organizations, including but not limited to city and county health departments, schools, youth bureaus, community-based health and human services providers and local health and human service agencies.

**15. The Port Chester Carver Center is located in Port Chester, Westchester County. After looking at Table 7 and 8, it appears that we are not eligible to apply. I just wanted to confirm with you.**

Tables 7 (page 59) and 8 (pages 60-61) list the target ZIP codes that are eligible for this funding opportunity. Applicants must propose and target services to these defined high need ZIP code areas.

**16. Part III (a) of the RFA states that an organization may submit only one application. Is it permissible for an organization to participate as a proposed subcontractor in more than one application?**

Yes. An organization may participate as a subcontractor in more than one application. However, an organization may submit only one application as the lead agency.

**17. Can an existing CBAPP-funded agency apply for an expansion grant, and also be included as a subcontractor on an application from a new agency? (The work on each contract will be completely distinct.)**

Yes, an existing CBAPP funded agency can apply for an expansion grant and also be included as a subcontractor on an application from a new agency but the proposed staff, responsibilities, and work plan activities proposed for the subcontract must be clearly distinct from those of the existing CBAPP contract, and the expansion activities.

## **FISCAL/BUDGET REQUIREMENTS**

**18. Is there a reasonable range for cost per child?**

There is no specific cost per child requirement for this procurement. Applicants should consider that as stated in the budget section, page 32, applicants will be evaluated on:

- How consistent the proposed budget is with the scope of activities to be conducted including an appropriate overall staffing pattern.
- How in-kind services indicate an organizational commitment to this program.
- A clear and appropriate budget justification.
- Reasonableness of cost and cost effectiveness.

**19. Can start-up/capacity building cost help cover staff training expenses? Specifically, we want to subcontract the program that DOH has listed in its RFP as an effective program to train our staff on their program model and approach so that we can implement.**

Yes, as stated on page 30 of the RFA, new applicants are eligible to receive a one-time only award of up to \$20,000 to support start-up or capacity-building costs. This funding is in addition to the base budget request and is intended to strengthen agency infrastructure and improve agency capacity to serve adolescents. Acceptable expenses for this funding, as listed on page 30 of the RFA, include staff training related to implementation of a specific evidence-based program.

**20. Why is there a cap of 10% in administrative costs? We have a federally approved rate of over 30% and usually, our state contracts allow up to 20%.**

Some of the Federal sources used to fund Division of Family Health (DFH) contracts have a 10% administrative cap. To ensure that all DFH contracts are consistent, a 10% administrative cap is placed on all contracts administered by DFH.

**21. Can we have more staff attend the Healthy Teen Network and will this grant money pay for the accommodations and registration fees etc?**

Reasonable expenses, such as accommodations and registration fees, to support staff training are allowed by this RFA. Funds may be used to support staff working directly on the CBAPP project. Expenses allowed by this RFA are detailed on pages 15, 30-32 and 109-114.

**22. As this grant will begin in our 4<sup>th</sup> quarter where we already have many activities to accomplish from our regular grant, can staff hours be increased accommodate the extra activities they are expected to do?**

Yes, staff time may be increased on the grant if there is a corresponding increase in staff activities on the grant. Expenses allowed by this RFA are detailed on pages 15, 30-32 and 109-114. Please note that as stated on page 9 of the RFA, current CBAPP contractors awarded funding through this procurement will receive their award via amendment to the current contract.

**23. Can this grant accommodate funds for radio advertising? Newspaper is rather archaic and the kids don't read the paper-but they do listen to the local stations.**

Yes, media and outreach is an allowable expense to support the program, if it is part of the chosen evidence-based intervention, for those components where an evidence-based intervention is required. Expenses allowed by this RFA are detailed on pages 15, 30-32 and 109-114.

**24. If we propose an after-school or evening program, is food allowed?**

Yes, reasonable expenses for nutritional supplies for program participants are allowable. Expenses allowed by this RFA are detailed on pages 15, 30-32 and 109-114.

**25. What about program supplies, paid media exposure, PSA's, commercials, billboards?**

Yes, reasonable expenses for program supplies and media are allowable expenses as they relate to the evidence-based intervention for those components where evidence-based intervention is required. Expenses allowed by this RFA are detailed on pages 15, 30-32 and 109-114.

**26. Can funds be spent to open a new teen resource center? This would involve rent and construction costs as well as staffing costs.**

These are acceptable expenses with the exception of capital improvements, i.e. construction costs.

**27. Can any of the current CBAPP director/coordinator's salary be included in the enhancement project budget?**

The current CBAPP Coordinator's salary can be included in the budget for funds requested through this RFA to expand/enhance an existing program if the coordinator assumes additional responsibilities related to the expansion/enhancement project. Expansion/enhancement funding cannot supplant existing funding for that position.

