



City of Newburgh Council Work Session
*Sesion de trabajo del Concejal de la
Ciudad de Newburgh*
November 22, 2016
6:00 PM

Finance/Finanza

1. Resolution to Certify Base Proportions
(Katie Mack)
2. Resolution adopting the Budget for Fiscal Year 2017
(Katie Mack)

Planning and Economic Development/Planificación y Desarrollo Económico

3. Purchase of 251 Powell Avenue
Resolution to Authorize the Conveyance of Real Property known as 251 Powell Avenue (Section 7, Block 7, Lot 20) at Private Sale to Joseph and Maria Afonso for the amount of \$8,000.00. (Deirdre Glenn)
4. Purchase of 387 Third Street
Resolution to Authorize the Conveyance of Real Property known as 387 Third Street (Section 21, Block 1, Lot 1) at Private Sale to Joseph and Maria Afonso for the amount of \$12,000.00. (Deirdre Glenn)
5. Authorizing the Execution of a Release of Covenants for 37 City Terrace
Resolution Authorizing the Execution of a Release of Restrictive Covenants and Right of Re-Entry from a Deed Issued to Stardust Realty, LLC to the Premises Known as 37 City Terrace (Section 29, Block 4, Lot 14). (Michelle Kelson)
6. Authorizing Release of Covenants for 58 Grove Street
Resolution Authorizing the Execution of a Release of Restrictive Covenants and Right of Re-Entry from a Deed Issued to MO Properties, LLC to the Premises Known as 58 Grove Street (Section 26, Block 7, Lot 16) (Michelle Kelson)

Grants/Contracts/Agreements / Becas /Contratos/Convenios

7. Orange County Urban Renewal
Resolution Authorizing the City Manager to Execute an Agreement with the County of Orange for Reimbursement of Funds to the City of Newburgh with respect to certain Urban Renewal Projects for the period of November 1, 2016 to December 31, 2017 in an amount not to exceed \$15,000.00. (Katie Mack)

Recreation/Recreacion

8. Comprehensive Adolescent Pregnancy Prevention Grant

Resolution Authorizing the City Manager to apply for and accept if awarded a Comprehensive Adolescent Pregnancy Prevention Grant in an amount not to exceed \$14,000.00 requiring no City match from the Planned Parenthood of the Mid-Hudson Valley as a sub-contractor for the New York State Department of Health to establish the Positive Image Teen Program. (Derrick Stanton)

Executive Session/ Sesión Ejecutiva

9. Executive Session

Proposed, pending or current litigation.

Agenda Item 1.

Resolution to Certify Base Proportions

(Katie Mack)

Agenda Item 2.

Resolution adopting the Budget for Fiscal Year 2017

(Katie Mack)

RESOLUTION NO.: _____ - 2016

OF

NOVEMBER 28, 2016

**A RESOLUTION TO AUTHORIZE THE CONVEYANCE OF REAL PROPERTY
KNOWN AS 251 POWELL AVENUE (SECTION 7, BLOCK 7, LOT 20) AT PRIVATE
SALE TO
JOSEPH AND MARIA AFONSO FOR THE AMOUNT OF \$8,000.00**

WHEREAS, the City of Newburgh has acquired title to several parcels of real property by foreclosure *In Rem* pursuant of Article 11 Title 3 of the Real property Tax law of the State of New York; and

WHEREAS, pursuant to Section 1166 of the Real Property Tax Law the City may sell properties acquired by foreclosure *In Rem* at private sale; and

WHEREAS, the City of Newburgh desires to sell 251 Powell Avenue, being more accurately described as Section 7, Block 7, Lot 20 on the official tax map of the City of Newburgh; and

WHEREAS, the prospective buyers have offered to purchase this property at private sale; and

WHEREAS, this Council has determined that it would be in the best interests of the City of Newburgh to sell said property to the prospective buyers for the sum as outlined below, and upon the same terms and conditions annexed hereto and made a part hereof,

NOW, THEREFORE, BE IT RESOLVED, by the Council of the City of Newburgh, New York, that the sale of the following property to the indicated purchasers be and hereby is confirmed and the City Manager is authorized and directed to execute and deliver a quitclaim deed to said purchasers upon receipt of the indicated purchase price in money order, good certified or bank check, made payable to **THE CITY OF NEWBURGH**, such sums are to be paid on or before February 27, 2017, being ninety (90) days from the date of this resolution; and

<u>Property address</u>	<u>Section, Block, Lot</u>	<u>Purchaser</u>	<u>Purchase Price</u>
251 Powell Avenue	7 - 7 - 20	Joseph Afonso Maria Afonso	\$8,000.00

BE IT FURTHER RESOLVED, by the Council of the City of Newburgh, New York, that the parcel is not required for public use.

Terms and Conditions Sale

251 Powell Avenue, City of Newburgh (7-7-20)

STANDARD TERMS:

1. City of Newburgh acquired title to this property in accordance with Article 11 of the Real Property Tax Law of the State of New York, and all known rights of redemption under said provisions of law have been extinguished by the tax sale proceedings and/or as a result of forfeiture.
2. For purposes of these Terms and Conditions, parcel shall be defined as a section, block and lot number.
3. All real property, including any buildings thereon, is sold "AS IS" and without any representation or warranty whatsoever as to the condition or title, and subject to: (a) any state of facts an accurate survey or personal inspection of the premises would disclose; (b) applicable zoning/land use/building regulations; (c) water and sewer assessments are the responsibility of the purchaser, whether they are received or not; (d) easements, covenants, conditions and rights-of-way of record existing at the time of the levy of the tax, the non-payment of which resulted in the tax sale in which City of Newburgh acquired title; and (e) for purposes of taxation, the purchaser shall be deemed to be the owner prior to the next applicable taxable status date after the date of sale.
4. The property is sold subject to unpaid school taxes for the tax year of 2016-2017, and also subject to all school taxes levied subsequent to the date of the City Council resolution authorizing the sale. The purchaser shall reimburse the City for any school taxes paid by the City for the tax year 2016-2017, and subsequent levies up to the date of the closing. Upon the closing, the properties shall become subject to taxation. Water and sewer charges and sanitation fees will be paid by the City to the date of closing.
5. **WARNING: FAILURE TO COMPLY WITH THE TERMS OF THIS PARAGRAPH MAY RESULT IN YOUR LOSS OF THE PROPERTY AFTER PURCHASE.** The deed will contain provisions stating that the purchaser is required to rehabilitate any building on the property and bring it into compliance with all State, County and Local standards for occupancy within (18) months of the date of the deed. Within such eighteen (18) month time period the purchaser must either: obtain a Certificate of Occupancy for all buildings on the property; make all buildings granted a Certificate of Occupancy before the date of purchase fit for the use stated in such Certificate of Occupancy; or demolish such buildings. The deed shall require the purchaser to schedule an inspection by City officials at or before the end of the eighteen (18) month period. If the purchaser has not complied with the deed provisions regarding rehabilitation of the property and obtained a Certificate of Occupancy or Certificate of Compliance by that time, then the title to the property shall revert to the City of Newburgh. The deed shall also provide that the property shall not be conveyed to any other person before a Certificate of Occupancy or Certificate of Compliance is issued. A written request made to the City Manager for an extension of the eighteen (18) month rehabilitation period shall be accompanied by a non-refundable fee of \$250.00 per parcel for which a request is submitted. The City Manager may, in his sole discretion and for good cause shown, grant one extension of time to rehabilitate of up to, but not to exceed, three (3) months. Any additional request thereafter shall be made in writing and placed before the City Council for their consideration.
6. Notice is hereby given that the properties are vacant and unoccupied. These parcels are being sold subject to the City's Vacant Property Ordinance and all provisions of law applicable thereto. At closing, the purchaser will be required to register the properties and remit the vacant property fee. It is the sole responsibility of the purchaser to redevelop such parcel in accordance with same.
7. All purchasers are advised to personally inspect the premises and to examine title to the premises prior to the date upon which the sale is scheduled to take place. Upon delivery of the quitclaim deed by the City of Newburgh to the successful purchaser, any and all claims with respect to title to the premises are merged in the deed and do not survive.
8. No personal property is included in the sale of any of the parcels owned by City of Newburgh, unless the former owner or occupant has abandoned same. The disposition of any personal property

located on any parcel sold shall be the sole responsibility of the successful purchaser following the closing of sale.

