

Limited Eligibility Justification for Funding Announcement CDC-RFA-PS13-1308

Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance

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1. Justification for Less than Maximum Competition

This request is for Approval for Limited Competition for a new Funding Opportunity Announcement (FOA) for CDC-RFA-PS13-1308 *Promoting Adolescent Health through School Based HIV/STD Prevention and School-Based Surveillance*. This new FOA is available through the Catalog of Federal Domestic Assistance 93.079, Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance. This request was submitted in accordance with the U.S. Department of Health and Human Services Action Transmittal OGMP AT 2003-3 on October 1, 2012, and was approved by the Director (Chief Grants Management Officer), CDC/ATSDR Procurement and Grants Office on October 23, 2012.

2. Background

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2013 funds to implement FOA PS13-1308, *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*. The project period is 5 years, with a 12-month budget period and an anticipated award date of August 1, 2013.

This FOA will build the capacity of state, territorial, and local (STL) agencies and support the efforts of national, non-governmental organizations (NGO) to help school districts (districts) and schools develop and implement sustainable program activities to:

- 1) Reduce HIV infection and other STD among adolescents; and
- 2) Reduce disparities in HIV infection and other STD experienced by specific adolescent sub-populations.

It is also expected that applicants' activities will reinforce efforts to reduce teen pregnancy rates.

Throughout the 5-year cooperative agreement, awardees will:

- establish or strengthen systematic procedures to monitor critical health-related behaviors among high school students within the applicant's jurisdiction through implementation of the Youth Risk Behavior Survey and monitor school health policies and practices through the School Health Profiles, and
- work with school districts and schools to implement the following strategies to reduce adolescents' risk of HIV/ STD: deliver exemplary sexual health education emphasizing HIV/STD prevention (ESHE), increase linkages to key sexual health services (SHS), and increase the extent to which youth at disproportionate risk for HIV infection and STD have a safe and school environment (SSE).

In addition:

- LEA and NGO will be funded to reduce disparities experienced by black and Latino young men who have sex with men (YMSM), and
- NGO will be funded to build the capacity of STL to implement the activities described above.

Separate funding pools are available for the following types of agencies and organizations:

- State and Territorial Education Agencies (SEA/TEA)
- Local Education Agencies (LEA)
- National Non-Governmental Organizations (NGO)

In addition, STL health agencies may be eligible for School-Based Surveillance funding if the education agency in their jurisdiction does not apply for it as described in the eligibility section of this FOA.

3. Estimated Award Amounts

Fiscal Year Funds: FY2013

Approximate Current Fiscal Year Funding: \$17,870,000

Approximate Total Project Period Funding: \$89,350,000

(This amount is an estimate, and is subject to the availability of funds.)

Estimated number awards per Strategy:

Strategy 1 SURV: 75 agencies

Strategy 2 SB: 29 agencies

Strategy 3 CBA: 6 organizations

Strategy 4 YMSM: 4 agencies/organizations

Anticipated Award Date:

No later than 08/01/2013

4. Limited Eligibility Justification:

State, territory, and local education agencies: Schools provide a unique opportunity to improve the health of youth because the vast majority of youth attend school in the United States. In 2011, public primary and secondary school enrollment was estimated to be 49.4 million students, with 25.9 million students in grades 6-12. An additional 6 million students were estimated to attend private schools the same year. Schools allow for sequential and developmentally appropriate instruction and skills-building from kindergarten through 12th grade, and may be a resource for health and mental health services for students. Improving the health of adolescents ages 10–19 requires CDC to work through school settings in which these youth can easily be reached.

The intent of this funding opportunity is to promote adolescent health through school-based HIV/STD prevention. School policies, programs, services, and supportive environments to prevent HIV, other STD, and pregnancy, and to increase sexual health, are essential tools to help adolescents avoid or reduce their risk for adverse outcomes of sexual behaviors and build a foundation for responsible, healthy sexual relationships across the life course.