**28. Can any of the funding be used to underwrite the cost of a patient visit?**

As stated on pages 15 and 31-32 of the RFA, a portion of the grant funding may be requested to support activities that reduce barriers to adolescents' access to clinical services, such as clinic operating hours, staffing needs for adolescents, and proximity of clinics to target populations. Specific costs that **are** allowable under this grant include but are not limited to: additional clinic staffing during peak adolescent service times, staffing costs associated with extending clinic hours to serve adolescents, and specific costs associated with establishing clinic services in remote underserved locations, including staffing and basic infrastructure/overhead costs (e.g. rent, utilities, telephone). The initiative will **not** fund other direct clinical/medical/laboratory services and supplies, including, but not limited to: pap smears (supplies or laboratory costs), pregnancy test supplies or laboratory costs, contraceptives including condoms, or STD test supplies and associated laboratory costs. **While CBAPP funding may be used to help improve access to family planning services for adolescents as described above, these funds cannot supplant existing funds.**

**29. The Debutante program that is already in my grant will need to have CBAPP staff doing the workshop sessions. Originally the subcontractor was supposed to facilitate these and due to work schedules the times for the sessions that the teens can attend do not coincide. I would like to include this time in the budget as well as this is an enhancement to what we normally do.**

New funding through this procurement cannot be used to supplant existing funding. Expenses related to the current CBAPP project can be altered through a budget modification to your existing budget.

**30. The Debutante Ball I attended in Rochester has shown me that we need more money in the budget to make it a success. i.e. They had a videographer there to catch all the action. They gave out gifts (engraved items, bunches of flowers etc) to the people who helped as the school will be a vital part in this being a success. They gave out certificates, bought tiaras, shawls etc for those who could not afford them.**

These costs are not supported through the current CBAPP program and would not be supported through this RFA. Funds are intended to support costs associated with evidence-based programming.

**31. For the one-time funding application, can we hire a consultant to add family planning services to our current Article 28 license? Also, can we include in the budget any application fees related the addition of new services to the Article 28 license?**

One of the three primary program strategies of CBAPP is to ensure access to comprehensive family planning and reproductive health care services for sexually active teens. Costs associated with the addition of family planning services to an applicant's Article 28 license would be an allowable request for use of start-up funding through this RFA if family planning services were not accessible to the target population. Please refer to the guidance on page 15 and 31-32 of the RFA for allowable costs related to family planning/reproductive health care services. If approved, the program would be required to include consultant or subcontract activities in the workplan, quarterly and annual progress reports.

## **COMPLETING THE APPLICATION**

### **32. Are faxed letters and agreements acceptable?**

Letters and agreements faxed to you as an applicant from other partners are acceptable to be copied and included with your application. All applications submitted to the Department of Health in response to this RFA must follow the guidelines found on page 20 of the RFA, section E, "How to File an Application." No applications, including supporting documents or other individual components of applications, will be accepted by the Department of Health via fax or e-mail.

### **33. To whom should the letter of commitment be addressed?**

Letters of support from community partners to be included in the application should be addressed to the applicant.

### **34. In the guidance it says the Applicant Organization Section of our application (VI.A.2.d on pg. 26) is not to exceed 2 pages. This section, however, includes an organizational chart. The organizational chart at [our organization] is a full page diagram. Is the organizational chart included in the page limit? And/or is the organizational chart expected to take less than a full-page and only cover program staff as opposed to the organization as a whole?**

The organizational chart is an attachment and does not count toward the page limit. As noted above under **Modifications to the CBAPP RFA**, this attachment was unintentionally omitted from the Applicant Checklist found in Attachment 4 on page 105 of the RFA. Please insert the organizational chart as an attachment after the Vendor Responsibility Questionnaire and /or Attestation.

There is no specific page limit for the organizational chart. The organizational chart of the agency should include a clear representation of the proposed program. It should clearly indicate the relationship of staff to each other and to program activities, as well as the relationship of the CBAPP initiative to the organization's activities.

**35. Where should the letters of support be included? As an attachment? Or right after section VI.A.2.e (pg. 27 in guidance)?**

Letters of support should be included as attachments following the order outlined in the Applicant Checklist found in Attachment 4 on page 105 of the RFA.

**36. Where is Budget Form 3A, One Time Only Expense. it is not in the budget pages?**

Form 3A can be found on the Department of Health public Web site, posted as a separate attachment along with the RFA posting at:

<http://www.health.state.ny.us/funding/>

The instructions for completing Form 3A are found on page 30 of the RFA.

