

**2016-2017**

**REQUEST FOR APPLICATIONS**

**Arkansas Exemplary Sexual Health Education  
Initiative Grant**



**ARKANSAS  
DEPARTMENT  
OF EDUCATION**

**GUIDELINES and APPLICATION**

**GRANT APPLICATION DEADLINE**

**Completed applications must be received by the Arkansas Department of Education on or before Friday, May 27, 2016**

# Arkansas Department of Education

## Exemplary Sexual Health Education Initiative Grant

### 2016 - 2017

#### **PURPOSE**

The Arkansas Exemplary Sexual Health Education (ESHE) Initiative Grant is a competitive application process made possible and supported by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement #1U98PS004160-03, Program Announcement PS13-1308. Up to twelve (12) grants of \$5,000 will be awarded to Arkansas public school districts to be used to promote exemplary sexual health education efforts in educational settings.

Grant funds will be utilized by school districts to pay expenses for health teacher(s), or other designated educator(s) to attend a 2-day *Making Proud Choices!* training in an evidence-based high school level HIV/STD/Teen Pregnancy prevention curriculum with the expectation the curriculum will be implemented with fidelity, in health education/secondary classrooms during the 2016-2017 school year. ADE will provide trained educators 12 hours of professional development hours for the two-day training.

Making Proud Choices! a safer sex approach to STDs, Teen Pregnancy, and HIV prevention program aims to provide young adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex or using preventative methods of contraception if they choose to have sex. The curriculum consists of eight modules delivered by trained teachers to young adolescents.

Schools are vital partners in helping young people learn how to take responsibility for their health and adopt lifetime health-enhancing attitudes and behaviors. Health education—integral to the primary mission of schools—provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults. Increasing the number of schools that provide health education on key health problems, such as HIV, other STDs, and pregnancy, is a critical objective for improving our nation's health.

Exemplary sexual health education programs should —

- Be medically accurate and consistent with scientific evidence.
- Be tailored to students' needs and the contexts and educational practices of communities.
- Use effective classroom instructional methods.
- Allow students to develop and demonstrate developmentally appropriate sexual health-related knowledge, attitudes, skills, and practices.

#### **ELIGIBLE APPLICANTS**

All Arkansas public school districts are eligible to apply, unless the entity is a current Safe Schools Health Initiative funded recipient. (*See attachment for list of ineligible school districts*)

## **GRANT / AWARD GUIDELINES**

Applicants will be funded up to \$5,000 to train one or more licensed educator(s) to implement Making Proud Choices!, an evidenced-based HIV/STD/Teen Pregnancy Prevention curriculum to secondary level students in health classes or related classes (i.e., Parenting Classes, Family Life Classes, Alternative Education Classes). The classroom educators will be required to implement the curricula during the 2016-2017 school year, with fidelity, as per the requirements outlined by program guidelines, and will be provided follow-up, and technical assistance, if needed.

The two-day curriculum training will be provided by two highly qualified trained HIV/STD/Teen Pregnancy Prevention curriculum trainers. The grant funds will be awarded to schools prior to the training in order to purchase the necessary Making Proud Choices! curriculum kits PRIOR to the training. Participants will be required to BRING the curriculum kits to the training.

Grant funds may be used for: 1) Travel, lodging, and meals incurred while attending the 2-day curriculum training (for participants that live more than 30 miles from Little Rock); 2) Purchasing Making Proud Choices! curriculum kits for trained educators; and 3) Purchasing resources to support the implementation of the curriculum into the secondary classroom(s) of the trained and licensed educators.

Funds may be used to attend professional development opportunities that focus on HIV/STD/Teen Pregnancy prevention education. This request must be clearly identified in the budget justification and be approved by ADE before funds can be used.

Funds CANNOT be used to support any physical education efforts or health content that is not related to HIV/STD/Teen Pregnancy Prevention education efforts.

The awarded school district must act as the fiscal agent of the grant.