9. The City makes no representation, express or implied, as to the condition of any property, warranty of title, or as to the suitability of any for any particular use or occupancy. Property may contain paint or other similar surface coating material containing lead. Purchaser shall be responsible for the correction of such conditions when required by applicable law. Property also may contain other environmental hazards. Purchaser shall be responsible for ascertaining and investigating such conditions prior to bidding. Purchaser shall be responsible for investigating and ascertaining from the City Building Inspector's records the legal permitted use of any property prior to closing. Purchaser acknowledges receivership of the pamphlet entitled "Protecting Your Family from Lead in Your Home." Purchaser also acknowledges that he/she has had the opportunity to conduct a risk assessment or inspection of the premises for the presence of lead-based paint, lead-based paint hazards or mold.
10. The entire purchase price and all closing costs/fees must be paid by money order or guaranteed funds to the City of Newburgh Comptroller's Office on or before February 27, 2017. *The City of Newburgh does not accept credit card payments for the purchase price and closing costs/fees.* **The City is not required to send notice of acceptance or any other notice to a purchaser.** At closing, purchaser, as grantee, may take title as a natural person or as an entity wherein purchaser is an officer or managing member of said entity. The City Manager may, in his sole discretion and for good cause shown, grant one extension of time to close title of up to, but not to exceed, sixty (60) additional days. No request shall be entertained unless in writing, stating the reasons therefor, and unless accompanied by a fee of \$250.00 per parcel for which a request is submitted. The fee shall be in addition to all other fees and deposits and shall not be credited against the purchase price and shall not be returnable. Any additional request made thereafter shall be made in writing and placed before the City Council for their consideration.
11. In the event that a sale is cancelled by court order, judgment, the Comptroller or the Newburgh City Council, the successful bidder shall be entitled only to a refund of the purchase money paid with interest. Purchaser agrees that he shall not be entitled to special or consequential damages, attorney's fees, reimbursement for any expenses incurred as a result of ownership, improvements of property, or for taxes paid during period of ownership, and this agreement by the purchaser is a material condition of the sale.
12. Sale shall be final, absolute and without recourse once title has closed and the deed has been recorded. In no event, shall City of Newburgh be or become liable for any defects in title for any cause whatsoever, and no claim, demand or suit of any nature shall exist in favor of the purchaser, his heirs, successors or assigns, against City of Newburgh arising from this sale.
13. Conveyance shall be by quitclaim deed only, containing a description of the property as it appeared on the tax roll for the year upon which the City acquired title or as corrected up to date of deed. The deed will be recorded by the City upon payment in full of the purchase price, buyer's premium, and closing fees/costs. Possession of property is forbidden until the deed is recorded conveying title to the purchaser. **Title vests upon recording of deed.**
14. Upon closing, the City shall deliver a quitclaim deed conveying all of its right, title and interest in the subject property, which deed shall be drawn by the City Corporation Counsel. The City shall not convey its interest in any street, water, sewer or drainage easement, or any other interest the City may have in the property. The City shall only convey that interest obtained by the City pursuant to the judgment rendered in an *in rem* tax foreclosure action filed in the Orange County Clerk's Office.
15. The description of the property shall be from the City of Newburgh Tax Map reference or a survey description certified to the City of Newburgh and provided to the City Corporation Counsel by the purchaser at least ten (10) days in advance of closing title and approved by the City's Engineer.
16. Evictions, if necessary, are solely the responsibility of the successful bidder after closing and recording of the deed.
17. By acknowledging and executing these Terms & Conditions, the purchaser certifies that he/she is not representing the former owner(s) of the property against whom City of Newburgh foreclosed and has no intent to defraud City of Newburgh of the unpaid taxes, assessment, penalties and charges which have been levied against the property. The purchaser agrees that neither he/she nor his/her assigns shall convey the property to the former owner(s) against whom City of Newburgh foreclosed within 24

months subsequent to the auction date. If such conveyance occurs, the purchaser understands that he/she may be found to have committed fraud, and/or intent to defraud, and will be liable for any deficiency between the purchase price at auction and such sums as may be owed to City of Newburgh as related to the foreclosure on the property and consents to immediate judgment by City of Newburgh for said amounts.

Property Proposal Summary

Location: 251 Powell Avenue (between Gidney & Marne)
Tax Map Number: 7-7-20
Property Class: 230 – 3-Family Residence
Zoning: RL— Residential Low Density
Description: 2-story, brick semi-attached building. Year built: 1860; 1432sf with a 728 finished basement area; lot size—23 x 120.
Condition: Poor
Assessed Value: \$ 38,600
Estimated Annual Taxes: \$ 2,026 +/-
Selling Price: \$ 11,580 @ 30%

The city acquired this property: March 2016

Offer Information:

Name: Joseph & Maria Afonso
Offer Price: **\$ 8,000**
Construction Estimate: \$ 63,000 +/- (not including in-kind fees of 20%)
Proof of Financing: Key Bank, Citizens Bank accounts plus proceeds from house sale.

Comment: The purchaser owns several other properties in the City of Newburgh. Taxes and other municipal obligations are current as per the City of Newburgh tax office. There are no outstanding code violations on his properties. He has good credit.

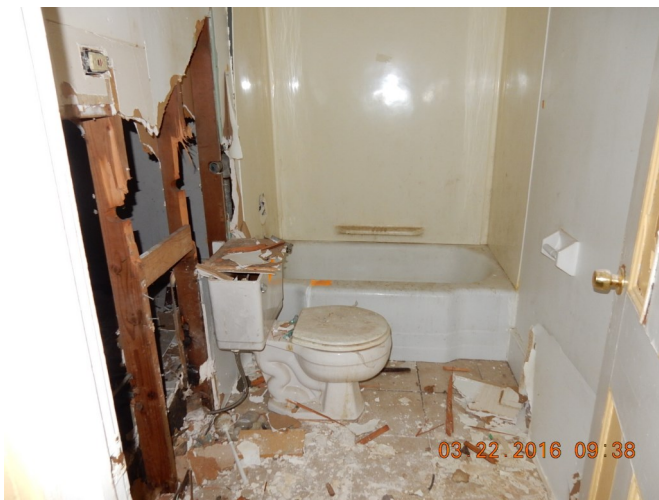
This building has been neglected for many years. The structure needs extensive repairs. The interior needs a complete rehabilitation. The building was last used as a 3-family home. The purchaser plans to convert it to a 2-family home: a duplex apartment on the 1st and 2nd floors with an additional unit in the walk-out basement area.

The purchaser is a contractor (Glenview Construction) who has successfully renovated several homes in the City of Newburgh. He lives nearby in the Town of Newburgh. The buyer plans to rollover the proceeds of the sale of another property (scheduled to close next month) into the rehabilitation of this property. He also has access to other funds—cash and a line of credit.





Interior Photos



Interior Photo/Rear Photo



Proposal Form

Contact Information:

Name: Joseph A. Fonso ^a Marino
Business Name (If Applicable): _____
Address: 14 Marino Dr.
City, State & Zip: Wellkill, NY 12589
Home phone: 845 566-5600
Business Phone: _____
Mobile Phone: 845 629-6234
E-mail: Joseph.A.Fonso@yahoo.com
Federal I.D. No. (If Available): _____

Property Ownership Information:

Do you own – as an individual, member of an LLC, partner in a partnership or officer in a corporation – any properties in the City of Newburgh? Yes ☒ No ☐

Are any of these properties vacant and/or currently listed on the City of Newburgh's Vacant Building Registry? Yes ☐ (attach explanation) No ☒

Please list **all** of the addresses of properties you own in the City of Newburgh. Also indicate if any of these properties are vacant. (You may attach a list of the properties if the space below is inadequate.):

148 Duport
11 Liberty St Flats
13 Liberty St Flats
56-58 Dubois St.

Are you current on all municipal obligations (taxes, water charges, etc.)?

Yes ☒ No ☐ (attach explanation)

☒ Verified (Internal Office Use Only); Date Verified 11/15/16

Do you have any outstanding code violations for properties owned in the City of Newburgh?

Yes ☐ (attach explanation) No ☒

☒ Verified (Internal Office Use Only); Date Verified 11/15/16

Have you had a previous tax foreclosure on a property owned by you in the City of Newburgh? Yes ☐ (attach explanation) No ☒

Individual Property Bid Sheet

Information on Bid Property:

(If you are bidding on more than one property, please submit a completed copy of this page for **each** bid property. Only one copy of the other pages in this application is required even if you are bidding on multiple properties.)

Property Address: 251 Powell Ave

S-B-L#: 7-7-20

Type of Project:

☐ Single Family

☒ Multi-Family (# of Units 3) (Proposing Change to 2 unit)

☐ Mixed Use (Commercial & Residential - # of Residential Units ☐)

Will the property be occupied by the purchaser: Yes ☐ No ☒

☐ Commercial ☐ Industrial

☐ Vacant Land (Proposed Use:)

Offer Purchase Price: \$ 8,000.00

(An offer of at least the minimum purchase price is recommended. The "Offer Purchase Price" cannot be left blank.)

Does or will your proposal conform to existing zoning? Yes ☒ No ☐

Renovation Estimate - How much do you anticipate investing in this project for renovations? Please consider in your estimate that most vacant properties need significant repairs before they can be occupied again. This estimate can be revised once you have obtained entry to the property. A more detailed repair cost estimate will be required after interior access. Do not include renovation cost estimate in the "Offer Purchase Price" listed above: \$ 63,000.00

Who will be doing the work? ☒ Self ☐ Other (complete below)

Please keep in mind that the City of Newburgh requires electrical and plumbing work to be performed by City of Newburgh licensed electricians and plumbers.

General Contractor: SELF (GLENVIEW CONST.)
Architect:
Engineer:

Examples of Purchaser's Previous Renovation or Development Experience:

(Alternatively, applicants can attach a list of renovated properties or development experience that contains the information listed below.)

Property/Project No. 1

Property/Project No. 2

Property Address: Please list all addresses (not merely project name). Include street number, street, city and zip code.	148 Dupont 56 Dumas 9 Liberty 13 Liberty	
Role (i.e. owner, partner, general contractor, architect, investor.)	Owner	
Type of Project: (i.e. new construction, existing building requiring substantial rehabilitation or moderate rehabilitation.)	Rehab	
Property Type: (i.e. single-family, multi-family rental or commercial.)	Single & Multi	
Number of Buildings in Project	4	
Total Number of Residential Units in Project/Building	9 Total	
If commercial, total square footage of project	—	
Total Estimated Development/Rehabilitation Costs	375,000	
Current Status of Building (Pre-development, under construction/renovation or completed - include date completed.)	Completed	
Government Program , if any (provide name of program and agency, name and current phone of reference.)	Self Funded	

Finances:

(Applicant should provide not only sources of funding for the purchase of the property but also sufficient funding for the rehabilitation and/or development of the property.)

I am providing: ☐ Personal Financial Statement
 ☐ Letter from Lender/Investor
 ☒ Personal or Business Bank Statement
 ☒ Evidence of project funding
 ☐ Developers should provide three years financial statements

What You Should Attach:

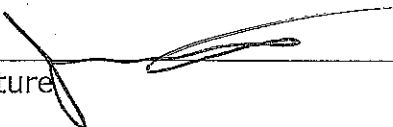
- o Description of renovation plan with preliminary budget
- o Verification of financial capacity
- o Explanation of any tax delinquency/code violations/vacant building (if applicable)

Business Relationship:

Have you had a "business relationship" as defined in Chapter 34, Article 2 (B) (2) of the municipal code, with any City elected official in the 12 months prior to the due date of this proposal? Yes ☐ No ☒

INFORMATION RELEASE:

It is our intent that all personal financial information submitted with this proposal to the Department of Planning and Development shall be considered confidential. I hereby authorize the City of Newburgh Department of Planning and Development to obtain credit reports (by completing a PathStone Credit Report Authorization Form) and verify information supplied as part of this proposal. All information provided is true and accurate to the best of my knowledge.