**37. For the CBAPP instructions on pages 26- 27 (Applicant Organization), the instructions are not to exceed 2 pages. The last subsection under this part asks for the information above for each sub-contracted or collaborative agency. Is the “information above” referring to items a – e or just e? Is this all to be included in the 2 pages or is the 2 page limit for the applicant organization information? If so, can the other (the same information for the partners) be answered in the letters of support/partnership?**

The information to be included for each subcontractor and/or major collaborating organization/agency refers to items a-e on pages 26-27 of the RFA. This information for each subcontractor and/or collaborating organization should be submitted as attachments to the application, and therefore does not count toward the overall page limit for this section or for the application. As noted above under **Modifications to the CBAPP RFA**, this attachment was unintentionally omitted from the Applicant Checklist found in Attachment 4 on page 105 of the RFA. Please insert information for subcontractors and/or collaborating organizations as the 13th attachment after the Organizational Chart.

**38. As I understand it, the budget form (Attachment 6) is available only as a Word document, and not as an Excel file. If I create a budget document in Excel that looks the same as the Word budget form provided by NYSDOH, may I use it? The advantage of using Excel is that formulas can be used for the addition (reducing the possibility of errors) and pages can be linked to reduce the time needed to update the cover sheet if any one page is changed.**

Yes, it is acceptable to create the budget form as an Excel document.

### **TARGET SERVICE AREAS AND POPULATIONS**

**39. Page 18, C. Service Area and Population: Is there a percent of services that must be provided to youth residing in High Risk zips?**

As stated in the RFA, all funded programs must target services to youth in the high need areas, as defined on page 10 of the RFA, and listed in Attachment 1, Tables 7 and 8. It is expected that all services funded will target these defined areas.

**40. Can an organization focus its services to a specific population within a zip code or do applicants need to serve all youth within the specified areas?**

**41. Can an enhancement to an existing CBAPP program focus solely on a specific sub-group in the high-risk area? Specifically, we are interested using the funds on activities targeting Latinos.**

*The answer below is in response to both Question 40 and Question 41:*

Yes, program activities may target a specific population or sub-group. As stated on page 9 of the RFA, current CBAPP providers, as well as new providers, may propose to utilize funding for services to more effectively address racial/ethnic disparities in pregnancy rates. The rationale for targeting a particular population or sub-group, and for the selection of specific program activities to effectively target that population or sub-group, should be clearly explained in the application narrative, as applicable, under Section 1, Statement of Need and Assets; and in Section 3, Description of Program. Directions for completing these sections of the narrative are found on pages 25-28 of the RFA.

**42. Our organization is an existing provider of CBAPP services in two counties. Can we expand our program into a new county or counties?**

Yes. As stated on page 10 of the RFA, current CBAPP providers requesting funds through this RFA to expand/enhance their current CBAPP programs may propose to expand their program into additional target high need ZIP codes, and/or to enhance their programming within current target high need ZIP codes. Eligible target high need ZIP codes are listed by county in Tables 7 and 8. Applicants must demonstrate the ability to serve populations residing in the targeted ZIP code(s). If proposing to expand services to additional ZIP codes, current CBAPP providers must clearly identify the additional ZIP codes targeted for expansion of services, as well as current ZIP codes being served.

**43. Can current CBAPP programs enhance their activities in any currently-served zip code(s), or must they target enhancements to those currently-served zip codes that are designated in Table 7 and/or 8?**

As stated on page 10 of the RFA, current CBAPP providers requesting funds through this RFA to enhance their current CBAPP programs must target those enhancements to one or more of the high need ZIP codes listed in Table 7 and/or Table 8.

**44. RFA Section C. Service Area and Population – Should new programs target zip code identified in Attachment 1, Table 7 and Table 8 with no existing CBAPP programs?**

Applicants may propose programs to serve any of the ZIP codes in Attachment 1, Tables 7 and 8, regardless of whether there is an existing CBAPP program serving those ZIP codes, if the ZIP codes are large enough support additional programming. Applicants would be expected to coordinate efforts and activities with other providers serving those ZIP codes. A listing of current CBAPP providers is included on page 4 of this document.

**OFFERING AND ARRANGING OF FAMILY PLANNING SERVICES**

**45. Is outreach included in 75 or 25 %'s areas?**

Our interpretation of your question is that by “75%” you are referring to Offering and Arranging for family planning services, and by “25%” you are referring to program activities other than Offering and Arranging.

Outreach regarding family planning services may be considered part of Offering and Arranging of family planning services (“75%”) Attachment 6a, Offering and Arranging Definition and Activities Chart, describes the activities which are classified as Offering and Arranging. Offering and Arranging for family planning services is defined in 18 NYCRR 505.13 by three broad

categories as follows: disseminating written and oral information about available family planning health services, providing for individual and/or group discussions about all methods of family planning and family planning services, and assisting with arranging visits to a medical family planning provider.