Two progress reports will be required by the trained educator(s) to be completed, as well as a year-end expenditure audit trail report submitted with the final progress report. An interim progress report will due to ADE at the end of December, 2016, and the final progress report will be due to ADE by the end of June 2017.

## **GRANT REQUIREMENTS**

<b>Who Should Attend:</b>	
<b>Staff</b>	<p><b>Licensed Health Teacher(s) -</b></p> <ul style="list-style-type: none"> <li>• The person(s) responsible for secondary health education instruction to high school students that fulfill the health education requirements within the Standards for Accreditation.</li> <li>• Jr. high/middle school health teacher(s) who can use the curriculum in the middle/jr. high school setting.</li> </ul> <p><i>* Making Proud Choices! addresses abstinence plus prevention education information.</i></p>
	<p><b>Other licensed classroom teachers –</b> May include Parenting teachers, Family Life teachers, Alternative Education teachers.</p> <ul style="list-style-type: none"> <li>• Any licensed instructor who has access to students and wants to</li> </ul>

	implement the Making a Difference! Curriculum with fidelity in their classroom.
Requirements	
<b>School/ District</b>	<ul style="list-style-type: none"> <li>• Will assure that the trained individual(s) implement the curricula with fidelity as outlined in the 2-day training.</li> <li>• Will comply with all correspondence with ADE related to this training and implementation of the Making Proud Choices! Curriculum.</li> <li>• Will provide two (2) required progress reports (Interim – December 2016- Final-June 2017). The final report must include an expenditure audit trail report at the completion of the grant showing how funds were utilized during the grant period, and balance of funds remaining.</li> </ul>
<b>Classroom Teachers</b>	<ul style="list-style-type: none"> <li>• Will attend a 2-day curriculum training – August 2 &amp; 3, 2016, in Little Rock.</li> <li>• Will agree to implement, with fidelity, Making Proud Choices!, the evidence-based HIV/STD/Teen Pregnancy prevention curriculum for the 2016-2017 school year.</li> <li>• Will submit one interim progress report and one year-end progress report regarding classroom implementation.</li> </ul>

## **PRIORITY**

Priority points will be given to schools:

- Located in an Arkansas Department of Health designated “Red County” – **10 Points**
- Designated by ADE as “Priority” or “Focus” – **10 Points**
- 80% or greater Free and Reduced Lunch Rate– **10 Points**
- Designated as ADE approved SBMH Best Practice District – **5 Points**
- Participating in ADE’s School Based Health Center - **5 Points**
- Participating in ADE’s Joint Use Agreement (JUA) Program – **5 Points**
- County has over 1% of STDs in any reportable category – **5 Points**

## **SELECTION PROCESS:**

Applications will be subject to internal and external reviews. The internal review will assess completeness, eligibility, and technical merit.

The review criteria outlined in the Exemplary Sexual Health Education Initiative Grant Guidelines will be used by the external objective review committee to review and rank applications.

## **REPORTING & EVALUATION REQUIREMENTS**

Grantees must report all data as required by ADE. Those reports include but are not limited to:

- Mid-year and year-end progress reports
- Year-end financial reports
- Record keeping of number of students reached with instruction
- **NOTE:** Participation (if randomly chosen) in the School Health Profiles Survey and/or the Youth Risk Behavior Survey

**Submission of all reports to ADE is mandatory.**

## **PROFESSIONAL DEVELOPMENT REQUIREMENTS**

By accepting these grant funds, the school/district agrees to send at least one certified/licensed teacher who is responsible for providing students health education and/or sexual health education to a two-day Making Proud Choices! Curriculum Training on **August 2-3, 2016**, in order to be able to implement the evidence-based HIV/STD/Teen Pregnancy Prevention curricula with students during the 2016-2017 school year. Teachers will be trained to effectively implement the curricula with fidelity. Trained teachers will NOT be considered trained to train others in implementing the curricula. The curriculum training will be held at the Crowne Plaza Hotel in Little Rock.