Signature  Date 11-10-2016

Joseph Afonso Social Security # [REDACTED] Date of Birth: [REDACTED]
Print Name

Submit Application to:

Department of Planning & Development
City Hall - 83 Broadway
Newburgh NY 12550

**Proposed Detailed Cost Estimate For Rehab of 251 Powell Ave.
Newburgh, NY 12550**

1. New watermain connection with meter	\$ 6,500.00
2. Demo basement floor chanel for water connection/kitchen with meter pit/vault	\$ 1,800.00
3. Torchdown membrane roofing	\$ 4,600.00
4. Knockdown and relay chimney brick, (x2)	\$ 1,450.00
5. Electrical service for proposed 2 family street connection	\$ 2,400.00
6. Misc. interior electrical, HVAC connection, GFI outlets, running new outlets as required by code, outside lighting	\$ 2,600.00
7. Peeling lead paint abatement, interior	\$ 4,600.00
8. Plumbing, kitchen water/drain connection	\$ 2,600.00
9. Plumbing, bath connections, tub/shower, toilets	\$ 7,200.00
10. Replace forced air heating unit, utilize existing vents	\$ 3,200.00
11. Replace forced air heating unit, basement apt.	\$ 2,800.00
12. Misc. interior walls repairing copper theft, int. doors	\$ 1,600.00
13. 10 replacement windows @ 200 each	\$ 2,000.00
14. Exterior doors with locksets, 3 @ 325 each	\$ 975.00
15. Interior painting	\$ 1,900.00
16. Exterior wood soffit repair, replicate existing	\$ 1,200.00
17. Exterior painting, soffits; window trim (no brick)	\$ 800.00
18. Kitchen cabinets, tops \$ 3,600.00	
19. Bath flooring	\$ 1,750.00
20. Wood floor refinishing	\$ 1,600.00
21. 1 st floor flooring over concrete/tile	\$ 2,100.00
22. Total estimate	\$57,275.00
10% allowance for unforeseen conditions/hidden costs	\$ 5,727.50
Total construction costs with allowance	<u>\$63,002.50</u>
Construction managers fee's, 20% standard, absorbed by buyer	\$12,600.50
Proposed property cost	\$ 8,000.00
Proposed net cost of property rehab	\$83,603.00

note:

This estimate is composed from a viewpoint of 100% of work performed
by outside contractors, at least 60% of work will be performed by owner

Dated November 8th, 2016
Joseph and Maria Afonso
14 Marino Dr.
Wallkill, NY 12589



KEYBANK
P.O. BOX 94955
CLEVELAND, OH 44101-4955



Account Number: XXXXXXXXXXXX

*pd 8/29/16
att 325*

JOSEPH AFONSO
14 MARINO DR
WALLKILL, NY 12589-2840

Key Equity Options Account Statement

07/09/16 through 08/08/16

Summary of Account Activity	
*Previous Balance	\$174,742.88
Payments	\$1,400.00
Other Credits and Adjustments	\$0.00
Advances and Other Debits	\$0.00
Fees Charged	\$0.00
Interest Charged	\$477.32
*New Balance	\$173,820.20
Credit Limit	\$250,000.00
Available Credit	\$76,657.12
Past Due Amount	\$0.00
Statement Closing Date	08/08/16
Days in Billing Cycle	31

Payment Information	
*New Balance	\$173,820.20
Minimum Payment Due	\$1,199.57
Payment Due Date	09/02/16
Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may be assessed a late fee.	

Draw Period Information	
Draw Period End Date:	08/02/2027

Please send Billing Inquiries and Disputed Balance communications to: KeyBank, P.O. Box 5788, Attn: Loan Client Services, Cleveland, OH 44101-0788.

Questions? For CUSTOMER SERVICE INQUIRIES, LOST or STOLEN CHECKS or CREDIT CARDS, CALL: 1-800-KEY2YOU.

For borrower assistance, call us at 1-800-982-1102 or visit us online at www.key.com/personal/resources/borrower-assistance.jsp

Any amount over the credit limit is immediately due and payable and is included in the "Minimum Payment Due"

* Previous Balance and New Balance: A Previous Balance and or New Balance with a minus sign (-) after it indicates a credit balance.

NOTE TO NEW CUSTOMERS: The FINANCE CHARGES or CLOSING COSTS financed as part of the first advance on the line are included in "Fees Charged", not in "Advances and Other Debits" OR "Interest Charged" totals.

Please see account transaction details for itemized charges.

If you are in Bankruptcy: To the extent your original obligation was discharged, or is subject to an automatic stay of bankruptcy under Title 11 of the United States Code, this statement is for compliance and/or informational purposes only and does not constitute an attempt to collect a debt or impose personal liability for such obligation. However, if you have a secured loan, KeyBank retains rights under its security instrument, including the right to foreclose its lien.

Please detach this portion and return with your payment to insure proper credit. Retain upper portion for your records

No. [REDACTED]

Type of Account PASSBOOK SAVINGS
BRANCH 047 BANK 880

In Account with .

MARIA S AFONSO
JOSEPH AFONSO

This account is subject to the rules and regulations of the bank, as the same may be amended from time to time.



Personal accounts not transferable as defined in 12 CFR part 204.

Please verify entry before leaving window.

	DATE	WITHDRAWAL	DEPOSIT	INTEREST	BALANCE	TELLER
1	Mar 10 2016		*****2,506.57		*****58,894.14	NB
2	Mar 31 2016			*****0.48	*****58,894.62	NB
3	Apr 30 2016			*****0.49	*****58,895.11	NB
4	May 02 2016		*****1,150.00		*****60,045.11	E019728
5	May 16 2016		*****4,500.00		*****64,545.11	J052118
6	May 31 2016			*****0.52	*****64,545.63	NB
7	Jun 14 2016	*****5,400.00			*****59,145.63	J052118
8	Jun 30 2016			*****0.51	*****59,146.14	NB
9	Jul 08 2016	*****5,000.00			*****54,146.14	J052118
10	Jul 18 2016		*****439.00		*****54,585.14	J044833
11	Jul 31 2016			*****0.47	*****54,585.61	NB
12	Aug 31 2016			*****0.46	*****54,586.07	NB
NOTIFY BANK OF ANY CHANGE OF ADDRESS						
13	Sep 09 2016		*****470.00		*****55,056.07	J052118
14	Sep 14 2016	*****6,000.00			*****49,056.07	J053268
15	Sep 30 2016		*****579.58		*****49,635.65	E019728
16	Sep 30 2016		*****235.00		*****49,870.65	E019728
17	Sep 30 2016			*****0.42	*****49,871.07	NB
18	Oct 04 2016	*****3,910.00			*****45,961.07	J052118
19	Oct 07 2016	*****500.00			*****46,461.07	J026738
20	Oct 31 2016			*****0.40	*****46,461.47	NB
21	Nov 01 2016	*****2,000.00			*****44,461.47	J052118
22						
23						
24						



Notify bank immediately if passbook is lost or stolen.

Kohl, David

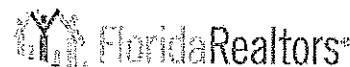
From: Afonso Joseph <joseph_afonso@yahoo.com>
Sent: Wednesday, November 09, 2016 1:18 PM
To: Kohl, David
Subject: Fw: Signing completed: 608 SE 31st St Offer.

Yes I do, its in the form of a receivable of 165,000 net proceeds from a property sale in the state of Florida, I have a closing date set for Dec 15, 2016, I've enclosed a copy of the contracts, I have no mortgage, so purchase price is 175k less 5% realtors commission leaving me about 165k net.

Click on the download documents below then contract of sale, I will print out a copy and bring it tomorrow. Thanks, Joe

Dec 15th receivable**"AS IS" Residential Contract For Sale And Purchase**

THIS FORM HAS BEEN APPROVED BY THE FLORIDA REALTORS AND THE FLORIDA BAR

**PARTIES:**

JOSEPH AFONSO

("Seller"),

and

WALTER E & BETSY J JAMESON

("Buyer"),

agree that Seller shall sell and Buyer shall buy the following described Real Property and Personal Property (collectively "Property") pursuant to the terms and conditions of this AS IS Residential Contract For Sale And Purchase and any riders and addenda ("Contract"):

1. PROPERTY DESCRIPTION:

(a) Street address, city, zip: 608 SE 31ST ST CAPE CORAL FL 33904

(b) Property is located in: LEE County, Florida. Real Property Tax ID No.: 36-44-23-C3-00887.0040

(c) Real Property: The legal description is

CAPE CORAL UNIT 25 BLK 887 PB 14 PG 91 LOTS 4 + 5

together with all existing improvements and fixtures, including built-in appliances, built-in furnishings and attached wall-to-wall carpeting and flooring ("Real Property") unless specifically excluded in Paragraph 1(e) or by other terms of this Contract.

(d) Personal Property: Unless excluded in Paragraph 1(e) or by other terms of this Contract, the following items which are owned by Seller and existing on the Property as of the date of the initial offer are included in the purchase: range(s)/oven(s), refrigerator(s), dishwasher(s), disposal, ceiling fan(s), intercom, light fixture(s), drapery rods and draperies, blinds, window treatments, smoke detector(s), garage door opener(s), security gate and other access devices, and storm shutters/panels ("Personal Property").

Other Personal Property items included in this purchase are:

Personal Property is included in the Purchase Price, has no contributory value, and shall be left for the Buyer.