Education agencies are the government agencies within each state responsible for providing policy guidance, curricula, information, resources, and technical assistance on educational matters to schools. When education agencies lead the collaborative effort with other entities to implement priority health programs in schools, those programs are more likely to be consistent with school and school district policies and compatible with other programs in the schools.

If schools and school districts are viewed as the “system” that needs to be influenced, not only in implementing more effective programs within its own system, but also in affecting change in student risk behaviors, then it is important to fund education agencies directly and set accountability measures for determining if schools and school districts are moving in the right direction. The funding provided through this announcement is intended to assist local and state education agencies to establish and sustain the capacity to improve critical health and educational outcomes of youth from within. Therefore, funding

eligibility for the school-based components is limited to state, territorial, and local education agencies where there is the greatest likelihood of impacting schools and the adolescents they serve.

5. Eligibility Criteria by Strategy

The eligibility for this FOA is presented based on the following four key strategies/funding categories:

a. Strategy 1: School-Based Surveillance (SURV)

This strategy will establish and strengthen systematic procedures to collect and report YRBS and Profiles data for policy and program improvements. SEA, TEA, and LEA are the primary applicants for this funding. If an education agency declines to apply for funding, the health agency in its jurisdiction or the health agency's Bona Fide Agent may apply on its behalf. The education or health agency in a given jurisdiction must be awarded under this strategy in order for the education agency in that jurisdiction to be eligible for funding for Strategies 2 and 4. This funding is intended only for the administration of the YRBS and Profiles and for analysis and dissemination of YRBS and Profiles data. Awardees are not to use this funding to support other school-based surveillance activities.

Eligible State and Territory Applicants for Strategy 1 SURV include:

All 50 state education agencies, plus the District of Columbia, and the territorial education agencies in Puerto Rico, the US Virgin Islands, American Samoa, Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau are eligible to compete for Strategy 1. If a state or territorial education agency declines to apply for Strategy 1, the health agency in the same jurisdiction or the health agency's Bona Fide Agent may apply on their behalf. Either the education agency or the health agency in a state or territory must be awarded for Strategy 1 in order for the education agency in that state or territory to be awarded for Strategy 2.

Eligible Local Applicants for Strategy 1 SURV include:

If a local education agency declines to apply for Strategy 1 funding, the health agency in the same jurisdiction or the health agency's Bona Fide Agent may apply on its behalf. Either the local education agency or the health agency in the same jurisdiction must be awarded for Strategy 1 in order for the education agency in that jurisdiction to be eligible for funding for Strategies 2 and 4. CDC estimates that for Strategy 1, approximately 100% of the Tier 1 LEA sites will be awarded and 50% of the Tier 2 LEA sites will be awarded. (See page 9 for list of eligible LEA.)

b. Strategy 2: School-Based HIV/STD Prevention (SB)

This strategy will enable SEA, TEA, and LEA to help districts and schools to deliver exemplary sexual health education emphasizing HIV and other STD prevention (ESHE); increase adolescent access to key sexual health services (SHS); and establish safe and supportive environments for students and staff (SSE). In addition, SEA, TEA, and LEA will track policies, educate key decision makers on policy issues, and help districts and schools implement policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions, related to HIV/STD prevention (POLICY).

Eligible Applicants for Strategy 2 SB State and Territorial Education Agencies include:

The National HIV/AIDS Strategy for the United States calls upon the Nation to intensify HIV prevention efforts in communities where HIV infection is most heavily concentrated. Therefore, state and territorial education agencies eligible for Strategy 2 funding will be divided into three tiers, based upon the degree to which HIV is concentrated in their jurisdictions. On the basis of the data available, states and territories with the highest burden of HIV have been placed in Tier 1, the next highest burden in Tier 2, and the lowest burden in Tier 3. More applicants will be awarded in the higher burden tiers than in the lower burden tiers. In order to maintain program funding under Strategy 2 beyond 2015, states and territories are required to include at least four of the seven sexual behavior questions on the 2015 YRBS questionnaire.