## **FUNDING CRITERIA AND GUIDELINES**

The maximum grant award is \$5,000 for one-year of funding. Proposed costs must be considered reasonable and necessary to carry out the purpose and objectives of this grant award. Funds may be used only to supplement, not supplant, any federal or state mandates. These funds may not supplant existing services.

All grantees will submit an end-of-year financial report to the Arkansas Department of Education.

The school district must keep the Exemplary Sexual Health Education Initiative Grant funds separate from all other funds to ensure monies are used appropriately.

Grantees shall follow all district policies when, including, but not limited to: purchasing classroom curriculum kits for each trained educator, supplies, professional development opportunities, travel reimbursement, etc.

Grantees must document the number of students reached with the Making Proud Choices! implementation, lessons utilized with classroom instruction, and pre-posttest evaluations.

All funds must be spent by the end of the school year 2016-2017. Any remaining funds after June 30, 2017 must be returned to ADE, School Health Services Office.

## **BUDGET CATEGORY/GUIDELINES**

### **PURCHASED SERVICES (63000)**

- **TRAINING AND CONFERENCE FEES**

Training and conference fees are expenses that are related only to professional development for staff that support the effective implementation of HIV/STD/Teen pregnancy prevention (i.e., Education Cooperative workshop registration fees, conference registration fees for health teacher(s), etc.).

### **TRAVEL (65800)**

- **IN-STATE TRAVEL**

Any expense directly related to travel within the state of Arkansas to attend the required 2-day curriculum training. Additional funds (if available) can be used to attend educational cooperative workshops that can support the requirements of the Exemplary Sexual Health Education Initiative Grant (i.e., mileage, registration fees.).

### **SUPPLIES & MATERIALS (66000-67000)**

- **GENERAL SUPPLIES**

Purchase required curriculum kits for teachers trained to implement Making Proud Choices! in the school. Curriculum can be purchased at ETR:

<http://www.etr.org/ebi/programs/making-proud-choices/>

- Supplies necessary in order to effectively implement the activities within the curriculum with students in the classroom. (i.e., flip chart paper, markers, etc.)

### **ALLOWABLE/UNALLOWABLE EXPENSES**

Expenditures must follow State guidelines and must be clearly tied to goals and objectives of the Exemplary Sexual Health Education Initiative Grant. Supporting documentation for expenditures is required. Examples of such documentation may include an APSCN (Arkansas Public School Computer Network) generated Expenditure Audit Trail Report, purchase orders, invoices with check numbers, payroll records, bank statements, etc.

Some examples of **non-allowable** expenditures are:

- District level expenses, not directly or clearly related to the Exemplary Sexual Health Education Initiative Grant
- Entertainment (amusement, diversion, social activities, food, drinks, snacks)
- Gift cards
- Lobbying
- Travel expenses for individuals not directly related to Exemplary Sexual Health Education Initiative Grant
- Grant writing services
- Equipment (iPads, printers, laptops)

Some examples of **allowable** expenditures are:

- Professional development activities relating to supporting/implementing activities related to the Exemplary Sexual Health Education Initiative Grant
- Purchase of classroom Making Proud Choices! curriculum kits
- Materials and supplies that support implementing activities related to the Exemplary Sexual Health Education Initiative Grant.

*\*NOTE: This is NOT an all-inclusive list of allowable and non-allowable expenses.*

## **GRANT APPLICATION PROPOSAL**

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### **FORMATTING GUIDELINES**

- Complete and label each heading section within the proposal.
- Follow RFA outline.
- Complete the Table of Contents for reference and include as page 2.
- Limit the Project Narrative to six (6) pages. **(Narratives not double spaced and/or exceeding 6 pages will not be scored.)**
- Staple securely, no cover sheets and no binders. The 2016 Exemplary Sexual Health Education Initiative Grant "School Profile" page should be the first page presented on the application submission. All identification information should be visible.
- Number all pages.
- Double space the project narrative.
- Type the narrative using 12-point Arial or Times New Roman font.
- Type the narrative using 1" margins.

