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001. letter	Kate Sellus to Linda Johnson [partial] (1 page)	02/24/1997	P6/b(6)

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FOLDER TITLE:
Abstinence

2010-1083-S
rc131

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
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b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

- published in draft
- field comments
- then publish comments — later in summer

DRAFT

BLOCK GRANT APPLICATION GUIDANCE FOR

THE ABSTINENCE EDUCATION PROVISION OF THE 1996 WELFARE LAW P.L. 104-193

New Section 510 of Title V of
the Social Security Act

To
Cyn Hogan
Fr Diana Fortuna
4.2.2

January 1997

Application Due Date July 15, 1997

Office of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
Department of Health and Human Services

HHS wants clearance by end of wk

2/18/97

TABLE OF CONTENTS

I. PURPOSE

Public Law 104-193, signed into law on August 22, 1996, added a new formula grant program (Sec. 510) to Title V of the Social Security Act. Its purpose is to "enable the State to provide abstinence education, and at the option of the State, where appropriate mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out of wedlock." Abstinence education is further defined in the law. (See Appendix 6.1)

II. INTRODUCTION - MATERNAL AND CHILD HEALTH BUREAU

Title V of the Social Security Act is the only Federal legislation directed specifically toward improving the health of all mothers and children. It has been redesigned many times to better achieve this goal between its passage in 1935 and 1993. Two recent major redesigns occurred in 1981 and 1989. In 1981, the Maternal and Child Health Services Block Grant (Block Grant) [Public Law 97-35-Omnibus Reconciliation Act (OBRA) '81] consolidated six programs with the programs created in 1935 by Title V of the Social Security Act. Title V encompasses a program of formula grants to the States and two Federal discretionary grant programs: Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems (CISS).

The Maternal and Child Health Bureau's (MCHB) mission is to improve the health and well-being of all the Nation's mothers, infants, young children, and adolescents, with emphasis on children with special health care needs and low-income children and their families. To achieve its mission, the Bureau places the highest priority on establishing systems of family-centered, community-based, coordinated, comprehensive services that emphasize both prevention and primary care services.

The specific goals of the Bureau are to:

- Assure access to quality maternal and child health (MCH) services to women of childbearing age, infants, children, and adolescents (in particular those with low-income or with limited availability of health services).
- Reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children.
- Reduce the need for inpatient and long-term care services for infants, children, and adolescents.
- Increase the number of low-income children receiving health assessments and follow-up diagnostic and treatment services, and the number of children (especially preschool children) appropriately immunized against disease.

- Promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low-income, at-risk pregnant women.

- Ensure the provision of family-centered, community-based, culturally competent, coordinated care services for children and adolescents with special health care needs and their families, and promote the development of systems of such care.

- Ensure provision of services in areas of special concern, such as mental retardation, sudden infant death syndrome (SIDS), pediatric AIDS, genetic and metabolic disorders, hemophilia, childhood injury, and adolescent pregnancy.

- Support and promote the education of health professionals for leadership roles in addressing the health care needs of families and children.

- Support and promote the development of new knowledge through research for effective MCH leadership.

In order to fulfill its mission and meet its goals, the Bureau has pursued a four-part strategy. It:

- Assesses, in conjunction with its regional offices and the States, the health status and health needs of women of childbearing age, infants, young children, and adolescents, including children with special health care needs.

- Allocates resources to support the development and maintenance of an MCH infrastructure in order to ensure the delivery of appropriate and needed services at the State and local levels.

- Encourages and supports a variety of State, as well as community-generated programs, to ensure an MCH service system that is responsive to local community needs.

- Evaluates specific interventions and programs with regard to their impact on the performance of the health delivery system and on health outcomes for individual women and children.

III. APPLICATION AND REVIEW PROCESS

3.1 Electronic Access.

Federal Register notices and application guidance for MCHB programs are available on the World Wide Web via the Internet at address: http://www.os.dhhs.gov/hrsa/mchb. Click on the file name you want to download to your computer. It will be saved as a self-extracting (Macintosh) on Wordperfect 5.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a Wordperfect 5.1 file. If you have difficulty accessing the MCHB Home Page via the Internet and need technical assistance, please contact Linda L. Schneider at (301) 443-0767, or "lschneider@hrsa.dhhs.gov".

3.2 Who Can Apply For Funds.

Grant applications will be accepted only from the State Health Agency responsible for the administration (or supervision of the administration) of the Title V Maternal and Child Health Services Block Grant.

3.3 Allocation of Funds.

The law provides for an appropriation of $50 million for each fiscal year 1998 through 2002, beginning with October 1, 1997. The project period for this grant is one year. The $50 million appropriation will be awarded each year by a formula determined by the proportion that the number of low-income children in the State bears to the total number of low-income children for all the States. A State allocation table for FY 1998 appears in Appendix 6.2. If a State chooses not to apply for a grant, that State's allocation will be returned to the Treasury; it will not be available for redistribution among the remaining States.

3.4 Non-Federal Match, Budget, and Carry-Over.

All of Title V, Block Grant Legislation, Sections 503 (Payments to States), 507 (Criminal Penalty for False Statements), and 508 (Non-Discrimination) apply to allotments of this appropriation. Some of these provisions are highlighted below.

There is a required match of 3 non-Federal dollars for every 4 Federal dollars awarded. The non-Federal match must be used solely for the activities enumerated under Section 510 and may be State dollars, local dollars, or in-kind support.

Any amount payable to a State for a fiscal year which remains unobligated at the end of such year shall remain available to such State for obligations during the next fiscal year.

Each State shall, not less often than once every two years, audit its expenditures from amounts received under this title. Such State audits shall be conducted by an entity independent of the State agency administering a program funded under this title in accordance with the Comptroller General's standards for auditing governmental organizations, programs, activities, and functions and generally accepted auditing standards. Within 30 days following the completion of each audit report, the State shall submit a copy of that audit report to the Secretary [506(b)(1)].

The existing maintenance of effort requirement for the MCH Block Grant [Sec. 505(a)(4)] must be maintained when allocating matching funds for the Abstinence Education grant.

The total budget for the application should be based on the federal dollar allocation in Appendix 6.2, the required State match, and all other funds expended or in kind support provided.

Of the amounts in the total budget described above, we strongly urge that, consistent with the remainder of Title V, not more then 10% be used for administering the grant.