SEA/TEA Tier 1: More than 20,000 HIV cases or a HIV rate greater than 350 per 100,000 population, as of year-end 2009¹.

SEA/TEA	HIV cases ¹	HIV rate/ 100,000 ¹
New York	128,302	795.9
California	106,191	349.8
Florida	94,282	594.8
Texas	62,363	310.6
New Jersey	35,527	497.1
Georgia	34,754	442.6
Illinois	32,016	297.4
Pennsylvania	31,498	292.5
Maryland	29,542	no rate
North Carolina	23,858	304
Puerto Rico	18,406	555.7
Louisiana	16,854	440.4
South Carolina	13,917	360.7
Connecticut	10,432	357.5
Delaware	2,988	395.8
Virgin Islands	570	632.7

SEA/TEA Tier 2: More than 5,000 and less than 20,000 HIV cases or a HIV rate greater than 200 and less than 350 per 100,000 population, as of year-end 2009¹.

SEA/TEA	HIV cases ¹	HIV rate/ 100,000 ¹
Virginia	19,866	306.8
Ohio	16,671	169.1
Tennessee	15,331	292.5
Massachusetts	15,261	no rate
DC	14,097	no rate
Michigan	13,994	163.9
Arizona	11,799	220.2

SEA/TEA	HIV cases ¹	HIV rate/ 100,000 ¹
Missouri	10,900	216
Colorado	10,791	260.3
Alabama	10,761	272.3
Washington	10,458	187.5
Indiana	8,413	155.6
Mississippi	8,142	333.6
Nevada	6,742	311
Minnesota	6,323	143.4
Kentucky	5,071	140
Oregon	5,040	156.6
Rhode Island	1,835	209

SEA/TEA Tier 3: Less than 5,000 HIV cases and a HIV rate less than 200 per 100,000 population, as of year-end 2009¹.

SEA/TEA	HIV cases ¹	HIV rate/ 100,000 ¹
Wisconsin	4,948	103.2
Oklahoma	4,705	151.9
Arkansas	4,623	189.5
Kansas	2,603	112.2
New Mexico	2,349	141.4
Utah	2,311	108.2
Hawaii	2,256	no rate
Nebraska	1,640	111.3
Iowa	1,632	65
West Virginia	1,449	92.6
New Hampshire	1,082	95.5
Maine	1,072	97.2
Idaho	768	62.2
Alaska	612	106.4
South Dakota	419	62.8
Vermont	402	no rate
Montana	363	43.8
Wyoming	208	47.3
North Dakota	175	32.2
Guam	91	65.7
Northern Mariana	14	36.6
Republic of Palau	4	0

Eligible Applicants for Strategy 2 SB Local Education Agencies include:

The National HIV/AIDS Strategy for the United States calls upon the Nation to intensify HIV prevention efforts in communities where HIV infection is most heavily concentrated. Eligible LEA have been divided into two tiers, based upon the degree to which HIV infection and gonorrhea are concentrated in the MSA or MSA Division in which they are located. LEA with a higher burden of HIV infection or gonorrhea have been placed in Tier 1. Applicants with high-scoring applications under Tier 1 will be awarded first. Only Tier 1 LEA are eligible to compete for funding under Strategy 4. Furthermore, Tier 1 LEA must be awarded for Strategy 2 in order to be awarded for Strategy 4. In order to maintain program funding for Strategies 2 and 4 in a given jurisdiction beyond 2015, LEA/LHA awarded for Strategy 1 in that jurisdiction are required to include at least four of the seven sexual behavior questions on the 2015 YRBS questionnaire.