### **2016 GRANT APPLICATION OUTLINE**

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1. School Profile
2. Table of Contents
3. District Demographics: All information should be based on district level data.

4. LEA Demographics: All information should be based on applying school building level data.
5. Community Demographics/Data
6. Project Narrative Outline

**I. Exemplary Sexual Health Education Initiative Grant Summary**

- a) Provide a brief overall summary of the proposed implementation of the Making Proud Choices! curriculum with students in classrooms in your school/district.
- b) Provide an outline of who will be implementing the curricula, in what classes (high school health classes, high school parenting classes, high school alternative education setting, middle school health classes, etc.), in how many classes, and how students hope to be impacted.

**II. Needs Assessment**

- a) Discuss the need for an evidence-based curriculum to be implemented into your school/district
- b) Discuss the need(s) of the students and the community, and how you hope to meet the need(s) of your school/district by implementing the curriculum.
- c) Discuss the barriers that exist in the community (parents, administration, community, etc.) and how they may have prevented addressing this need in the past.
- d) Provide detailed information, demographics, and data that show why your school would benefit from this grant.

**III. Community & School Impact**

- a) Discuss the expected school/community impact from this project. Include expected measureable outcomes from implementing the curricula. (i.e., increase in HIV/STD/Teen Pregnancy prevention knowledge and skills, reduction in high risk taking behaviors by students).

**IV. Evaluation**

- a) Discuss how you will be able to measure an increase in student knowledge and skills after completing the Making Proud Choices! curriculum implementation.
- b) Outline possible strategies that can be used to modify the work plan to account for positive or negative data trends from the evaluation information collected during the implementation process.

For technical assistance relative to the Exemplary Sexual Health Education Initiative grant contact, via email or phone, one of the following team members:

**Grant Programming:** Kathleen Courtney, [Kathleen.courtney@arkansas.gov](mailto:Kathleen.courtney@arkansas.gov), 501-683-3604

**Budgets & Finance:** Jerri Clark, [Jerri.Clark@arkansas.gov](mailto:Jerri.Clark@arkansas.gov), 501-683-3604

## APPLICATION CHECKLIST

Each item listed is required for the application to be eligible for review.

1. \_\_\_\_\_ School Profile
  2. \_\_\_\_\_ Table of Contents
  3. \_\_\_\_\_ District Level Demographics
  4. \_\_\_\_\_ LEA Demographics
  5. \_\_\_\_\_ County Demographics/Data
  6. Project Narrative
    - \_\_\_\_\_ Section I: Exemplary Sexual Health Education Initiative Grant Summary
    - \_\_\_\_\_ Section II: Needs Assessment
    - \_\_\_\_\_ Section III: Community and School Impact
    - \_\_\_\_\_ Section IV: Evaluation
  7. \_\_\_\_\_ Project Work Plan (Template)
    - \_\_\_\_\_ Goal Statement
    - \_\_\_\_\_ Objective(s)
    - \_\_\_\_\_ Program Activities
    - \_\_\_\_\_ Number of students reached/Grade levels reached
    - \_\_\_\_\_ Completion Date
    - \_\_\_\_\_ Person Responsible
    - \_\_\_\_\_ Resources Required
    - \_\_\_\_\_ Evaluation/Measure of Accomplishment
- Support Appendices
- \_\_\_\_\_ Certificate of Assurances (A)
  - \_\_\_\_\_ Letters of Support (B)
  - \_\_\_\_\_ Work Plan Template (C)
  - \_\_\_\_\_ School Staff (D)
  - \_\_\_\_\_ One Year Projected Budget (E)
  - \_\_\_\_\_ Year-One Budget Justification (F)
  - \_\_\_\_\_ Teacher Commitment Forms (G)

*\*Original signatures must appear on all required signature pages provided within the application.*

*\* Any false information provided will deem the applicant ineligible for grant award.*

### **GRANT APPLICATION DEADLINE**

**Completed applications must be received by the ADE on or before on or before Friday, May 27, 2016, by 4:00 p.m.**

**Original application with signatures, three copies, AND an electronic copy (on flash drive or CD) must be received by the deadline. Send or deliver the application packet to the Office of School Health Services, ATTN: Kathleen Courtney, Four Capitol Mall, Mail Slot #14, Little Rock, AR 72201.**

NO FAXES OR EMAILED DOCUMENTS WILL BE ACCEPTED.