(e) The following items are excluded from the purchase:

PURCHASE PRICE AND CLOSING**2. PURCHASE PRICE (U.S. currency):** \$ 175,000.00

(a) Initial deposit to be held in escrow in the amount of (checks subject to COLLECTION) \$ 1,500.00

The initial deposit made payable and delivered to "Escrow Agent" named below

(CHECK ONE): (i) ☐ accompanies offer or (ii) ☒ is to be made within 3 (if left blank, then 3) days after Effective Date. IF NEITHER BOX IS CHECKED, THEN OPTION (ii) SHALL BE DEEMED SELECTED.

Escrow Agent Information: Name: FIDELITY NATIONAL TITLE

Address: 3515 DEL PRADO BLVD 105 CAPE CORAL FL 33904

Phone: 239-945-6790 E-mail: Fax:

(b) Additional deposit to be delivered to Escrow Agent within (if left blank, then 10) days after Effective Date \$ 0

(All deposits paid or agreed to be paid, are collectively referred to as the "Deposit")

(c) Financing: Express as a dollar amount or percentage ("Loan Amount") see Paragraph 8 175,000.00

(d) Other: \$ 0

(e) Balance to close (not including Buyer's closing costs, prepaids and prorations) by wire transfer or other COLLECTED funds \$ -1,500.00

NOTE: For the definition of "COLLECTION" or "COLLECTED" see STANDARD S.**3. TIME FOR ACCEPTANCE OF OFFER AND COUNTER-OFFERS; EFFECTIVE DATE:**

(a) If not signed by Buyer and Seller, and an executed copy delivered to all parties on or before 11/2/2016, this offer shall be deemed withdrawn and the Deposit, if any, shall be returned to Buyer. Unless otherwise stated, time for acceptance of any counter-offers shall be within 2 days after the day the counter-offer is delivered.

(b) The effective date of this Contract shall be the date when the last one of the Buyer and Seller has signed or initialed and delivered this offer or final counter-offer ("Effective Date").

4. CLOSING DATE: Unless modified by other provisions of this Contract, the closing of this transaction shall occur and the closing documents required to be furnished by each party pursuant to this Contract shall be delivered ("Closing") on 12/15/2016 ("Closing Date"), at the time established by the Closing Agent.

Buyer's Initials

Page 1 of 12

Seller's Initials

JA

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Serial#: 022281-000145-6437058

RESOLUTION NO.: _____ - 2016

OF

NOVEMBER 28, 2016

**A RESOLUTION TO AUTHORIZE THE CONVEYANCE OF REAL PROPERTY
KNOWN AS 387 THIRD STREET (SECTION 21, BLOCK 1, LOT 1) AT PRIVATE
SALE TO
JOSEPH AND MARIA AFONSO FOR THE AMOUNT OF \$12,000.00**

WHEREAS, the City of Newburgh has acquired title to several parcels of real property by foreclosure *In Rem* pursuant of Article 11 Title 3 of the Real property Tax law of the State of New York; and

WHEREAS, pursuant to Section 1166 of the Real Property Tax Law the City may sell properties acquired by foreclosure *In Rem* at private sale; and

WHEREAS, the City of Newburgh desires to sell 387 Third Street, being more accurately described as Section 21, Block 1, Lot 1 on the official tax map of the City of Newburgh; and

WHEREAS, the prospective buyers have offered to purchase this property at private sale; and

WHEREAS, this Council has determined that it would be in the best interests of the City of Newburgh to sell said property to the prospective buyers for the sum as outlined below, and upon the same terms and conditions annexed hereto and made a part hereof,

NOW, THEREFORE, BE IT RESOLVED, by the Council of the City of Newburgh, New York, that the sale of the following property to the indicated purchasers be and hereby is confirmed and the City Manager is authorized and directed to execute and deliver a quitclaim deed to said purchasers upon receipt of the indicated purchase price in money order, good certified or bank check, made payable to **THE CITY OF NEWBURGH**, such sums are to be paid on or before February 27, 2017, being ninety (90) days from the date of this resolution; and

<u>Property address</u>	<u>Section, Block, Lot</u>	<u>Purchaser</u>	<u>Purchase Price</u>
387 Third Street	21 - 1 - 1	Joseph Afonso Maria Afonso	\$12,000.00

BE IT FURTHER RESOLVED, by the Council of the City of Newburgh, New York, that the parcel is not required for public use.

Terms and Conditions Sale

387 Third Street, City of Newburgh (21-1-1)

STANDARD TERMS:

1. City of Newburgh acquired title to this property in accordance with Article 11 of the Real Property Tax Law of the State of New York, and all known rights of redemption under said provisions of law have been extinguished by the tax sale proceedings and/or as a result of forfeiture.
2. For purposes of these Terms and Conditions, parcel shall be defined as a section, block and lot number.
3. All real property, including any buildings thereon, is sold "AS IS" and without any representation or warranty whatsoever as to the condition or title, and subject to: (a) any state of facts an accurate survey or personal inspection of the premises would disclose; (b) applicable zoning/land use/building regulations; (c) water and sewer assessments are the responsibility of the purchaser, whether they are received or not; (d) easements, covenants, conditions and rights-of-way of record existing at the time of the levy of the tax, the non-payment of which resulted in the tax sale in which City of Newburgh acquired title; and (e) for purposes of taxation, the purchaser shall be deemed to be the owner prior to the next applicable taxable status date after the date of sale.
4. The property is sold subject to unpaid school taxes for the tax year of 2016-2017, and also subject to all school taxes levied subsequent to the date of the City Council resolution authorizing the sale. The purchaser shall reimburse the City for any school taxes paid by the City for the tax year 2016-2017, and subsequent levies up to the date of the closing. Upon the closing, the properties shall become subject to taxation. Water and sewer charges and sanitation fees will be paid by the City to the date of closing.
5. **WARNING: FAILURE TO COMPLY WITH THE TERMS OF THIS PARAGRAPH MAY RESULT IN YOUR LOSS OF THE PROPERTY AFTER PURCHASE.** The deed will contain provisions stating that the purchaser is required to rehabilitate any building on the property and bring it into compliance with all State, County and Local standards for occupancy within (18) months of the date of the deed. Within such eighteen (18) month time period the purchaser must either: obtain a Certificate of Occupancy for all buildings on the property; make all buildings granted a Certificate of Occupancy before the date of purchase fit for the use stated in such Certificate of Occupancy; or demolish such buildings. The deed shall require the purchaser to schedule an inspection by City officials at or before the end of the eighteen (18) month period. If the purchaser has not complied with the deed provisions regarding rehabilitation of the property and obtained a Certificate of Occupancy or Certificate of Compliance by that time, then the title to the property shall revert to the City of Newburgh. The deed shall also provide that the property shall not be conveyed to any other person before a Certificate of Occupancy or Certificate of Compliance is issued. A written request made to the City Manager for an extension of the eighteen (18) month rehabilitation period shall be accompanied by a non-refundable fee of \$250.00 per parcel for which a request is submitted. The City Manager may, in his sole discretion and for good cause shown, grant one extension of time to rehabilitate of up to, but not to exceed, three (3) months. Any additional request thereafter shall be made in writing and placed before the City Council for their consideration.
6. Notice is hereby given that the properties are vacant and unoccupied. These parcels are being sold subject to the City's Vacant Property Ordinance and all provisions of law applicable thereto. At closing, the purchaser will be required to register the properties and remit the vacant property fee. It is the sole responsibility of the purchaser to redevelop such parcel in accordance with same.
7. All purchasers are advised to personally inspect the premises and to examine title to the premises prior to the date upon which the sale is scheduled to take place. Upon delivery of the quitclaim deed by the City of Newburgh to the successful purchaser, any and all claims with respect to title to the premises are merged in the deed and do not survive.
8. No personal property is included in the sale of any of the parcels owned by City of Newburgh, unless the former owner or occupant has abandoned same. The disposition of any personal property

located on any parcel sold shall be the sole responsibility of the successful purchaser following the closing of sale.

9. The City makes no representation, express or implied, as to the condition of any property, warranty of title, or as to the suitability of any for any particular use or occupancy. Property may contain paint or other similar surface coating material containing lead. Purchaser shall be responsible for the correction of such conditions when required by applicable law. Property also may contain other environmental hazards. Purchaser shall be responsible for ascertaining and investigating such conditions prior to bidding. Purchaser shall be responsible for investigating and ascertaining from the City Building Inspector's records the legal permitted use of any property prior to closing. Purchaser acknowledges receivership of the pamphlet entitled "Protecting Your Family from Lead in Your Home." Purchaser also acknowledges that he/she has had the opportunity to conduct a risk assessment or inspection of the premises for the presence of lead-based paint, lead-based paint hazards or mold.
10. The entire purchase price and all closing costs/fees must be paid by money order or guaranteed funds to the City of Newburgh Comptroller's Office on or before February 27, 2017. *The City of Newburgh does not accept credit card payments for the purchase price and closing costs/fees.* **The City is not required to send notice of acceptance or any other notice to a purchaser.** At closing, purchaser, as grantee, may take title as a natural person or as an entity wherein purchaser is an officer or managing member of said entity. The City Manager may, in his sole discretion and for good cause shown, grant one extension of time to close title of up to, but not to exceed, sixty (60) additional days. No request shall be entertained unless in writing, stating the reasons therefor, and unless accompanied by a fee of \$250.00 per parcel for which a request is submitted. The fee shall be in addition to all other fees and deposits and shall not be credited against the purchase price and shall not be returnable. Any additional request made thereafter shall be made in writing and placed before the City Council for their consideration.
11. In the event that a sale is cancelled by court order, judgment, the Comptroller or the Newburgh City Council, the successful bidder shall be entitled only to a refund of the purchase money paid with interest. Purchaser agrees that he shall not be entitled to special or consequential damages, attorney's fees, reimbursement for any expenses incurred as a result of ownership, improvements of property, or for taxes paid during period of ownership, and this agreement by the purchaser is a material condition of the sale.
12. Sale shall be final, absolute and without recourse once title has closed and the deed has been recorded. In no event, shall City of Newburgh be or become liable for any defects in title for any cause whatsoever, and no claim, demand or suit of any nature shall exist in favor of the purchaser, his heirs, successors or assigns, against City of Newburgh arising from this sale.
13. Conveyance shall be by quitclaim deed only, containing a description of the property as it appeared on the tax roll for the year upon which the City acquired title or as corrected up to date of deed. The deed will be recorded by the City upon payment in full of the purchase price, buyer's premium, and closing fees/costs. Possession of property is forbidden until the deed is recorded conveying title to the purchaser. **Title vests upon recording of deed.**
14. Upon closing, the City shall deliver a quitclaim deed conveying all of its right, title and interest in the subject property, which deed shall be drawn by the City Corporation Counsel. The City shall not convey its interest in any street, water, sewer or drainage easement, or any other interest the City may have in the property. The City shall only convey that interest obtained by the City pursuant to the judgment rendered in an *in rem* tax foreclosure action filed in the Orange County Clerk's Office.
15. The description of the property shall be from the City of Newburgh Tax Map reference or a survey description certified to the City of Newburgh and provided to the City Corporation Counsel by the purchaser at least ten (10) days in advance of closing title and approved by the City's Engineer.
16. Evictions, if necessary, are solely the responsibility of the successful bidder after closing and recording of the deed.
17. By acknowledging and executing these Terms & Conditions, the purchaser certifies that he/she is not representing the former owner(s) of the property against whom City of Newburgh foreclosed and has no intent to defraud City of Newburgh of the unpaid taxes, assessment, penalties and charges which have been levied against the property. The purchaser agrees that neither he/she nor his/her assigns shall convey the property to the former owner(s) against whom City of Newburgh foreclosed within 24