The following **31 Local Education Agencies** are eligible to compete for **Strategies 1 and 2** funding because they met the following criteria:

Criteria	Tier 1	Tier 2
1	13 percent or more of children ages 5 to 17 living in poverty ²	
2	<ul style="list-style-type: none"> Enroll more than 40,000 students and located within a major metropolitan area <u>with population more than 500,000</u>). Only one LEA with the highest student enrollment within a given MSA or MSA Division will be eligible. 	
3	MSA or MSA Division reported: <ul style="list-style-type: none"> more than 20,000 cases of adults and adolescents living with a diagnosis of HIV infection¹; OR a rate greater than 500 per 100,000 population of adults and adolescents living with a diagnosis of HIV infection¹; AND more than 3,000 cases of gonorrhea in 2010³. 	The MSA or MSA Division reported: <ul style="list-style-type: none"> more than 5,000 but less than 20,000 HIV cases of adults and adolescents living with a diagnosis of HIV infection¹; OR more than 3,000 cases of gonorrhea in 2010³; AND a rate less than 500 per 100,000 population of adults and adolescents living with a diagnosis of HIV infection¹.

LEA Tier 1:

Tier 1 LEA are limited to 12 LEA that meet the criteria for social determinants of health and population impact and are located in an MSA or MSA Division that has reported more than 3,000 gonorrhea cases and 20,000 HIV cases or an HIV infection rate of more than 500 per 100,000 population, as of year-end 2009.

LEA	Poverty rate for children ²	Students enrolled ²	HIV cases ¹	HIV rate/ 100,000 ¹	Gonorrhea cases ³
New York City Schools, New York City, NY	26.4	1,100,000	114,630	989.2	17,507
Los Angeles Unified School District, Los	23.9	670,746	40,047	407.7	11,156

LEA	Poverty rate for children ²	Students enrolled ²	HIV cases ¹	HIV rate/ 100,000 ¹	Gonorrhea cases ³
Angeles, CA					
Chicago Public Schools, Chicago, IL	25.5	407,157	26,121	322.4	12,380
District of Columbia Public Schools, Washington, DC	24.3	43,866	26,101	-	5,234
Miami-Dade County Public Schools, Miami, FL	20.2	345,804	25,330	997.3	5,506
San Francisco Unified School District, San Francisco, CA	13.4	55,140	23,274	938	4,867
Dekalb County Schools, Stone Mountain, GA	22.7	99,406	22,977	424.2	8,337
Houston Independent School District, Houston, TX	25.4	202,773	21,170	352.1	7,652
Philadelphia City School District, Philadelphia, PA	30.1	165,694	20,600	507	9,694
Broward County Public Schools, Fort Lauderdale, FL	14.0	256,137	15,895	887.8	5,506
Memphis, Shelby County, Memphis, TN	28.2	109,300	6902	528.1	4086
Palm Beach County School District, West Palm Beach, FL	14.1	172,897	7,690	590.1	5506

LEA Tier 2:

Tier 2 LEA are limited to 20 LEA that meet the criteria for social determinants of health and population impact and are located in an MSA or MSA Division that has reported more than 3,000 gonorrhea cases or more than 5,000 but less than 20,000 HIV cases and an HIV rate less than 500 per 100,000 population, as of year-end 2009. LEA Tier 2 applicants include:

LEA	Poverty rate for children ²	Students enrolled ²	HIV cases ¹	HIV rate/ 100,000 ¹	Gonorrhea cases ³
Baltimore City Public Schools, Baltimore, MD	22.5	82,866	18,346	-	4,369
Dallas Independent School District, Dallas, TX	29.1	157,111	15,266	346.5	8,766
San Juan Department of Education, San Juan, PR	33.0	493,393	12,552	477.8	-
San Diego Unified School District, San Diego, CA	18.7	131,417	11,139	359	2,021
Hillsborough County Public Schools, Tampa, FL	16.7	193,265	9,927	355.3	3,516
Orange County Public Schools, Orlando, FL	16.3	173,259	9,504	451.3	2,495
Mesa Public Schools, Mesa, AZ	16	67,471	8,905	202.6	2,335