**2016**

**ARKANSAS**

**Exemplary Sexual Health Education Initiative Grant**

**Initiative**

**APPLICATION**



**\*\*PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR AWARD. IT IS IMPERATIVE THAT EACH SECTION IN THIS APPLICATION IS COMPLETE. THERE ARE NO EXCEPTIONS. APPLICATIONS MUST BE RECEIVED ON OR BEFORE FRIDAY, MAY 27, 2016.**

*\*Original signatures must appear on all required signature pages provided within the application.*

*\* Any false information provided will deem the applicant ineligible for grant award*

**GRANT APPLICATION DEADLINE**

Completed applications must be received by the ADE on or  
before Friday, May 27, 2016 by 4:00 p.m.

**1. SCHOOL PROFILE**

School District Name: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Designated Grant Administrator: \_\_\_\_\_

Email address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

LEA School Name: \_\_\_\_\_

LEA #: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Grades: \_\_\_\_\_

Principal: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Wellness Committee Chair(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Educational Service Cooperative Name: \_\_\_\_\_

Legislative

District: \_\_\_\_\_ Legislators: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

The applicant certifies that the information in this application is correct and that the filing of this application is duly authorized by the governing body of this institution.

\_\_\_\_\_  
Typed Name of Superintendent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Original Signature of Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Original Signature of Principal

\_\_\_\_\_  
Date

## 2. TABLE OF CONTENTS

### Exemplary Sexual Health Education Initiative Grant

*Applicants are to list the page number for each outlined area*

School Profile	Page <u>  1  </u>
Table of Contents	Page <u>  2  </u>
District Level Demographics	Page <u>      </u>
LEA Demographics	Page <u>      </u>
County Demographics/Data	Page <u>      </u>
Project Narrative	Page <u>      </u>
Section I ESHE Grant Summary	Page <u>      </u>
Section II Needs Assessment	Page <u>      </u>
Section III Community & School Impact	Page <u>      </u>
Section IV Evaluation	Page <u>      </u>
Project Work Plan	Page <u>      </u>
<u>Appendices</u>	
Certificate of Assurances (A)	Page <u>      </u>
Letters of Support (B)	Page <u>      </u>
Work Plan Template (C)	Page <u>      </u>
School Staff (D)	Page <u>      </u>
One Year Projected Budget (E)	Page <u>      </u>
Year-One Budget Justification (F)	Page <u>      </u>
Teacher Commitment Forms(s) (G)	Page <u>      </u>

### 3. **DISTRICT DEMOGRAPHICS:**

Provide data, as of **January 1, 2016**.

Total # of Students in District: \_\_\_\_\_ Total # of LEAs in District: \_\_\_\_\_

District Enrollment:

Pre-K: \_\_\_\_\_ Elementary: \_\_\_\_\_ Middle School: \_\_\_\_\_ High School: \_\_\_\_\_

\_\_\_\_\_ % Eligible for free meals

\_\_\_\_\_ % Eligible for reduced price meals

\_\_\_\_\_ % Graduation Rate

\_\_\_\_\_ % Dropout Rate

\_\_\_\_\_ % Medicaid Eligible

\_\_\_\_\_ % BMI Overweight/Obese

Racial/Ethnic Composition

\_\_\_\_\_ % American Indian or Alaskan

\_\_\_\_\_ % Asian or Pacific Islander

\_\_\_\_\_ % Black (not Hispanic)

\_\_\_\_\_ % Hispanic or Latino

\_\_\_\_\_ % White (not Hispanic)

\_\_\_\_\_ % Other Racial/Ethnic

### 4. **LEA DEMOGRAPHICS:**

Provide data, as of **January 1, 2016**, for the school campus building that will implement the curricula.