months subsequent to the auction date. If such conveyance occurs, the purchaser understands that he/she may be found to have committed fraud, and/or intent to defraud, and will be liable for any deficiency between the purchase price at auction and such sums as may be owed to City of Newburgh as related to the foreclosure on the property and consents to immediate judgment by City of Newburgh for said amounts.

Property Proposal Summary

Location: 387 Third (on the southeast corner of Fullerton)
Tax Map Number: 21-1-1
Property Class: 210 – One-Family Residence
Zoning: RL— Residential Low Density
Description: 2-story, cedar-shake, detached building. Year built: 1925; 1352sf lot size—30 x 100.
Condition: Poor
Assessed Value: \$ 65,100
Estimated Annual Taxes: \$ 3,417 +/-
Selling Price: \$ 19,530 @ 30%

The city acquired this property: October 2012

Offer Information:

Name: Joseph and Maria Afonso
Offer Price: **\$ 12,000**
Construction Estimate: \$ 72,000 +/- (not including in-kind fees of an additional 20%)
Proof of Financing: Key Bank, Citizens Bank accounts plus proceeds from house sale.

Comment: The purchaser owns several other properties in the City of Newburgh. Taxes and other municipal obligations are current as per the City of Newburgh tax office. There are no outstanding code violations on the other properties. The purchaser has good credit.

Like so many others, this property needs extensive repairs. It has been owned by the city for over four years. Our department has tried to get an owner-occupant purchaser but no qualified purchaser has come forward. This house occupies a prominent corner near Colonial Terrace. If it is restored—even by a non-occupant owner, it will create a significant positive impact on the surrounding neighborhood.

The purchaser is a contractor (Glenview Construction) who has successfully renovated several homes in the City of Newburgh. He lives nearby in the Town of Newburgh. The buyer plans to roll over the proceeds of the sale of another property (scheduled to close next month) into the rehabilitation of this property. He also has access to other funds—cash and a line of credit..





Interior Photos



Exterior Photos



Proposal Form

Contact Information:

Name: Joseph A. Fonso ^a Marion
Business Name (If Applicable): _____
Address: 14 Marino Dr.
City, State & Zip: Wellkill, NY 12589
Home phone: 845 566-5600
Business Phone: _____
Mobile Phone: 845 629-6234
E-mail: Joseph A. Fonso @ Yahoo. Com
Federal I.D. No. (If Available): _____

Property Ownership Information:

Do you own – as an individual, member of an LLC, partner in a partnership or officer in a corporation – any properties in the City of Newburgh? Yes X No _____

Are any of these properties vacant and/or currently listed on the City of Newburgh's Vacant Building Registry? Yes _____ (attach explanation) No X

Please list **all** of the addresses of properties you own in the City of Newburgh. Also indicate if any of these properties are vacant. (You may attach a list of the properties if the space below is inadequate.):

148	DuPont		
11	Liberty St	Flats	
13	Liberty St	Flats	
58-58	Dubois St.		

Are you current on all municipal obligations (taxes, water charges, etc.)?

Yes X No _____ (attach explanation)

☒ Verified (Internal Office Use Only); Date Verified 11/15/16

Do you have any outstanding code violations for properties owned in the City of Newburgh?

Yes _____ (attach explanation) No X

☒ Verified (Internal Office Use Only); Date Verified 11/15/16

Have you had a previous tax foreclosure on a property owned by you in the City of Newburgh? Yes _____ (attach explanation) No X

Individual Property Bid Sheet

Information on Bid Property:

(If you are bidding on more than one property, please submit a completed copy of this page for **each** bid property. Only one copy of the other pages in this application is required even if you are bidding on multiple properties.)

Property Address: 387 Third St.

S-B-L#: 21-1-1

Type of Project:

~~Single Family~~

_____ Multi-Family (# of Units_____)

____ Mixed Use (Commercial & Residential - # of Residential Units ____)

Will the property be occupied by the purchaser: Yes _____ No X

_____ Commercial _____ Industrial

_____ Vacant Land (Proposed Use: _____)

Offer Purchase Price: \$ 12,000.00

(An offer of at least the minimum purchase price is recommended. The "Offer Purchase Price" cannot be left blank.)

Does or will your proposal conform to existing zoning? Yes X No

Renovation Estimate - How much do you anticipate investing in this project for renovations? Please consider in your estimate that most vacant properties need significant repairs before they can be occupied again. This estimate can be revised once you have obtained entry to the property. A more detailed repair cost estimate will be required after interior access. Do not include renovation cost estimate in the "Offer Purchase Price" listed above: \$ 72,297.50

Who will be doing the work? X Self ___ Other (complete below)

Please keep in mind that the City of Newburgh requires electrical and plumbing work to be performed by City of Newburgh licensed electricians and plumbers.

General Contractor: SELF (GLW/ION CONST.)

Architect: _____

Engineer: _____

Examples of Purchaser's Previous Renovation or Development Experience:

(Alternatively, applicants can attach a list of renovated properties or development experience that contains the information listed below.)

Property/Project No. 1

Property/Project No. 2

Property Address: Please list all addresses (not merely project name). Include street number, street, city and zip code.	148 DuPont 56 DuPont 9 Liberty 13 Liberty	
Role (i.e. owner, partner, general contractor, architect, investor.)	Owner	
Type of Project: (i.e. new construction, existing building requiring substantial rehabilitation or moderate rehabilitation.)	Rehab	
Property Type: (i.e. single-family, multi-family rental or commercial.)	Single & Multi	
Number of Buildings in Project	4	
Total Number of Residential Units in Project/Building	9 Total	
If commercial, total square footage of project	—	
Total Estimated Development/Rehabilitation Costs	375,000	
Current Status of Building (Pre-development, under construction/renovation or completed - include date completed.)	Completed	
Government Program, if any (provide name of program and agency, name and current phone of reference.)	Self Funded	

Finances:

(Applicant should provide not only sources of funding for the purchase of the property but also sufficient funding for the rehabilitation and/or development of the property.)

I am providing:

- ☒ Personal Financial Statement
- ☐ Letter from Lender/Investor
- ☐ Personal or Business Bank Statement
- ☒ Evidence of project funding
- ☐ Developers should provide three years financial statements

What You Should Attach:

- o Description of renovation plan with preliminary budget
- o Verification of financial capacity
- o Explanation of any tax delinquency/code violations/vacant building (if applicable)

Business Relationship:

Have you had a "business relationship" as defined in Chapter 34, Article 2 (B) (2) of the municipal code, with any City elected official in the 12 months prior to the due date of this proposal? Yes _____ No X

INFORMATION RELEASE:

It is our intent that all personal financial information submitted with this proposal to the Department of Planning and Development shall be considered confidential. I hereby authorize the City of Newburgh Department of Planning and Development to obtain credit reports (by completing a PathStone Credit Report Authorization Form) and verify information supplied as part of this proposal. All information provided is true and accurate to the best of my knowledge.