The MCHB supports reasonable and necessary costs for grants within the scope of approved projects. Allowable costs may include salaries, equipment and supplies, travel, contracts, consultants, and others, as well as indirect costs. The MCHB adheres to administrative standards reflected in the Code of Federal Regulations, 45 CFR Part 92 and 45 CFR Part 74.

3.5 Overview of Application Forms SF-424.

Use the Application Forms SF-424 enclosed (Appedix 6.3) . This generic form is used by many different programs funded through the Public Health Service (PHS). This section of the guidance is meant to direct you through the Application Forms and will be most useful if you refer to that document as you read through this section.

1. The first section is the **Face Sheet,** Face Sheet instructions, Office of State and Community Health special instruction, Funding Profile, and Budget Information Form 424A.

2. The second section contains SF 424B and SF 424D, and concerns **assurances.**

3. The third section, **Certifications,** set forth certain requirements for grantees which have been legislatively implemented since the SF-424 assurances pages were last revised. This section should be filled out by all applicants.

To correctly complete the application the accompanying instruction sheets for each of the forms should be followed. Due to revisions in the forms and because some applicants have overlooked or misinterpreted certain items, selected portions of the instructions are amplified and highlighted as follows:

- **Form 424** Item 10, enter "93.110;" for Program Title enter "Abstinence Education."

- **Form 424A** Use the accompanying instructions. This form has its own sections, A (Budget Summary) through F (Other Budget Information). For each part of Section B, Budget Categories, it is required that applicants must submit on supplemental sheet(s) a justification for each individual budget category itemized (6a-j). Applicants typically identify the specific needs but often fail to write a justification of those needs. These **detailed** budget justifications require the applicant to show **specific references** to the project plan that would relate to how the requested dollar amount was developed.

- The Key Personnel form, Appendix 6.4, should be completed for project staff. Submit a Biographical Sketch (Appendix 6.5) for the project coordinator. The budget justification for personnel addresses time commitment and skills required by the project plans.

- Federal grant regulations permit grantees to use funds for contracts but not for subgrants. If the applicant decides to enter into a contract, the applicant's budget justification should include an itemized budget (direct and indirect costs) and proposed scope of work for each contractual agreement. The total of each contract's budget (direct and indirect) should be reflected in the applicant's itemized budget under the "Contractual" budget item.

3.6 Format Requirements for the Program Narrative.

The Program Narrative is to be no longer that 20 double-spaced typed pages. **Margins should be 1 1/2 inches at the top and 1 inch at the bottom and both sides. Typeset must be no smaller than 12 characters per inch (cpi) and not reduced.** Appendices are not included in the 20-page limit but should be used only to provide supporting documentation such as a literature review, maps, administrative charts, position descriptions, curricula vitae, curricula and letters describing participation and support. It is recommended that curricula vitae be limited to three pages in length.

Part II

Diana

3.7 Healthy People 2000 Language

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The Abstinence Education program addresses issues related to the Healthy People 2000 objectives of 5.1 and 5.4. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Wahington, DC 20402-9325 (telephone: (202) 512-1800).

3.8 Pro-Children Act of 1994.

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

3.9 Application Details.

The application for FY 1998 must be postmarked by July 15, 1997, and mailed to:

HRSA Grants Application Center
40 West Gude Drive
Suite 100
Rockville, MD 20850
Telephone: 1-800-300-HRSA(4772)

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to the awarding of grants under Abstinence Education by contacting:

Grants Mangement Branch
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18-12
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: 301 443-1440

Both Regional Office (Appendix 6.6) and Central Office MCHB staffs are available to provide assistance in developing project applications to the extent that time and resources permit. While not allowed to assist in the actual writing of the application, staff can

comment on abstracts, outlines and drafts and can respond to specific questions. Additional information relating to technical and program issues is available from the Office of State and Community Health, MCHB, telephone: 301 443-2204.

3.10 Transmittal Letter.

A transmittal letter from the applicant agency should accompany the application and must include "Abstinence Education" as the priority area to which the application is responding.

3.11 Copies Required.

Applicants are required to submit one complete, original, ink-signed application and two additional ink-signed copies. All pages must be clearly numbered, be of standard size (8 1/2 x 11 inches), and be printed on only one side. The original and each copy to the application set must be **UNSTAPLED AND UNBOUND** so that additional copies can be made for review.

3.12 Application Review.

Applications will be reviewed by Bureau staff for consistency with the following elements:

- Describe the priority needs in the State for Abstinence Education programs.
- Meet the legislative priorities.
- Present the program plan and state overall goals and performance measures that are clear, and, as appropriate, measurable and time-framed. Propose activities which, if well-executed, are capable of attaining project objectives.
- Describe the process for parent/family/community involvement.
- Describe how the proposed project budget supports the administrative and programmatic activities necessary to manage the program and meet the proposed performance measures and objectives.
- Describe, as appropriate, the coordination of this project with other abstinence only education programs in the State.

IV REQUIREMENTS FOR PROGRAM NARRATIVE

4.1 Project Abstract.

A single-spaced, typed abstract not to exceed 2 pages must also be included using the format in Appendix 6.7. Format guidelines are as follows:

- Margins should be 1 inch at the top, bottom and right side with a 1-1/2 inch margin on the left side for binding.
- Typeset must be no smaller than 12 pitch and not reduced.
- Capitalize only the first letter of key words when filing in the lines at the top of the form. Be sure to include an area code with the telephone number and a full mailing address (including street and/or P.O. Box) with a zip code.
- Leave project period blank.
- The abstract should be proofread, camera-ready, clean and free of typos or corrections because it will be reproduced as submitted.
- Type section headings in all capital letters followed by a colon. Double-space after the heading and begin the narrative flush with the left-hand margin. Do not indent paragraphs, but do double-space between them. There is no space limitation on sections, but the abstract itself should not exceed two pages. Sections should be single-spaced with double-space between section headings.
- Section headings should be as follows:

  a. PROBLEM: Describe the problem(s) the project is designed to address.

  b. GOALS AND OBJECTIVES: State the major goals and objectives.

  c. METHODOLOGY: Explain the project plan for achieving goals and objectives.

  d. COORDINATION: Describe the coordination planned with the appropriate State or local agencies and/or other organizations in the area(s) affected by the project.

  e. EVALUATION: Describe the techniques for tracking activities and measuring achievement of goals and objectives.

- Annotation - Prepare a three to five sentence description of your project which identifies the project's purpose, problems addressed, goals and objectives, and activities used to attain the objectives, and materials develop.