LEA	Poverty rate for children ²	Students enrolled ²	HIV cases ¹	HIV rate/ 100,000 ¹	Gonorrhea cases ³
Denver Public Schools, Denver, CO	24.8	77,267	8,418	327.9	2344
San Bernardino City Unified School District, San Bernardino, CA	31.0	53,837	7,505	177.1	4,086
Detroit Public Schools, Detroit, MI	38.3	90,499	6,859	344.8	9,160
Santa Ana Unified School District, Santa Ana, CA	19.8	56,937	6,219	202.4	11,156
Oakland Unified School District, Oakland, CA	18.4	46099	6,520	251	4867
Duval County Public Schools, Jacksonville, FL	15.2	122,586	5,738	212.2	2,128
Boston- Public Schools, Boston, MA	23.4	55,371	5,694	-	1,881
Northside Independent School District, San Antonio, TX	16.4	92,335	4,422	210.8	3,729
Cleveland Metropolitan School District, Cleveland, OH	34.2	48,392	4,359	202.8	3,608
Columbus City Schools, Columbus, OH	26.0	52,810	4,330	236	3,351
Fort Worth Independent School District, Fort Worth, TX	22.5	80,209	3,885	179.7	8,766
Milwaukee School District, Milwaukee County, Milwaukee, WI	26.8	82,096	2,784	175.4	3,425

c. Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention (CBA)

This strategy will enable NGO to build the capacity of SEA, TEA, and LEA awardees to implement one or more approaches within Strategy 2 and to deliver sustainable initiatives in districts and schools that contribute to reductions in HIV infection and other STD among adolescents, and reductions in disparities in HIV infection and other STD experienced by specific adolescent sub-populations.

Eligibility to compete for Strategy 3 CBA funding is limited to:

- Public and private non-profit organizations that serve education organizations;
- National non-profit organizations with 501 C (3) IRS status (other than institutions of higher education); and
- National non-profit organizations without 501 C (3) IRS status (other than institutions of higher education).

NGO include those that represent constituencies (e.g., members, networks, affiliates and/or chapters within ten (10) or more states) with the greatest potential to affect national initiatives facilitated by CDC/DASH PS13-1308 awarded STL education agencies. An NGO must have a specific charge from its Articles of Incorporation, bylaws, or a resolution from its executive board or governing body to operate nationally within the United States or its territories.

Eligible NGO applicants must already have the systems in place to transmit the knowledge, skills, expertise, and attitudes that influence adolescent behavior on a national scope. They must have a constituency base that is national in scope and that includes, or has the ability to include, the various education agencies targeted. Finally, they must have extensive experience in adolescent health and HIV/STD prevention, and successful collaborations with STL education and health agencies, CBO, and/or other Federal entities.

d. Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men (YMSM)

This strategy will enable LEA and NGO, in conjunction with community-based organizations (CBO), to help schools deliver evidence-based interventions (EBI); increase access to SHS; and establish SSE for students and staff to reduce disparities in HIV infection and other STD experienced by teenage (aged 13-19 years) black and Latino YMSM. In addition, awarded LEA and NGO will track policies, educate key decision makers on policy issues, and help schools implement policies related to HIV/STD prevention for YMSM. Agencies awarded for this strategy will help schools meet the HIV/STD prevention needs of not only teenage males who have engaged in sexual activity with partners of the same sex, but also of males of that age group who have not engaged in sexual activity with partners of the same sex but who are attracted to others of the same sex; or identify as gay or bisexual, or have another non-heterosexual identity.

Eligibility to compete for Strategy 4 YMSM funding is limited to:

- CBA criteria (see page 10)
- LEA Tier 1 criteria (see page 8)

6. References:

1. Centers for Disease Control and Prevention. Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2010. HIV Surveillance Report, Volume 22. <http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/index.htm>
2. National Center for Education Statistics. Table 97. Enrollment for the 100 largest school districts, by enrollment size in 2009: Fall 2009, 2008-09, and federal fiscal year 2011. http://nces.ed.gov/programs/digest/d11/tables/dt11_097.asp.
3. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2010. Atlanta: U.S. Department of Health and Human Services; 2011. <http://www.cdc.gov/std/stats10/surv2010.pdf>