Signature _____ Date 11-10-2016
Joseph Afonso Social Security # _____ Date of Birth: _____
 Print Name _____

Submit Application to:

Department of Planning & Development
City Hall – 83 Broadway
Newburgh NY 12550

**Proposed Detailed Cost Estimate For Rehab of 387 Third St.
Newburgh, NY 12550**

1. Electrical service for proposed 1 family street connection	\$ 2,400.00
2. Misc. interior electrical, HVAC connection, GFI outlets, running new outlets as required by code, outside lighting	\$ 2,400.00
3. Peeling lead paint abatement, interior	\$ 3,600.00
4. Plumbing, kitchen water/drain connection	\$ 2,600.00
5. Plumbing, bath connections, tub/shower, toilets	\$ 5,200.00
6. Replace gas fired boiler/ baseboard heating	\$12,200.00
7. Misc. interior walls repairing copper theft, int. doors	\$ 1,600.00
8. 14 replacement windows @ 200 each	\$ 2,800.00
9. Exterior doors with locksets, 3 @ 325 each	\$ 975.00
10. Interior painting	\$ 1,900.00
11. Exterior wood soffit repair, replicate existing	\$ 1,200.00
12. Exterior painting, soffits, window trim	\$ 800.00
13. Demo and remove shake style siding \$ 1,800.00	
14. Demo rear porch complete/dumping fee's	\$ 2,200.00
15. Replace with 8x24 PT deck	\$ 3,000.00
16. Hip roof over deck to match historical original	\$ 3,800.00
17. Complete vinyl siding, existing soffit to remain	\$ 6,800.00
18. Kitchen cabinets, tops \$ 3,600.00	
19. Bath flooring	\$ 1,750.00
20. Wood floor refinishing/ both floors	\$ 2,200.00
21. Deteriorated foundation repair/ exterior	\$ 2,100.00
22. Correct front porch sag/repair	\$ 800.00
23. Total estimate	\$65,725.00
 10% allowance for unforeseen conditions/hidden costs	 \$ 6,572.50
 Total construction costs with allowance	 <u>\$72,297.50</u>
 Construction managers fee's, 20% standard, absorbed by buyer	 \$14,459.50
Proposed property cost	\$12,000.00
 Proposed net cost of property rehab	 \$98,757.00

note:

This estimate is composed from a viewpoint of 100% of work performed
by outside contractors, at least 60% of work will be performed by owner

Dated November 8th, 2016
Joseph and Maria Afonso
14 Marino Dr.



KEYBANK
P.O. BOX 94955
CLEVELAND, OH 44101-4955

Account Number: [REDACTED]

*pd 8/29/16
off 325*



JOSEPH AFONSO
14 MARINO DR
WALLKILL, NY 12589-2840

Key Equity Options Account Statement

07/09/16 through 08/08/16

Summary of Account Activity	
*Previous Balance	\$174,742.88
Payments	\$1,400.00
Other Credits and Adjustments	\$0.00
Advances and Other Debits	\$0.00
Fees Charged	\$0.00
Interest Charged	\$477.32
*New Balance	\$173,820.20
Credit Limit	\$250,000.00
Available Credit	\$76,657.12
Past Due Amount	\$0.00
Statement Closing Date	08/08/16
Days in Billing Cycle	31

Payment Information	
*New Balance	\$173,820.20
Minimum Payment Due	\$1,199.57
Payment Due Date	09/02/16
Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may be assessed a late fee.	

Draw Period Information	
Draw Period End Date:	08/02/2027

* **Previous Balance and New Balance:** A Previous Balance and or New Balance with a minus sign (-) after it indicates a credit balance.

NOTE TO NEW CUSTOMERS: The FINANCE CHARGES or CLOSING COSTS financed as part of the first advance on the line are included in "Fees Charged", not in "Advances and Other Debits" OR "Interest Charged" totals.

Please see account transaction details for itemized charges.

If you are in Bankruptcy: To the extent your original obligation was discharged, or is subject to an automatic stay of bankruptcy under Title 11 of the United States Code, this statement is for compliance and/or informational purposes only and does not constitute an attempt to collect a debt or impose personal liability for such obligation. However, if you have a secured loan, KeyBank retains rights under its security instrument, including the right to foreclose its lien.

Please send Billing Inquiries and Disputed Balance communications to: KeyBank, P.O. Box 5788, Attn: Loan Client Services, Cleveland, OH 44101-0788.

Questions? For CUSTOMER SERVICE INQUIRIES, LOST or STOLEN CHECKS or CREDIT CARDS, CALL: 1-800-KEY2YOU.

For borrower assistance, call us at 1-800-982-1102 or visit us online at www.key.com/personal/resources/borrower-assistance.jsp

Any amount over the credit limit is immediately due and payable and is included in the "Minimum Payment Due"

Please detach this portion and return with your payment to insure proper credit. Retain upper portion for your records

No. [REDACTED]

Type of Account PASSBOOK SAVINGS
BRANCH 047 BANK 880

In Account with .

MARIA S AFONSO
JOSEPH AFONSO

This account is subject to the rules and regulations of the bank, as the same may be amended from time to time.



Personal accounts not transferable as defined in 12 CFR part 204.

Please verify entry before leaving window.

	DATE	WITHDRAWAL	DEPOSIT	INTEREST	BALANCE	TELLER
1	Mar 10 2016		*****2,506.57		*****58,894.14	NB
2	Mar 31 2016		*****0.48	*****58,894.62		NB
3	Apr 30 2016		*****0.49	*****58,895.11		NB
4	May 02 2016	*****1,150.00		*****60,045.11		E019728
5	May 16 2016	*****4,500.00		*****64,545.11		J052118
6	May 31 2016		*****0.52	*****64,545.63		NB
7	Jun 14 2016	*****5,400.00		*****59,145.63		J052118
8	Jun 30 2016		*****0.51	*****59,146.14		NB
9	Jul 08 2016	*****5,000.00		*****54,146.14		J052118
10	Jul 18 2016		*****439.00	*****54,585.14		J044833
11	Jul 31 2016		*****0.47	*****54,585.61		NB
12	Aug 31 2016		*****0.46	*****54,586.07		NB
NOTIFY BANK OF ANY CHANGE OF ADDRESS						
13	Sep 09 2016		*****470.00	*****55,056.07		J052118
14	Sep 14 2016	*****6,000.00		*****49,056.07		J053268
15	Sep 30 2016		*****579.58	*****49,635.65		E019728
16	Sep 30 2016		*****235.00	*****49,870.65		E019728
17	Sep 30 2016		*****0.42	*****49,871.07		NB
18	Oct 04 2016	*****3,910.00		*****45,961.07		J052118
19	Oct 07 2016		*****500.00	*****46,461.07		J026738
20	Oct 31 2016		*****0.40	*****46,461.47		NB
21	Nov 01 2016	*****2,000.00		*****44,461.47		J052118
22						
23						
24						



Citizens Bank

Notify bank immediately if passbook is lost or stolen.

Kohl, David

From: Afonso Joseph <joseph_afonso@yahoo.com>
Sent: Wednesday, November 09, 2016 1:18 PM
To: Kohl, David
Subject: Fw: Signing completed: 608 SE 31st St Offer.

Yes I do, its in the form of a receivable of 165,000 net proceeds from a property sale in the state of Florida, I have a closing date set for Dec 15, 2016, I've enclosed a copy of the contracts, I have no mortgage, so purchase price is 175k less 5% realtors commission leaving me about 165k net.

Click on the download documents below then contract of sale, I will print out a copy and bring it tomorrow. Thanks, Joe

Dec 15th receivable**"AS IS" Residential Contract For Sale And Purchase**

THIS FORM HAS BEEN APPROVED BY THE FLORIDA REALTORS AND THE FLORIDA BAR



PARTIES: JOSEPH AFONSO ("Seller"),
and WALTER E & BETSY J JAMESON ("Buyer"),

agree that Seller shall sell and Buyer shall buy the following described Real Property and Personal Property (collectively "Property") pursuant to the terms and conditions of this AS IS Residential Contract For Sale And Purchase and any riders and addenda ("Contract"):

1. PROPERTY DESCRIPTION:

- (a) Street address, city, zip: 608 SE 31ST ST CAPE CORAL FL 33904
(b) Property is located in: LEE County, Florida. Real Property Tax ID No.: 36-44-23-C3-00887.0040
(c) Real Property: The legal description is

CAPE CORAL UNIT 25 BLK 887 PB 14 PG 91 LOTS 4 + 5

together with all existing improvements and fixtures, including built-in appliances, built-in furnishings and attached wall-to-wall carpeting and flooring ("Real Property") unless specifically excluded in Paragraph 1(e) or by other terms of this Contract.

- (d) Personal Property: Unless excluded in Paragraph 1(e) or by other terms of this Contract, the following items which are owned by Seller and existing on the Property as of the date of the initial offer are included in the purchase: range(s)/oven(s), refrigerator(s), dishwasher(s), disposal, ceiling fan(s), intercom, light fixture(s), drapery rods and draperies, blinds, window treatments, smoke detector(s), garage door opener(s), security gate and other access devices, and storm shutters/panels ("Personal Property").
Other Personal Property items included in this purchase are:

Personal Property is included in the Purchase Price, has no contributory value, and shall be left for the Buyer.

- (e) The following items are excluded from the purchase:

PURCHASE PRICE AND CLOSING

2. PURCHASE PRICE (U.S. currency): \$ 175,000.00

- (a) Initial deposit to be held in escrow in the amount of (checks subject to COLLECTION) \$ 1,500.00

The initial deposit made payable and delivered to "Escrow Agent" named below
(CHECK ONE): (i) ☐ accompanies offer or (ii) ☒ is to be made within 3 (if left blank, then 3) days after Effective Date. IF NEITHER BOX IS CHECKED, THEN OPTION (ii) SHALL BE DEEMED SELECTED.

Escrow Agent Information: Name: FIDELITY NATIONAL TITLE

Address: 3515 DEL PRADO BLVD 105 CAPE CORAL FL 33904

Phone: 239-945-6790 E-mail: Fax:

- (b) Additional deposit to be delivered to Escrow Agent within (if left blank, then 10) days after Effective Date \$ 0

(All deposits paid or agreed to be paid, are collectively referred to as the "Deposit")

- (c) Financing: Express as a dollar amount or percentage ("Loan Amount") see Paragraph 8 175,000.00

- (d) Other: \$ 0

- (e) Balance to close (not including Buyer's closing costs, prepaids and prorations) by wire transfer or other COLLECTED funds \$ -1,500.00

NOTE: For the definition of "COLLECTION" or "COLLECTED" see STANDARD S.

3. TIME FOR ACCEPTANCE OF OFFER AND COUNTER-OFFERS; EFFECTIVE DATE:

- (a) If not signed by Buyer and Seller, and an executed copy delivered to all parties on or before 11/2/2016, this offer shall be deemed withdrawn and the Deposit, if any, shall be returned to Buyer. Unless otherwise stated, time for acceptance of any counter-offers shall be within 2 days after the day the counter-offer is delivered.