- Key Words - Key words are the terms under which your project will be listed in the subject index of the MCHB Abstract of Active Projects. Select the most significant terms that describe your project, including the population served.

This Summary of Project Narrative (e.g. Project Abstract) will be published in the Maternal and Child Health Bureau's (MCHB) annual publication entitled Abstract of Active Projects. This publication, which includes summaries of all MCHB funded projects responds to Title V statutory reporting and oversight requirements [Sec 506(a)(1)], is updated annually and is an important mechanism for dissemination of information about MCHB funded projects. The abstract publication is widely distributed to MCHB grantees, Title V programs, academic institutions, and governmental agencies.

4.2 Project Narrative.

The narrative should be structured to respond to each review criterion and should include the sub-headings as they appear below. It should not exceed 20 pages, excluding appendices.

4.2.1 Describe the Priority Needs in the State for Abstinence Education Programs.

Document the priorities for Abstinence Education in your State. Describe existing programs and gaps in services. As appropriate, describe the needs by population subgroups; males and females <10, 10-14, 15-17, 18-19, 20-24, and >24 years of age.

This section should conclude with a limited number of priority needs stated in short sentences and listed in priority order.

4.2.2 Meet the Legislative Priorities.

For a copy of Sec. 510, see Appendix 6.1. The purpose of the Abstinence Education project is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

For purposes of this section, the term "abstinence education" means an educational or motivational program which -

(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 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.

It is recognized that many States receive relatively modest funding under the legislative formula which will result in the development of programs with significant variation. It is not necessary to place equal emphasis on each element of the definition, however, a project may not be inconsistent with any aspect of the abstinence education definition

Describe how your proposed project meets these legislative priorities.

4.2.3 Present the Program Plan.

Address the important issues and state overall goals and performance measures that are clear and, as appropriate, measurable and time framed.

Present the State's overall plan for the project for the next year. Provide an overview of the proposed geographic area and target population. If your target is a subset of males and females, provide your rationale for selecting these sub-populations based on the priority needs.

Describe the mechanisms to be used to deliver services and the actual services themselves, and how they will respond to cultural characteristics unique to the populations to be served and address barriers identified in the priority needs.

Identify providers with which you plan to have formal arrangements and the types of services they will provide. Include in an appendix documentation of provider commitment for each of the services to be offered through subcontractors or through referrals. Documentation may include service agreements, memoranda of agreement, or letters indicating agreement to serve your clients.

Your plan and goals must address issues identified in the priority need section. Your overall plan should describe and provide your rationale for future directions and initiatives, and identify ongoing activities continuing from a prior year. There should be goals for each of the specific priority needs.

For each goal, there should be a set of activities and a description of methods and instruments used that, if well executed, can reasonably be expected to enable the project to attain its objectives.

4.2.4 Describe the Process for Consumer Involvement.

The State should make every effort (1) to publicize the availability of these funds, (2) to encourage the involvement of new providers, (3) to make clear the process, if any, for application and award of these funds, (4) to provide proposal development assistance, whenever possible, if requested by groups eligible for funding, (5) to provide this information on a timely basis, and (6) provide for the involvement of parents in the grant application and review process.

The application shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during its development and after its transmittal.

4.2.5 Describe how the proposed budget supports the administrative and programmatic activities necessary to manage the program and accomplish the proposal performance measures and objectives.

Describe how allocated and matching funds support programmatic and administrative activities to accomplish the proposed goals and objectives over the project period. If funds support staff, their skills and proposed activities should directly support accomplishments of goals. Staff should include a program coordinator. Key personnel should be listed on the enclosed supplemental budget form (Appendix 6.4). Please include a biographical sketch for the program coordinator (Appendix 6.5).

All contractual services must be justified by including the purpose, scope, and projected cost of the contract. Itemized budgets are required for all contracts, including in kind support or other sources of funds.

Each major budget category must be justified with detail about how the funds will be used including non-Federal funds and in-kind support.

Projects may allocate funds to support parent/family/community involvement in the implementation of the proposed project.

4.2.6 Describe, as appropriate, the coordination of this project with other Abstinence Only Education programs in the State.

Describe in this section those special coordination efforts or other specific programs not already discussed in Section 4.2.3 above, including those abstinence only education programs funded by other sources.

V. REQUIREMENTS FOR PROGRAM REPORTING

Each State shall prepare and submit to the Maternal and Child Health Bureau an annual report on its activities at a time specified by MCHB. In order to properly evaluate and to compare the performance of different States assisted under Section 510, and to assure the proper expenditure of funds, reports will be submitted in standardized form (Appendices 6.8 and 6.9).

The reports will include at least the following information:

1. An unduplicated count of males and females served by the program by age groups <10, 10-14, 15-17, 18-19, 20-24, and >24 years of age, by race and ethnicity.
2. Total encounters by age group, by race and ethnicity.
3. State population numbers for each year from 1993 to most current for above populations, by gender, race, and ethnicity.
4. State statistics for each year from 1993 to most current for numbers of births, unmarried births, birth rates, pregnancy rates, unmarried birth rates by age groups, and race and ethnicity.
5. A report of the progress made toward each measurable and time framed performance measure.

6. A report on the number and the location of the communities in the State with an abstinence education program funded by this project.

7. Other information as specified by the Maternal and Child Health Bureau.

SEPARATE PROGRAM FOR ABSTINENCE EDUCATION

SEC. 510. [42 U.S.C. 710] (a) For the purpose described in subsection (b), the Secretary shall, for fiscal year 1998 and each subsequent fiscal year, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of—

(1) the amount appropriated in subsection (d) for the fiscal year; and

(2) the percentage determined for the State under section 502(c)(1)(B)(ii).

(b)(1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

(2) For purposes of this section, the term "abstinence education" means an educational or motivational program which—

(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 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.

(c)(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

(d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional $50,000,000 for each of the fiscal years 1998 through 2002. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year.

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[1] Title V of the Social Security Act is administered by the Health Resources and Services Administration, Public Health Service, Department of Health and Human Services.

Title V appears in the United States Code as §§701-709, subchapter V, chapter 7, Title 42.

Regulations of the Secretary of Health and Human Services relating to Title V are contained in chapter I, Title 42, and in subtitle A, Title 45, Code of Federal Regulations.

See Vol. II, P.L. 78-410, §317A(e) and (f), with respect to coordination required in lead poisoning prevention.