A number of outreach activities may appropriately be classified as Offering and Arranging. As noted on Column 5 of the budget Tables A-1 and A-3, Attachment 6, and further described in Attachment 6a in the RFA, Community Education and Outreach includes presentations to local groups and school staff, PTA's, clinic orientation tours, door to door outreach in high-need areas, media campaign to raise awareness of the full range of family planning methods (including abstinence) and of services available. Community education and outreach may also be provided at local community and national events and observances, for example, providing speakers and tabling for National Teen Pregnancy Awareness month and World AIDS Day events.

Please refer to the following sections of the RFA for additional guidance on Offering and Arranging:

- Section IV pages 12 and 15
- Attachments 6a Offering and Arranging Definition and
- Offering and Arranging Activities Chart
- Budget Table A-1, Budget Table A-3, Budget Instructions

**46. Can preparation time be included in 75 or 25%?**

Yes, preparation time related to program activities that are appropriately designated as Offering and Arranging can be included as Offering and Arranging. Conversely, preparation time for activities designated as non-Offering and Arranging can be included as as non-Offering and Arranging.

**47. Is there a suggested or preferred format for deciding which are 75 or 25 efforts?**

Yes, Offering and Arranging and non-Offering and Arranging budget allocations should be made on Table A-1 and Table A-3. Please refer to the RFA page 15 and Attachment 6a Offering and Arranging Definition and Activities Chart. Please also refer to the budget instructions included with Attachment 6, Budget and to Budget Tables A-1 and A-3.

**48. In the 9 activities mandated, are all of these included in the 75 or 25 % areas?**

Yes, as shown in the budget Tables A-1 and A-3, all proposed program expenses must be classified as either Offering and Arranging or non-Offering and Arranging. The appropriate classification depends on the nature of the specific activity.

**49. The CBAPP Coordinator would supervise health educators, provide training and do individual and group work with teens, as well as some administrative functions. For Budget purposes, would the CBAPP coordinator’s time be considered eligible under “offering and arranging for Family Planning services?”**

Yes, the CBAPP Coordinator’s time may be appropriately classified as Offering and Arranging, if the supervision, training or administrative functions are related to the Offering and Arranging of family planning services. For example, supervision of staff/peer educators providing comprehensive sexual health educational programs and related trainings would be considered as part of Offering and Arranging.

**50. We are particularly interested in receiving clarification about item #2 on page 15 of the RFA regarding “offering and arranging of family planning” and the 75% minimum apparently required to be spent on that activity as opposed to education, etc. and all other activities**

The Offering and Arranging of family planning services may be accomplished through all nine activities, not just through activity 2 on page 15. Examples of Offering and Arranging activities are included in pages 125-127 of the RFA. See response to Question 45 above.

### **STAFFING REQUIREMENTS**

**51. Is it a requirement that existing providers continue to designate a full-time CBAPP Director/Coordinator?**

**52. If we are proposing to enhance an existing CBAPP program, does the enhancement need its own 100% full-time coordinator/director, or can the enhancement be overseen by the current CBAPP Director?**

**53. Must the CBAPP coordinator be 100% full time on this project, or is full time at the agency and part time on this project acceptable?**

*The answer below is in response to Question 51 through Question 53:*

Applicants establishing a new CBAPP program must designate and budget for a 100% full-time CBAPP Coordinator. The CBAPP coordinator must have 100% of his or her time dedicated to the CBAPP program. Current CBAPP providers who are proposing to enhance/expend their program already have a 100% full time coordinator and do not need to designate another for the enhanced activities.

## **AWARDS**

### **54. How does expanding our current program in to a new county or counties affect our current CBAPP contract?**

As noted on page 9 of the RFA, current CBAPP contractors awarded funding through this procurement process will receive their award via amendment to their current contract.

### **55. Are there a set number of grants available in each county? If so, how many are available in Suffolk and Westchester counties?**

Please refer to the RFA section VI C page 33. The chart indicates anticipated distribution and number of awards by region.

### **56. This is a 15 month RFA. If a grant is received for this RFA, will we be able to apply for the next 5-year CBAPP grant RFA? Is there a date yet for release of the next 5-year CBAPP RFA?**

The funding to be awarded through this RFA is for the period through December 31, 2010. Receiving an award through this RFA does not affect eligibility for any future RFAs. It should also be noted that there is no guarantee that funding awarded through this or previous RFAs will continue beyond December 31, 2010. It is anticipated that a new RFA for CBAPP funding to begin in January, 2011 will be released later this year or in 2010. A specific date for release of that RFA has not been determined.

### **57. When do you realistically anticipate the new grants being awarded? September '09 is a very tight timeline.**

It is anticipated that the contract will be for a 15 month period from 10/1/09 to 12/31/10; the date for award announcements has not yet been determined.