Total Number of Students in this School: \_\_\_\_\_

Grade level range: \_\_\_\_\_

\_\_\_\_\_ % Eligible for free meals

\_\_\_\_\_ % Eligible for reduced price meals

\_\_\_\_\_ % BMI Overweight/Obese

\_\_\_\_\_ % Absentee rate

Racial/Ethnic Composition

\_\_\_\_\_ % American Indian or Alaskan Native

\_\_\_\_\_ % Asian or Pacific Islander

\_\_\_\_\_ % Black (not Hispanic)

\_\_\_\_\_ % Hispanic or Latino

\_\_\_\_\_ % White (not Hispanic)

\_\_\_\_\_ % Other Racial/Ethnic

### 5. **COUNTY DEMOGRAPHICS:** *(most current year available)*

\_\_\_\_\_ Located in an Arkansas Department of Health designated "[Red County](#)"\*

\_\_\_\_\_ Number of [Chlamydia](#)\* Cases \_\_\_\_\_ Percent

\_\_\_\_\_ Number of [Gonorrhea](#)\* Cases \_\_\_\_\_ Percent

\_\_\_\_\_ Number of [Early Syphilis](#)\* Cases \_\_\_\_\_ Percent

\_\_\_\_\_ Total number of [births to women under age 18](#)\*

\* *Hyperlinked to ADH data sources*

## **6. PROJECT NARRATIVE (Max 30 Pts)**

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Provide a detailed description/overview of the complete project, separate from the other pages of the application of the following. (Maximum 6 double spaced pages).

### **I. Exemplary Sexual Health Education Initiative Grant Summary**

- a) Provide a comprehensive summary of the proposed implementation of the Making Proud Choices! curriculum with students in classrooms in the school/district.
- b) Provide an outline of who will be implementing the curricula, in what classes (high school health classes, high school parenting classes, high school alternative education setting, Middle/Jr. high classrooms), how many classes, and how students hope to be impacted.

### **II. Needs Assessment**

- a) Discuss the need for an evidence-based curriculum to be implemented into the school/district
- b) Discuss the needs of the students and the community, and how this will meet the needs of your school/district by implementing the curriculum.
- c) Discuss the barriers that exist in the community (parents, administration, community, etc.) and how they may have prevented addressing this need in the past.
- d) Provide detailed information, demographics, and data that show why the school would benefit from this grant.

### **III. Community & School Impact**

- a) Discuss the expected school/community impact from this project. Include expected measureable outcomes from implementing the curriculum. (i.e., increase in HIV/STD/Teen Pregnancy prevention knowledge and skills).

### **IV. Evaluation**

- a) Discuss how you will be able to measure an increase in student knowledge and skills after completing the Making Proud Choices! curriculum implementation.
- b) Outline possible strategies that can be used to modify the work plan to account for positive or negative data trends from the evaluation information collected during the implementation process.

## **7. PROJECT WORK PLAN (Max 25 pts.) (Use Attached Template)**

- **Goal Statement** – A general statement regarding what the project / work-plan will attempt to accomplish.
- **Objectives** – Provide SMART Objectives:

**Specific** Objectives provide the who (target population) and the what (action/activity) of the program activities;

**Measurable** objectives focus on how much change is expected;

**Achievable** objectives are attainable given the program's current resources and constraints;

**Realistic** objectives address the scope of the health problem and propose reasonable programmatic steps;

**Time-Phased** objectives provide a time frame indicating when the objectives will be met.

- **Program Activities** – List activities or actions which will lead to the accomplishment of the objectives
- **Numbers Reached/Grade Levels** – Identify the specific population which will be impacted by the completed objective (*ex: K-6, 7-12 students, K-6 teachers*), and the projected numbers reached at each level.
- **Completion Date** – Include a target date when specific activity will be accomplished (ex: June. of 2017).
- **Person Responsible** – Identify the person(s) who will be responsible for seeing that the activity is completed in order to reach the objectives of the work-plan. What are the qualifications of the educator responsible for implementing the identified program?
- **Resources Required** – List of resources that will be required in order to complete the activity.
- **Evaluation/Measure of Accomplishment** – How will success be measured in meeting goals/objectives? Identify how information will be collected to show evidence of meeting goals/objectives.