See Vol. II, P.L. 88-352, §601, with respect to prohibition against discrimination in federally assisted programs.

See Vol. II, P.L. 95-521, §102(j), with respect to reporting of benefits received under the Social Security Act.

See Vol. II, P.L. 101-239, §6508, with respect to a demonstration project on health insurance for medically uninsurable children; and §6509, with respect to a maternal and child health handbook.

[2] P.L. 78-410. P.L. 97-35, §2193(b)(1), 95 Stat. 827, repealed §§316, 1101, 1121, and 1131 of the PHSA.

[3] P.L. 95-626, Title VI, was repealed by P.L. 97-35, §955(b); 95 Stat. 592.

[4] P.L. 97-35, Title XXI, subtitle D [95 Stat. 818].

[5] Vol. II, P.L. 97-35.

[6] As in original.

[7] See Vol. II, P.L. 94-135, Title III [89 Stat. 728].

[8] See Vol. II, P.L. 93-112.

[9] See Vol. II, P.L. 92-318.

[10] See Vol. II, P.L. 88-352.

[11] As in original. "and" should probably not appear.

[12] As in original. Probably should be "comply with".

Appendix 6.2

FY 1998 Abstinence Education

	Abstinence Sec 510
Alabama	$1,081,058
Alaska	78,526
Arizona	894,137
Arkansas	660,004
Califomia	5,764,199
Colorado	544,383
Connecticut	330,484
Delaware	80,935
District of Columbia	120,439
Florida	2,207,883
Georgia	1,450,083
Hawaii	131,519
Idaho	205,228
Illinois	2,096,116
Indiana	857,042
Iowa	424,908
Kansas	391,185
Kentucky	990,488
Louisiana	1,627,850
Maine	172,468
Maryland	535,712
Massachusetts	739,012
Michigan	1,899,560
Minnesota	613,756
Mississippi	1,062,752
Missouri	969,291
Montana	186,439
Nebraska	246,177
Nevada	157,534
New Hampshire	82,862
New Jersey	843,071
New Mexico	518,368
New York	3,377,584
North Carolina	1,151,876
North Dakota	126,220
Ohio	2,091,299
Oklahoma	756,837
Oregon	460,076
Pennsylvania	1,820,070
Rhode Island	129,592
South Carolina	811,757
South Dakota	169,578
Tennessee	1,067,569
Texas	4,922,091
Utah	325,666
Vermont	69,855
Virginia	828,619
Washington	739,012
West Virginia	487,536
Wisconsin	795,859
Wyoming	80,935
American Samoa	44,992
Guam	69,495
Northern Marianas	42,493
Puerto Rico	1,449,018
Trust Territories:	
Palau	13,501
Micronesia	47,492
Marshalls	21,000
Virgin Islands	136,509
Grants to States	$50,000,000

OMB Approval No. 0348

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:

Application	*Preapplication*
☐ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
Address *(give city, county, state, and zip code)*:	Name and telephone number of the person to be contacted on matters involving this application *(give area code)*

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

☐☐ — ☐☐☐☐☐☐☐

7. TYPE OF APPLICANT: *(enter appropriate letter in box)* ☐

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other *(specify)*:

_____

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐ ☐☐☐

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*:

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project

15. ESTIMATED FUNDING:		
a. Federal	$	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. TOTAL	$	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE _____

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:
1.	Self-explanatory.
2.	Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).
3.	State use only (if applicable).
4.	If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
5.	Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7.	Enter the appropriate letter in the space provided.
8.	Check appropriate box and enter appropriate letter(s) in the space(s) provided: — "New" means a new assistance award. — "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. — "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
9.	Name of Federal agency from which assistance is being requested with this application.
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

Item:	Entry:
12.	List only the largest political entities affected (e.g., State, counties, cities).
13.	Self-explanatory.
14.	List the applicant's Congressional District and any District(s) affected by the program or project.
15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

aebudget.1

OFFICE OF STATE AND COMMUNITY HEALTH

BUDGET FORMS FOR ABSTINENCE EDUCATION APPLICATIONS

For Abstinence Education purposes, the sub-groupings of funding categories under Section 15 of the Face Sheet of the Application For Federal Assistance (SF424) will be defined as follows:

15. Estimated Funding:

a. Federal -	The Abstinence Education Block Grant allocation only.
b. Applicant -	Carryover from previous year's Abstinence Education Block Grant allocation. The unobligated balance.
c. State -	The state match. The state's total matching funds for the Abstinence Education Allocation.
d. Local -	Total Abstinence Education dedicated funds from local jurisdictions within the state.
e. Other -	Other funds devoted solely to abstinence only education programs under the direction of the State Health Agency.
f. Program Income -	Funds collected by the state MCH agency from insurance payments, MEDICAID, HMO's, etc., if any.
g. TOTAL -	ALL the funds administered by the State abstinence only education program.

Part III

Diana

(aebudget.2)

FORM 2
STATE ABSTINENCE EDUCATION FUNDING PROFILE

	Budgeted FY___	Expended FY___	Budgeted FY___	Expended FY___	Budgeted FY___	Expended FY___	Budgeted FY___	Expended FY___	Budgeted FY___	Expended FY___
1. Federal Allocation *[15a AFS]*	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____
2. Carryover (Unobligated Balance) *[15b AFS]*	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____
3. State Match *[15c AFS]*	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____
4. Local Funding *[15d AFS]*	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____
5. Program Income *[15f AFS]*	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____
6 Other Federal MCH Funds *[15e AFS]*	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____
TOTAL *[15g AFS]*	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____

OMB Approval No. 0348-0044

BUDGET INFORMATION — Non-Construction Programs

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		$	$	$	$	$
2.						
3.						
4.						
5. TOTALS		$	$	$	$	$

SECTION B – BUDGET CATEGORIES

6 Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
a. Personnel	$	$	$	$	$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a - 6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	$	$	$	$	$
7. Program Income	$	$	$	$	$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	$	$	$	$
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)	$	$	$	$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Nonfederal					
15. TOTAL (sum of lines 13 and 14)	$	$	$	$	$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	$	$	$	$
17.				
18.				
19.				
20. TOTALS (sum of lines 16 - 19)	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

21. Direct Charges:	22. Indirect Charges:
23. Remarks	

OMB Approval No. 0348-0040

ASSURANCES — NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program andto purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1956, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

OMB Approval No. 0937-0189
Expiration Date: March 31, 1995

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing a drug-free awareness program to inform employees about—
  (1) The dangers of drug abuse in the workplace;
  (2) The grantee's policy of maintaining a drug-free workplace;
  (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will—
  (1) Abide by the terms of the statement; and
  (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted—

(1) Taking appropriate personnel action against such an employee, up to and including termination; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure."