- (b) The effective date of this Contract shall be the date when the last one of the Buyer and Seller has signed or initialed and delivered this offer or final counter-offer ("Effective Date").

4. CLOSING DATE: Unless modified by other provisions of this Contract, the closing of this transaction shall occur and the closing documents required to be furnished by each party pursuant to this Contract shall be delivered ("Closing") on 12/15/2016 ("Closing Date"), at the time established by the Closing Agent.

Buyer's Initials

Page 1 of 12

Seller's Initials

J A

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Serial#: 022281-000145-6437058

formsimply

Agenda Item 5.

Authorizing the Execution of a Release of Covenants for 37 City Terrace

Resolution Authorizing the Execution of a Release of Restrictive Covenants and Right of Re-Entry from a Deed Issued to Stardust Realty, LLC to the Premises Known as 37 City Terrace (Section 29, Block 4, Lot 14). (Michelle Kelson)

ATTACHMENTS:

Description	Upload Date	Type
Authorizing the Execution of a Release of Covenants for 37 City Terrace	11/18/2016	Resolution Letter

RESOLUTION NO.: _____-2016

OF

NOVEMBER 28, 2016

**A RESOLUTION AUTHORIZING THE EXECUTION
OF A RELEASE OF RESTRICTIVE COVENANTS AND RIGHT OF RE-ENTRY
FROM A DEED ISSUED TO STARDUST REALTY, LLC
TO THE PREMISES KNOWN AS 37 CITY TERRACE
(SECTION 29, BLOCK 4 LOT 14)**

WHEREAS, on December 17, 2010, the City of Newburgh conveyed property located at 37 City Terrace, being more accurately described on the official Tax Map of the City of Newburgh as Section 29, Block 4, Lot 14, to Stardust Realty, LLC; and

WHEREAS, the City of Newburgh acquired title to 37 City Terrace by foreclosure *In Rem* pursuant of Article 11 Title 3 of the Real Property Tax Law of the State of New York; and

WHEREAS, pursuant to Section 1166 of the Real Property Tax Law the City may sell properties acquired by foreclosure *In Rem* at private sale; and

WHEREAS, by Resolution No.: 268-2016 of October 11, 2016, this Council authorized the sale of the property to Kent Diebolt; and

WHEREAS, the purchaser's title company has requested a release of the restrictive covenants contained in the aforementioned deed to Stardust Realty, LLC; and

WHEREAS, the purchaser's deed will include new covenants; and

WHEREAS, this Council believes it is in the best interest of the City of Newburgh and its further development to grant the request for a release of the covenants;

NOW, THEREFORE, BE IT RESOLVED, by the Council of the City of Newburgh, New York that the City Manager be and he is hereby authorized to execute the release, annexed hereto and made a part of this resolution, of restrictive covenants numbered 1, 2, 3, 4 and 5 of the aforementioned deed.

KNOWN ALL PERSONS BY THESE PRESENTS, that the City of Newburgh, a municipal corporation organized and existing under the Laws of the State of New York, and having its principal office at City Hall, 83 Broadway, Newburgh, New York 12550, in consideration of TEN (\$10.00) DOLLARS lawful money of the United States and other good and valuable consideration, receipt of which is hereby acknowledged, does hereby release and forever quitclaim the premises described as 37 City Terrace, Section 29, Block 4, Lot 14, on the Official Tax Map of the City of Newburgh, from those restrictive covenants numbered 1, 2, 3, 4 and 5 in a deed dated December 17, 2010, from the CITY OF NEWBURGH to STARDUST REALTY, LLC, recorded in the Orange County Clerk's Office on December 22, 2010, in Liber 13102 of Deeds at Page 1860 and does further release said premises from the right of re-entry reserved in favor of the City of Newburgh as set forth in said deed.

THE CITY OF NEWBURGH

STATE OF NEW YORK)
)ss.:
COUNTY OF ORANGE)

On the _____ day of _____ in the year 2016, before me, the undersigned, a Notary Public in and for said State, personally appeared MICHAEL G. CIARAVINO, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted; executed the instrument.

RECORD & RETURN TO:

Agenda Item 6.

Authorizing Release of Covenants for 58 Grove Street

Resolution Authorizing the Execution of a Release of Restrictive Covenants and Right of Re-Entry from a Deed Issued to MO Properties, LLC to the Premises Known as 58 Grove Street (Section 26, Block 7, Lot 16) (Michelle Kelson)

ATTACHMENTS:

Description	Upload Date	Type
Authorizing Release of Covenants for 58 Grove Street	11/18/2016	Resolution Letter

RESOLUTION NO.: _____-2016

OF

NOVEMBER 28, 2016

**A RESOLUTION AUTHORIZING THE EXECUTION
OF A RELEASE OF RESTRICTIVE COVENANTS AND RIGHT OF RE-ENTRY
FROM A DEED ISSUED TO MO PROPERTIES, LLC
TO THE PREMISES KNOWN AS 58 GROVE STREET
(SECTION 26, BLOCK 7, LOT 16)**

WHEREAS, on November 16, 2009, the City of Newburgh conveyed property located at 58 Grove Street, being more accurately described on the official Tax Map of the City of Newburgh as Section 26, Block 7, Lot 16, to MO Properties, LLC; and

WHEREAS, MO Properties, LLC, by their attorney, have requested a release of the restrictive covenants contained in said deed; and

WHEREAS, the appropriate departments have reviewed their files and advised that the covenants have been complied with, and recommend such release be granted; and

WHEREAS, this Council believes it is in the best interest of the City of Newburgh to grant such request;

NOW, THEREFORE, BE IT RESOLVED, by the Council of the City of Newburgh, New York that the City Manager be and he is hereby authorized to execute the release, annexed hereto and made a part of this resolution, of restrictive covenants numbered 1, 2, 3, 4, and 5 of the aforementioned deed.

**RELEASE OF COVENANTS AND
RIGHT OF RE-ENTRY**

KNOWN ALL PERSONS BY THESE PRESENTS, that the City of Newburgh, a municipal corporation organized and existing under the Laws of the State of New York, and having its principal office at City Hall, 83 Broadway, Newburgh, New York 12550, in consideration of TEN (\$10.00) DOLLARS lawful money of the United States and other good and valuable consideration, receipt of which is hereby acknowledged, does hereby release and forever quitclaim the premises described as 58 Grove Street, Section 26, Block 7, Lot 16 on the Official Tax Map of the City of Newburgh, from those restrictive covenants numbered 1, 2, 3, 4, and 5 in a deed dated November 16, 2009, from THE CITY OF NEWBURGH to MO PROPERTIES, LLC, recorded in the Orange County Clerk's Office on November 27, 2009 in Liber 12931 of Deeds at Page 1217 and does further release said premises from the right of re-entry reserved in favor of the City of Newburgh as set forth in said deed

Dated: _____, 2016

THE CITY OF NEWBURGH

By:

Michael G. Ciaravino, City Manager
Pursuant to Res. No.: _____

STATE OF NEW YORK)
)ss.:
COUNTY OF ORANGE)

On the ____ day of _____ in the year 2016, before me, the undersigned, a Notary Public in and for said State, personally appeared MICHAEL G. CIARAVINO, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted; executed the instrument.

RESOLUTION NO.: _____ - 2016

OF

NOVEMBER 28, 2016

**A RESOLUTION AUTHORIZING THE CITY MANAGER TO EXECUTE
AN AGREEMENT WITH THE COUNTY OF ORANGE
FOR REIMBURSEMENT OF FUNDS TO THE CITY OF NEWBURGH
WITH RESPECT TO CERTAIN URBAN RENEWAL PROJECTS
FOR THE PERIOD OF NOVEMBER 1, 2016 TO DECEMBER 31, 2017
IN AN AMOUNT NOT TO EXCEED \$15,000.00**

WHEREAS, the Orange County Department of Public Works (hereinafter "County") has provided the City of Newburgh (hereinafter "City") with an agreement, a copy of which is attached hereto and made a part hereof, to provide for the funding of certain urban renewal projects within the City for the period of November 1, 2016 to December 31, 2017; and

WHEREAS, the County shall provide the City a total sum not to exceed Fifteen Thousand (\$15,000.00) Dollars for the completion of certain urban renewal projects; and

WHEREAS, such funds shall be used exclusively for the acquisition, rehabilitation, improvements and otherwise implementing and completion of urban renewal projects within the City's limits; and

WHEREAS, this Council has reviewed the attached agreement and has determined that entering into such agreement would be in the best interests of the City of Newburgh and its further development;

NOW, THEREFORE, BE IT RESOLVED, by the Council of the City of Newburgh, New York that the City Manager be and he is hereby authorized to execute the attached agreement with the County of Orange to provide for a total sum not to exceed Fifteen Thousand (\$15,000.00) Dollars in order to obtain the available funding for certain urban renewal projects.

**INTER-MUNICIPAL AGREEMENT FOR
REIMBURSEMENT FOR URBAN RENEWAL PROJECTS**

This Agreement is made as of the _____ day of _____ 2016, and is entered into by the County of Orange (the "County"), a municipal corporation of the State of New York, with its principle offices at 255 Main Street, Goshen, New York 10924, and the City of Newburgh, a municipal corporation and City of the State of New York, with its principle offices at City Hall, 83 Broadway, Newburgh, New York 12550 ("City").

WITNESSETH

WHEREAS, the Parties agree that entering into this Inter-Municipal Agreement ("Agreement") will be in the best interest of both the County and the City; and

WHEREAS, entering into this Agreement is voluntary and will not be construed so as to interfere with or diminish the power or authority, of the County or the City.

NOW, THEREFORE, for good and valuable consideration, the receipt, existence and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. The County agrees to reimburse the City a not-to-exceed amount of Fifteen Thousand dollars (\$15,000.00), for expenditures made by the City on urban renewal projects ("Projects").