## **APPENDICES**

- Appendix A: Certificate of Assurances
- Appendix B: Letters of Support
- Appendix C: Work Plan Template
- Appendix D: School Staff
- Appendix E: One Year Projected Budget
- Appendix F: Year One Budget Justification
- Appendix G: Teacher Commitment Form

**APPENDIX A**  
**CERTIFICATE OF ASSURANCE**

**Exemplary Sexual Health Education Initiative Grant**

**By signing the Certificate of Assurance, the authorized representative of the applicant certifies that the applicant will comply with the assurances pertinent to the Exemplary Sexual Health Education Initiative Grant. Assurances include, but are not limited to:**

1. The proposed program will be implemented, with fidelity, as per guidance provided during the Making Proud Choices! curriculum training.
2. Funds under this grant will be used for the sole purpose of the grant, and in no case supplant any federal, state, local, or non-federal mandates.
3. An assurance that the grant funds will primarily target the delivery of developmentally-appropriate exemplary health education instruction that includes sexual health education (HIV/STD/Teen pregnancy prevention).
4. The applicant will use fiscal control and fund accounting procedures to ensure proper disbursement and accounting of federal funds paid to the applicant under the program and in the event of an audit exception, shall repay federal funds upon completion of audit resolution.
5. The applicant agrees to provide all information as directed or as requested by the Arkansas Department of Education.
6. The applicant certifies that no funds have been or will be paid, by or on behalf of the applicant, to any person for influence or attempting to influence an officer or employee or any federal or state department or agency.
7. School/District will assure that the following statement appears on all publications, including reports, films, brochures, websites, and any project materials developed with funding from this program; "These materials were supported by Cooperative Agreement funds # 1U98PS004160-03 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the views of CDC.
8. The applicant and collaborative partner will adhere to all confidentiality of all student and family information.

\_\_\_\_\_  
**Signature of Principal/Administrator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of ADE Representative**

\_\_\_\_\_  
**Date**

## **APPENDIX B**

### **Letters of Support**

Letters of support should include each school building principal/administrator in which the curriculum will be implemented, as well as from the district Superintendent verifying his/her support, as well as the school board's support.

Support letters should include the schools vision and overall contribution to supporting the implementation of the Making Proud Choices! evidence-based curriculum instruction with students.

**APPENDIX: C - WORK PLAN TEMPLATE**

**PROJECT WORKPLAN: Implementation of Making Proud Choices! Curriculum**

On the form below, list an objective. Make a separate page for each objective. Identify the activities needed to achieve each objective, who will take responsibility for the completion of the activity, when the activity will be completed, and what resources will be required. *Copy additional pages if needed.*

(1) GOAL STATEMENT \_\_\_\_\_

\_\_\_\_\_

(2) OBJECTIVE \_\_\_\_\_

(3) Program Activities	(4) Numbers to be Reached/Grade Level	(5) Completion Date	(6) Person Responsible	(7) Resources Required	(8) Measure of Accomplishment

**APPENDIX D**

**Trained school personnel responsible for implementing Making Proud Choices! curriculum during 2016-2017.**

<b><u>NAME</u></b>	<b><u>POSITION</u></b>	<b><u>NUMBER OF HEALTH CLASSES</u></b>

## APPENDIX E

### One-Year Projected Budget

Using the distribution of grant funds table in the grant guidelines, complete the budget form based on estimated funds received. Grantee is only applying for year-one funding; renewal is based on grantee progress and appropriation.