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that the statements herein are true, accurate, and complete, and agrees to comply with the Public Health Service terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, U.S. Code, Section 1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

STATE _____

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to $1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

_____ _____

Signature of Authorized Certifying Official Date

SUPPLEMENT TO SECTION F of FORM 424A
KEY PERSONNEL

NAME AND POSITION TITLE	ANNUAL SALARY	NO. MONTHS BUDGET	% TIME	TOTAL $ AMOUNT REQUESTED
	(1)	(2)	(3)	(4)
	$		%	$
FRINGE BENEFIT (Rate_____)			Total	$

Biographical Sketch

Give the following information for all professional personnel contributing to the project beginning with the Project Director. (DO NOT EXCEED 2 PAGES ON ANY INDIVIDUAL)

Name (Last, first, middle initial)	Title	Birth Date (Mo. Day Yr.)

Education (begin with baccalaureate or other initial professional education and include postdoctoral training)

Institution and Location	Degree	Year Completed	Field of Study

HONORS

MAJOR PROFESSIONAL INTEREST(S)

RESEARCH AND PROFESSIONAL EXPERIENCE List in reverse chronological order previous employment and experience. List in reverse chronological order most representative publications.

REGIONAL OFFICE PROGRAM CONSULTANTS
MATERNAL AND CHILD HEALTH BUREAU

Region I (CT, ME, MA, NH, RI, VT)

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(415) 437-8105 (FAX)
RLOUIE@HRSA.DHHS.GOV

Region X (AK, ID, OR, WA)

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(206) 615-2500 (FAX)
MWEST@HRSA.DHHS.GOV

For changes please, call Kerry Nesseler at 301-443-2204

NOV 1 2 1996

Enclosure B

Instructions to new grantees:
How to prepare abstracts and annotations for the first time
(different guidelines apply for abstracts prepared in subsequent years of the grant)

We have enclosed a sample abstract as an example of how to write your abstract.

Guidelines for preparing your abstract

Provide an abstract that can be published in the Maternal and Child Health Bureau's (MCHB) annual publication, *Abstracts of Active Projects Funded by MCHB*. This publication, which includes summaries of all projects funded by MCHB, is updated annually and is an important mechanism for disseminating information about MCHB-funded projects.

Guidelines follow to assist you in preparing acceptable abstracts for publication. In general, please note:

- Abstracts should be two- to four-page descriptions of the project.
- Use plain paper (not stationery or paper with borders or lines).
- Double-space your abstract.
- Avoid "formatting" (do not underline, use bold type or italics, or justify margins).
- Use a standard (nonproportional) 12-pitch font or typeface such as courier.

1. Project Identifier Information

Project Title:	List the appropriate shortened title for the project.
Project Number:	This is the number assigned to the project when funded.
Project Director:	The name and degree(s) of the project director as listed on the grant application.
Contact Person:	The person who should be contacted by those seeking information about your project.
Grantee:	The organization which receives the grant.
Address:	The complete mailing address.
Phone Number:	Include area code, phone number, and extension if necessary.
Fax Number:	Include the fax number.
E-mail address:	Include electronic mail addresses (Internet, CDC Wonder, HandsNet, etc.)
World Wide Wed address:	If applicable, include the address for you project's World Wide Web site on the Internet.
Project Period:	Include the entire funding period for the project, not just the one-year budget period.

Sample NEW Abstract

(This abstract is presented as a sample format, not as a guide to content preparation.)

Project Title:	Family Voices Partnership for Information and Communication
Project Number:	MCU 356088
Project Director:	Polly Arango
Contact Person:	
Grantee:	Family Voices, Inc.
Address:	P.O. Box 769 Algodones, NM 87001
Phone Number:	(505) 867-2368
Fax Number:	(505) 867-6517
E-mail Address:	
World Wide Web address:	
Project Period:	10/01/95-09/30/98

Abstract:

PROBLEM: The role of parents in maternal and child health policy making is still not fully recognized. Parents and parent organizations lack the information they need to participate fully in the development of health policies and implementation of programs that produce positive health outcomes for mothers and children. The formal mechanisms for ensuring a flow of information into the Maternal and Child Health Bureau (MCHB) do not currently provide for input from parents and their organizations. Health policymaking at local, State, and national levels is less effective than it could be because there is too little contact between key decision makers and representatives of parent organizations.

GOALS AND OBJECTIVES: The goal is to enhance two-way communication between MCHB and parent organizations about issues

influencing maternal and child health. The objectives are to:

1. Achieve recognition of the important role parents and parent organizations play in developing policies and programs that influence maternal and child health;

2. Disseminate information about maternal and child health policy to parents and parent organizations in a format that will be most useful to them as they participate in the development of policies and programs influencing maternal and child health;

3. Increase understanding by MCHB of the family perspective on issues influencing maternal and child health; and

4. Increase two-way communication between parent organizations and other members of the interorganizational consortium.

METHODOLOGY: Possible activities include the formation of a coalition of national, regional, and State parent organizations concerned with issues influencing maternal and child health; formation of a steering committee to advise Family Voices and CAPP on strategies and programs; participation in PIC interorganizational consortium meetings; establishment of two-way communications between Family Voices and consortium members; preparation and implementation of a publications programs that alerts parents and parent organizations to issues in maternal and child health, and roles that parents and parent organizations can play in developing policy at local, State, and national levels; consultation regularly with the MCHB regarding the family perspective on issues affecting maternal and child health; a

meeting of parent organization leaders to review and if necessary improve project strategies; participation in other parent organizations' conferences and training events; and the use of links to other PIC interorganizational consortium members to build roles for parents and parent organizations in maternal and child health policymaking and program implementation at the local level.

COORDINATION: The project will be conducted by Family Voices in NM and the CAPP Project of the Federation for Children with Special Needs in Boston, MA. Actual activities will be determined by negotiation between Family Voices and the MCHB.

EVALUATION: In general, progress can be determined through the use of clear project milestones. The ultimate effect of the project could be determined by answering the following questions: Is there greater recognition of the role parents and parent organizations play in developing policies and programs that influence maternal and child health? Has information about maternal and child health issues been disseminated to parents and parent organizations in useful formats? Have parents and parent organizations had a positive influence on the development of maternal and child health policies and programs? Does the MCHB have a better understanding of the family perspective? Has two-way communication between parent organizations and other members of the interorganizational consortium increased?

Keywords:

.i.Children with Special Health Needs;.i.Information Networks;.i.Dissemination;.i.Families;.i.Advocacy;.i.Public Policy;.i.Family Professional Collaboration;.i.Information Services;

Annotation:

Enhancement of two-way communication between the Maternal and Child Health Bureau (MCHB) and parent organizations about issues influencing maternal and child health is the project goal. Possible activities include the formation of a coalition of national, regional, and State parent organizations concerned with issues influencing maternal and child health; preparation and implementation of a publications programs that alerts parents and parent organizations to MCH issues, and roles that parents and parent organizations can play in developing policy at local, State, and national levels; consultation regularly with MCHB regarding the family perspective on issues affecting MCH; and a meeting of parent organization leaders to review and if necessary improve project strategies.

Appendix 6.8

Maternal and Child Health Bureau
Abstinence Education Program

Total Encounters by Clients

	Age in Years						
	< 10	10 - 14	15 - 17	18 - 19	20 - 24	> 24	TOTAL
MALES							
Non-Hispanic White							
Black							
Hispanic							
Others							
FEMALES							
Non-Hispanic White							
Black							
Hispanic							
Other							
TOTAL							

Appendix 6.9

Maternal and Child Health Bureau
Abstinence Education Program

Unduplicated Count of Clients Served

	Age in Years						
	< 10	10 - 14	15 - 17	18 - 19	20 - 24	> 24	TOTAL
MALES							
Non-Hispanic White							
Black							
Hispanic							
Others							
FEMALES							
Non-Hispanic White							
Black							
Hispanic							
Other							
TOTAL							

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Kate Sellus to Linda Johnson [partial] (1 page)	02/24/1997	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11028

FOLDER TITLE:
Abstinence

2010-1083-S
rc131

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
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RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

February 24, 1997

Linda Johnson
Senior Manager for Abstinence Education
MCH Bureau
5600 Fishers Lane, 18-31 Parklawn
Rockville, MD 20857

Dear Ms. Johnson:

I am writing to express my concerns about the abstinence-only sex education entitlement program that is part of federal welfare reform. While I support teaching abstinence as one component of sex education, I am concerned that this alone does not give teens the information and skills which are necessary to protect themselves from sexually transmitted diseases and unintended pregnancy.

By exclusively funding programs that require teaching abstinence only, programs that have been proven successful are being denied inclusion. An Alan Guttmacher Institute study concluded that the most effective programs are comprehensive with subject matter that includes abstinence, without excluding information about contraception. This program ignores the following facts:

- 70% of teens are sexually active by age 17.
- AIDS is the sixth leading cause of death among young people ages 15-24.
- The fastest growing group of new HIV infections is 13-19 year olds.

My main concerns with the program are that by requiring states to match every $4 of federal funding with $3 of state funds, money could be taken away from other programs, including comprehensive sex education programs. The guidelines are too restrictive and would deny funds to comprehensive programs that have been proven successful. For example, pregnancy prevention programs highlighted by President Clinton and the Department of Human Services' document *Preventing Teen Pregnancy: Promoting Promising Programs* would be denied funds under this program.

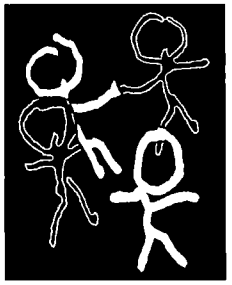
Funding abstinence-only programs promotes an unbalanced approach to teenage pregnancy. Nothing in the scientific literature justifies the welfare reform initiative that addresses only part of what adolescents need to know. It is critical that we provide young people with information and services that enable them to make healthy decisions as they grow into adulthood. Please consider amending the program to include sex education programs that are comprehensive in nature.

Sincerely,

Kate M. Sellar 0013

P6/(b)(6)

Megan Hogan
Dr. Henry Foster
CC: Loretta E. Parker
The Hon. Geo. Voinovich
The Hon. Barbara Boxer
The Hon. C.J. Prentiss
The Hon. Peter Lawson Jones
The Hon. Vernon Wheeler
Donna Shalala
President Clinton



THE OUNCE OF PREVENTION FUND

11 March 1997

Lynn Hogan
White House Domestic Policy Council
17th and Pennsylvania Avenue, NW
Old Executive Office Building
Washington, D.C. 20502

Dear Ms. Hogan:

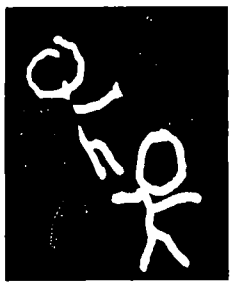
Please find enclosed, a copy of comments sent to Dr. Audrey Nora, Assistant Surgeon General. The comments address the Abstinence Education Block Grant Guidance pertaining to the new Section 510 of Title V (Maternal and Child Health Block Grant) of the Social Security Act. If you have any questions or if I can be of further assistance, please do not hesitate to contact me at 312/922-3863. Thank you for your time and attention.

Sincerely,

Harriet Meyer

Harriet Meyer
Executive Director

122 SOUTH MICHIGAN AVENUE, SUITE 2050, CHICAGO, ILLINOIS 60603 • PHONE: (312) 922-3863 • FAX (312) 922-3337



THE OUNCE OF PREVENTION FUND

11 March 1997

Audrey H. Nora, M.D., M.P.H.
Assistant Surgeon General
Office of State and Community Health
Maternal and Child Health Bureau, HRSA
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Nora:

Thank you for the opportunity to provide input on the Abstinence Education Block Grant Guidance pertaining to the new Section 510 of Title V (Maternal and Child Health Block Grant) of the Social Security Act. The Ounce of Prevention Fund, established in 1982, is a public-private partnership which promotes the well-being of children and adolescents in communities with limited economic resources by working with families, communities, and policymakers. Our comments are based on 15 years of experience providing primary prevention and health services to teens in Illinois through the Parents Too Soon (PTS) program with thirty-nine sites statewide and the Toward Teen Health (TTH) initiative with four school-based health centers in Chicago.