**District:** \_\_\_\_\_

Budget Categories	Project Year 1 - 100% Max \$5,000
<b>I. Purchased Services 63000</b>	
Training and Conference Fees	
<b>II. Travel 65800</b>	
In-State Travel	
<b>III. Supplies and Materials 66000-67000</b>	
General Supplies (66100)	
<i>(purchase curriculum, classroom resources, materials, etc.)</i>	
<b>IV. Other Expenses 68000</b>	
Miscellaneous	
<b>TOTAL</b>	

## Appendix F

<b>One-Year Budget Justification</b>
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Provide a detailed item justification that clarifies the cost of items for the proposed activities of the grant funds for year one only. Copy additional pages if necessary.

District: \_\_\_\_\_

Expenditure Categories	Justification/Description	Amount of Funds Available: \$5,000
	<b>Amount of Funds Requesting:</b>	<b>\$</b>
<p><b>I. Purchased Services 63300</b> Training and Conference Fees</p> <p><b>II. Travel</b> In-State Travel</p> <p><b>III. Supplies and Materials 66000-67000</b> General Supplies</p> <p><b>IV. Other Expenses 68000</b> Miscellaneous (Minimal-Only use when other codes do not apply)</p>		
<b>TOTAL</b>		<b>\$</b>

**Appendix G**  
**Teacher Commitment Form**

**Training: August 2<sup>nd</sup> & 3<sup>rd</sup>, Crowne Plaza Hotel, Little Rock**

(To be completed by each teacher attending the training and implementing Making Proud Choices!)

Name: \_\_\_\_\_

Health Classes Taught per Semester: \_\_\_\_\_

If not health classes, what classes do you teach? \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

Certification Area(s) \_\_\_\_\_

Total Years Teaching Experience: \_\_\_\_\_

Years in Current District: \_\_\_\_\_

Contact Information (outside of school):

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Cell Number (if different): \_\_\_\_\_

e-mail address: \_\_\_\_\_

(for training updates during the summer)

**Your Primary Teaching Responsibility:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Health Teacher        | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Alternative Education | <input type="checkbox"/> Coaching           | <input type="checkbox"/> Administration    |

Other (explain): \_\_\_\_\_

**Required Health Education classes you teach are provided to students:**

\_\_\_ High School    \_\_\_ Middle/Jr. High (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> One 9 week class per school year    | <input type="checkbox"/> 1 Semester class – One time a year |
| <input type="checkbox"/> 9 Week class rotation – 1 semester  | <input type="checkbox"/> 1 Semester class – 2 semesters     |
| <input type="checkbox"/> 9 Week class rotation – 2 semesters | <input type="checkbox"/> 2 Semesters – Year long req.       |

## Resources

- 1) Office of Adolescent Health, US Department of Health and Human Services: Teen Pregnancy Prevention (TPP) Resource Center: Evidence-Based Programs.  
[http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/db/index.html](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html)  
Accessed January 5, 2016.
- 2) U.S. Department of Health and Human Services, Teen Pregnancy Prevention Evidence Review, **Making Proud Choices!**  
<http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=102&mid=1>  
Accessed January 5, 2016
- 3) U.S. Department of Health & Human Resources, CDC Complete listing of Risk Reduction Evidence-based behavior interventions.  
<http://www.cdc.gov/hiv/prevention/research/compendium/rr/complete.html> Accessed January 5, 2016

## Attachment I

### School districts ineligible for the Arkansas Exemplary Sexual Health Education Initiative Grant:

- Arkansas School for the Deaf
- Blytheville School District
- Clinton School District
- Dollarway School District
- El Dorado School District
- Jacksonville – PCSSD
- Malvern School District
- Marvell - Elaine School District
- McGehee School District
- North Little Rock School District
- Osceola School District
- Pine Bluff School District
- South Side School District – Bee Branch
- Springdale School District