We have several concerns about the guidance for this new formula grant program available to states through the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (P.L. 104-193) and also feel that several issues have been omitted or need to be clarified. States must be able to use these funds for effective and comprehensive education programs in order to meet the goals of the MCH Bureau and the welfare legislation (P.L. 104-193) pertaining to preventing and reducing the incidence of out-of-wedlock births. **General concerns about the Guidance, followed by specific comments about some of the provisions in the Guidance, are detailed below.**

Youth in the communities we serve often become adolescent parents, abuse alcohol and drugs, become involved in gangs, fail in school, feel isolated, and make irresponsible sexual choices. Our comprehensive Parents Too Soon (PTS) prevention programs promote teenage sexual abstinence, effective use of contraception, educational success, responsible decision-making, and nonviolent conflict resolution. PTS programs combat the forces that contribute to early parenthood, repeat pregnancies, child abuse and neglect, and drug and alcohol abuse. PTS primary prevention groups provide adult guidance, peer interaction, recreation, and community service opportunities that help adolescents develop the skills and resilience to face the challenges of growing up.

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TTH health centers provide quality medical care and comprehensive health education through one-on-one work with clinic staff and group education about a range of adolescent health issues, including sexuality education.

At the heart of the PTS and TTH programs are the ongoing relationships between agency staff and the teens they serve. A consistent, caring relationship with a trusted adult can help balance the stresses of adolescence, stresses often intensified by poverty.

Research Findings

In 1992, DePaul University and the Ounce of Prevention Fund launched a comparative study of student populations at seven Chicago public high schools with the support of the National Institute for Mental Health. The study revealed that all schools had high rates of student sexual activity. 78% of students surveyed reported themselves sexually experienced, and fully 68% of these students report that they are sexually active at age thirteen or younger. The DePaul study puts to rest some widely embraced but mistaken conclusions about school health centers and other pregnancy prevention efforts which provide the full range of options. Health centers dispensing contraceptives do not increase the rates of sexual activity among students. And health centers are effectively reaching the high-risk population as many of the students using the health centers were those most at risk, including those who are sexually active.

Other national research and evaluation efforts support the need for and effectiveness of more comprehensive sexuality education:

- Unless changes are made in the Abstinence Education Block Grant Guidance, none of the pregnancy prevention programs highlighted in President Clinton and the Department of Health and Human Services (HHS)' document Preventing Teen Pregnancy: Promoting Promising Programs would be eligible for funds.
- According to the 1995 report prepared for HHS by Child Trends, Inc., Adolescent Pregnancy Prevention Programs: Interventions and Evaluations, which summarizes the available research findings on teen pregnancy prevention:

  Numerous programs have been implemented, ranging from abstinence education to comprehensive, multi-faceted interventions that offer education, counseling, and a variety of support services. Studies have concluded that the ***provision of sex education to adolescents does not increase the likelihood of initiating sexual activity.*** *(And)* ***abstinence-only prevention programs have not been shown to reduce sexual activity.***
- The recommendations of the National Institutes of Health panel on HIV intervention caution that restrictive MCH sexuality education funding "cannot be justified in the face of effective programs and given the fact that we face an international emergency in the AIDS epidemic."

Elements of effective programming

No one strategy works for all teens or all communities. Effective pregnancy prevention programs must:

- Include abstinence education, more comprehensive sexuality education with messages about both abstinence and contraception;

- Address the root causes of teen pregnancy; and
- Respond to the developmental needs of adolescents.

Root causes of adolescent pregnancy

During adolescence, emotional, intellectual and social growth are matched by enormous physical changes. By any universal standard, children become adults physically with a capacity to reproduce as, in fact, they are expected to do in many cultures. Barely out of childhood, young people today are experiencing more freedom, autonomy, and choice than ever at a **time when they still need special nurturing, protection, and guidance**. Yet teens confront myriad pressures coming of age in a more dangerous, sexualized, violent world, frequently confronted with sexual abuse and rape, AIDS, substance abuse, and violent behavior. And with few options for positive extracurricular activities in poor communities and with little if any vision for the future, many of our children choose premature parenting as a solution.

Research tells us that such behaviors are often rooted in childhood experience and educational failure. Early adolescence offers an excellent opportunity for intervention to prevent later casualties and promote successful adult lives. This is the phase during which young people are just beginning to engage in risky behaviors, but **before damaging patterns have become firmly established**. It is possible to change their trajectory with effective programming. Children are resilient and open to experimentation, new relationships and opportunities that will enrich their lives.

Developmental needs of adolescents

Effective programs for young teens are responsive to their developmental changes as well as the social and cultural environments in which they live. Youth development programming must be available and directed by staff who can engage the children in the types of relationships we know make a difference in their lives. Primary prevention programs mimic the behaviors of healthy families because they establish effective relationships with participants that fulfill key family functions:

- They nurture, protect, motivate, instruct, mediate, teach, enable and provide psychologically safe places to take risks and try new behaviors.
- They provide exposure to the world of work, community service opportunities, academic support, peer interaction, family life education, parental involvement, and linkage with schools and community resources.
- And they are designed to help adolescents meet their developmental needs – 1) to form close, durable human relationships; 2) to feel a sense of worth as a person; 3) to achieve a reliable basis for making informed choices; 4) to know how to use support systems available to them; 5) to express constructive curiosity and exploratory behavior; 6) to find ways of being useful to others; and 7) to believe in a promising future with real opportunities.

Lessons learned

The work of Susan Philliber, a national researcher and expert on teen pregnancy prevention programs and evaluation serving as a consultant to the Ounce of Prevention Fund, highlights several key lessons learned about effective strategies:

- Community members must be involved in the design, development and delivery of programs and strategies so as to enhance the likelihood of choosing culturally appropriate and locally relevant interventions.
- The inclusion of multiple strategies from multiple sources in any given community is critical as the most successful abstinence programs delay the onset of sexual intercourse for only a few months and no single intervention will last throughout the adolescent years or work for all teens. Information-giving alone is not sufficient to alter teen pregnancy.
- Strategies must acknowledge the range of factors which complicate teen pregnancy prevention, such as the roles of older males in teen pregnancy; relationships between teen pregnancy-related behaviors and other risk behaviors among teens such as school failure, violence, and alcohol and drug use; the part sexual abuse plays in teen pregnancy; continuous media messages received by teens about sexuality and pregnancy; shifts in social norms which have made out-of-wedlock pregnancies more common and acceptable even for older women; and the general worsening economic conditions for teens, with more of them growing up in poverty.

The following are specific comments pertaining to some of the provisions in the Guidance:

I. PURPOSE

To enable the State to provide abstinence education, and at the option of the State, where appropriate mentoring, counseling, and adult supervision to promote abstinence from sexual activity with a focus on those groups which are most likely to bear children out of wedlock.

Central to most prevention work with children, and particularly to work with adolescents, is the importance of developing close, positive relationships with caring adults through mentoring and other activities that emphasize one-on-one interactions. The Guidance should clarify whether states can use the funds for either abstinence-only education or mentoring, counseling, and adult support.

II. INTRODUCTION - MATERNAL AND CHILD HEALTH BUREAU

The abstinence-only education provision conflicts with some of the specific goals of the Bureau as stated in this section:

Assure access to quality maternal and child health services to women of childbearing age, infants, children, and adolescents (in particular those with low-income or with limited availability of health services).

Quality maternal and child health services include the full range of primary, secondary and tertiary health services to promote development and prevent more costly health care needs later on, including family planning services. States must be able to provide a comprehensive range of options to adolescents - not just abstinence education - which acknowledges the risk factors facing many teens, addresses the root causes of early engagement in sexual activity and other risky behaviors, prevents engagement in more risky behaviors in the future, and promotes the overall health, well-being, and responsible decision-making of all adolescents.

Reduce infant mortality and the incidence of preventable diseases.

Catching and treating STDs early on can protect and restore a young person's health as well as prevent AIDS by teaching teens how to avoid new infections and transmission. Early detection of STDs, through routine screening for those who are sexually active, is critical as STDs can cause infertility, cancer, birth defects, miscarriages and death when left untreated. State programs must include information for teens who are sexually active in order to reduce the future transmission and incidence of STDs and other preventable diseases.

Ensure provision of family-centered, community-based, culturally competent coordinated care services for children and adolescents with special health care needs and their families, and promote the development of systems of such care.

Health, education and other services need to be responsive to individual community needs. Flexibility in the Guidance is critical so that each community can decide which strategies and programs it can and wants to employ, ensuring that they are tailored to the unique problems and resources in the community.

Ensure provision of services in areas of special concern such as ... adolescent pregnancy.

Abstinence education is only one component of a complex strategy which must address the root causes of adolescent pregnancy by delivering community-based services which meet their developmental needs within the context of caring, supporting relationships. Evidence suggests that counseling can delay the initiation of sexual activity. Larger numbers of young people become sexually active during the middle grade years, making it appropriate for programs such as school-based/linked centers to provide family planning information, remain open beyond school hours, have outreach programs and staff, and receive community-wide support.

Support and promote the education of health professionals for leadership roles in addressing the health care needs of families and children.

Proven effective prevention programs and interventions for adolescents incorporate comprehensive strategies and address the multiple problems facing teens today in all communities. It is thus critical for health professionals to have specific training and experience in dealing with adolescent development and the root causes of the risky behaviors in which teens are engaging. Comprehensive school-based health centers, with a range of staff trained in adolescent issues (physician, nurse, social worker, health educator), have proven to be effective in substance abuse

prevention, contraceptive use, health promotion and disease prevention. States and communities must have the option to provide and support such service delivery models under this Guidance.

III. APPLICATION AND REVIEW PROCESS

3.2 Who Can Apply for Funds

Grant applications will be accepted only from the State Health Agency responsible for the administration of the Title V Maternal and Child Health Services Block Grant.

The state health agency responsible for the administration of Title V must make funds available to community-based organizations through an **application or request for proposal process** for accountability purposes rather than through a discretionary allocation of funds.

3.4 Non-federal Match, Budget, and Carry-Over

The non-federal match must be used solely for the activities enumerated under Sec. 510 and may be State dollars, local dollars, or in-kind support.

States should be able to use match funds for strategies which **promote abstinence as one component of comprehensive sexuality education**. Requiring the non-federal match funds to meet all of the requirements of this Guidance may lead to a decrease in funding for current comprehensive programs.

IV. REQUIREMENTS FOR PROGRAM NARRATIVE

4.2.2 Meet the Legislative Priorities

For purposes of Sec. 510, the term "abstinence education" means an educational or motivational program which ... (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children.

While there is general agreement that young people need to delay having sex, in many communities adolescent sexual activity is the norm, not the exception. Research in recent years indicates that there is a link between the experience of childhood sexual abuse and the early initiation of voluntary sexual activity. Approximately 60% of teen mothers in an Illinois survey reported an involuntary sexual experience; and their mean age at the time of the first forced experience was eleven and one-half years. By age 20, three quarters of Americans are sexually experienced. Protecting our youth needs to be a top priority.

Abstinence-only education may be an appropriate strategy for school-age children through 12 years of age. Education for teens must include the realistic messages and complete information young people need in order to make healthy decisions given the reality of the environment in

which they are living. Programs, such as abstinence-only education, that provide information alone or that only suggest values have limited influence on teen behavior because the programs do not address the root causes of adolescent pregnancy. To have even a chance for success, health education and teen pregnancy prevention programs must provide resources that will allow adolescents to develop to their fullest capacities - allowing them to envision positive life choices and make those choices realities.

Additional Comments

The Guidance should include provisions which require all programs funded under Sec. 510 to conduct a rigorous evaluation. While we do have a base of program experience and research findings, we still need additional information from evaluations of a range of pregnancy prevention and educational programs to better inform program development and design and to aid states and communities in lowering the incidence of teenage childbearing and promoting the healthy development of children and adolescents. Data collection and evaluation should be coordinated with the state agency responsible for implementing the Temporary Assistance for Needy Families (TANF) program in order to know if abstinence education is achieving the goal of reducing out of wedlock births.

If you have any questions about these comments or if I can be of further assistance, please do not hesitate to contact me at 312/922-3863. Thank you for your time and attention.

Sincerely,

Harriet Meyer

Harriet Meyer
Executive Director

cc: President Clinton
Donna Shalala, Department of Health and Human Services
Dr. Henry Foster, Senior Advisor to the President
Lynn Hogan, White House Domestic Policy Council
Linda Johnson, Senior Manager for Abstinence Education, MCH Bureau
Governor Jim Edgar
Dr. John Lumpkin, Illinois Department of Public Health
Dorretta Evans Parker, Region V MCH Bureau