2. All Projects must be intended to support Phase 2 of repairs (purchase and installation of ADA compliant doors and for repairs and paint) to the 1842 Orange County Court House located at 123 Grand Street, Newburgh, NY 12550, and must be performed during the period from November 1, 2016, to December 31, 2017.

3. The County shall be obligated to reimburse the City upon receipt and approval of a payment request. Each payment request shall include an itemization of all Project expenditures made by the City during the period covered by the payment request, as well as a detailed statement of all work performed. The City shall also provide the County with copies of receipts, invoices, bills and/or other documentation evidencing the expenditures enumerated in the payment request. The County may request additional documentation in support of expenditures

made by the City so as to permit the County to fully evaluate the reasonableness of the charges. All such requests shall be reasonable in time and scope.

4. The City shall also provide with each payment request (a) a release of liens by subcontractors, laborers and/or material suppliers, and (b) a complete release from all relevant contractors, laborers and/or material suppliers. Further, the City shall provide a certification that (a) the Project has been completed, or (b) the City has expended the total sum made available by the County on the Project.

5. The County shall use its best efforts to make payment to the City within forty-five (45) days of receipt of a payment request and all other required documentation. The County shall not be restricted from withholding payment for cause, as determined solely by the County.

6. The City shall maintain separate and accurate books, records, documents and other evidence and accounting procedures and practices that sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this Agreement, or any Project performed utilizing the funds provided to the City pursuant to this Agreement.

7. The City shall retain all books, records and other documents relevant to this Agreement, or the funds provided the City pursuant to this Agreement, for six (6) years after the termination of this Agreement. The County, or any State and/or Federal auditors, and any other person or entity duly authorized by the County, shall have full access and the right to examine any of said materials during said period.

8. All provisions of Federal, State and local laws, rules, regulations and ordinances governing non-discriminatory practices; warranties against collusion; solicitation or procurement; warranties against conflicts of interest; ethics laws; confidentiality; fair practices; and any other legally imposed safeguard, shall apply to this Agreement, and all acts performed by the City relating to this Agreement.

9. This Agreement shall be binding upon, and inure to the benefit of, the County and the City, and to their respective successors and/or assigns.

10. This Agreement constitutes the complete and final expression of the terms of the Agreement between the Parties. No amendment to this Agreement shall be effective unless it is in writing and signed by the duly authorized representatives of both Parties. Unless otherwise specifically provided for therein, the provisions of this Agreement shall apply with all force and effect to the terms and conditions contained in any such amendment of this Agreement.

11. This Agreement shall be governed by, and construed in accordance with, the laws of the State of New York.

12. Any notice or communication required by this Agreement shall be sent via first class mail to:

For the County:

Christopher R. Viebrock, P.E.
Commissioner
Department of Public Works
P.O. Box 509
2455-2459 Route 17M
Goshen, New York 10924

For the City:

Michael G. Ciaravino
City Manager
City of Newburgh
City Hall, 83 Broadway
Newburgh, NY 12550

13. Each of the Parties has the right to designate additional or different recipients and/or addresses.

14. Neither party shall assign, transfer or otherwise dispose of any of its rights or obligations under this Agreement without the prior written approval of the other party. Any assignment without the prior written approval of the other party to the Agreement shall be void.

15. The County shall have no obligation to the City beyond the payment of funds in accordance with the terms and conditions of this Agreement.

16. Any legal suit, action or proceeding arising out of, or relating to, this Agreement shall be commenced in the Supreme Court, Orange County, and the Parties irrevocably submit to jurisdiction and venue of such court in any such suit, action or proceeding.

17. The Parties agree that the terms and conditions of this Agreement are the result of negotiations between the Parties and that this Agreement shall not be construed in favor of or against any party by reason of the extent to which any party or its professionals participated in the preparation of this Agreement.

18. This agreement does not create any partnership or agency relationship between the Parties.

19. This Agreement may be executed in any number of counterparts, each of which shall be considered an original for all purposes; provided, however, that all such counterparts shall together constitute one and the same instrument.

20. The Parties agree to execute any and all documents necessary to carry out the purposes underlying this Agreement and/or the intentions of the recitals listed herein.

21. The waiver by either party of a breach of any term or provision of this Agreement by the other party shall not operate or be construed as a waiver of any subsequent breach by either party.

22. The failure of the County or the City to enforce at any time any provision of this Agreement shall constitute a waiver of any such provision, or a waiver of a remedy that may be available for a breach. No condition of this Agreement shall be considered waived by the Parties unless such waiver is explicitly given in writing.

23. To the fullest extent permitted by law, the City agrees to defend, indemnify and hold harmless the County and County officials and employees against all claims, losses, damages, liabilities, costs or expenses (including, without limitation, reasonable attorney fees and costs of litigation and/or settlement), arising from any negligent or otherwise wrongful act or omission of the City that relates to the subject-matter of this Agreement.

24. The City shall provide proof of Workers' Compensation and Disability Coverage's as required by the New York State Worker's Compensation Board and same shall be attached to this Agreement.

25. Each signatory hereto represents and warrants that he/she is fully authorized by the party whom he represents to execute this Agreement on behalf of that party and to bind that party, and that all necessary and required authorizations have been received to allow the City to perform the services authorized by this Agreement.

[Remainder of Page Intentionally Left Blank; Signatures Follow]

IN WITNESS THEREOF, the Parties hereto have executed this Agreement as of the date set forth below..

County of Orange

City of Newburgh

Steven M. Neuhaus
County Executive

Michael G. Ciaravino
City Manager

Dated: _____

Dated: _____

STATE OF NEW YORK }
 } ss.:
COUNTY OF ORANGE }

On _____, 2016, before me, the undersigned, personally appeared Stefan ("Steven") M. Neuhaus, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person on behalf of which the individual(s) acted, executed the instrument.

Notary Public

STATE OF NEW YORK }
 } ss.:
COUNTY OF _____ }

On _____, 2016, before me, the undersigned, personally appeared Michael G. Ciaravino, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person on behalf of which the individual acted, executed the instrument.

Notary Public

RESOLUTION NO.: _____ - 2016

OF

NOVEMBER 28, 2016

**A RESOLUTION AUTHORIZING THE CITY MANAGER TO APPLY FOR AND
ACCEPT IF AWARDED A COMPREHENSIVE ADOLESCENT PREGNANCY
PREVENTION GRANT IN AN AMOUNT NOT TO EXCEED \$14,000.00 REQUIRING
NO CITY MATCH FROM THE PLANNED PARENTHOOD OF THE MID-HUDSON
VALLEY AS A SUBCONTRACTOR FOR THE NEW YORK STATE DEPARTMENT
OF HEALTH
TO ESTABLISH THE POSITIVE IMAGE TEEN PROGRAM**

WHEREAS, The New York State Department of Health (NYSDOH) is committed to funding community-based programs that serve youth, ages 10-21, living in underserved, under-resourced communities which develop and implement activities with the goal of improving opportunities for adolescents to develop and initiate positive health behaviors to prepare them for young adulthood; and

WHEREAS, Comprehensive Adolescent Pregnancy Prevention (CAPP) programs are strongly encouraged to serve youth populations, ages 10-21 that lack social and economic opportunities to enable them to develop to their full potential and focus on performance standards which include reducing the adolescent pregnancy rate and the rate of unintended pregnancy by practicing health promoting behaviors/reduce risk behavior; increase the percentage of adolescents who receive preventive reproductive health care services; increase the percentage of adolescents who live in supportive and cohesive communities by promoting home and community environments that support health, safety, physical activity and healthy food choices; and increase supports to address the special needs of adolescents; and

WHEREAS, the City of Newburgh wishes to apply for and accept if awarded from Planned Parenthood of the Mid-Hudson Valley as a subcontractor for the NYSDOH CAPP Grant in an amount not to exceed \$14,000.00 with no City matching funds required; and

WHEREAS, the City of Newburgh Recreation Department will use the funding to implement the Positive Image Teen Program; and

WHEREAS, the Positive Image Teen Program is comprised of two 10-week sessions (Fall/Spring) designed to promote health and personal development for high school aged youth and incorporates developmentally appropriate, collaborative learning strategies to help students achieve competency in the skills that have been shown to prevent substance use, violence, and other health risk behaviors; and

WHEREAS, the program will serve as a safe place for teens to socialize, play games, participate in physical activities in the gym and on numerous athletic fields, and enrichment programs will be available for participants interested in improving themselves academically with classes designed to strengthen their abilities in personal self-management skills; general social skills; drug resistant skills; financial management; culinary arts; and physical fitness; and

WHEREAS, this Council has determined that applying for and accepting said grant if awarded is in the best interests of the City of Newburgh and its youth;

NOW, THEREFORE, BE IT RESOLVED, by the Council of the City of Newburgh, New York that the City Manager be and he is hereby authorized to apply for and accept if awarded a Department of Health Comprehensive Adolescent Pregnancy Prevention Grant in an amount not to exceed \$14,000.00 requiring no City match from the Planned Parenthood of the Mid-Hudson Valley as a subcontractor for the New York State Department of Health to establish the Positive Image Teen Program; and to execute all such further contracts and documentation and take such further actions as may be appropriate and necessary to accept such grant and administer the programs funded thereby.

ADDENDUM # 2

RFA # 1508281104 / Grants Gateway # DOH01-CAPP1-2015 New York State Department of Health

*Center for Community Health/Division of Family Health
Bureau of Women, Infant and Adolescent Health*

Request for Applications

Comprehensive Adolescent Pregnancy Prevention (CAPP) 4/26/16

The following has been updated/modified in the RFA. Strike-through indicates deleted text; underlined text is new.

Revised instructions for entering the performance measure and a revised Attachment 12

RFA Page 28, V., A, 7 and page 63

AMENDED TO:

This RFA has a Grant Opportunity Defined work plan set in the Grants Gateway. The Objectives and Tasks cannot be removed from the work plan. The applicant will adhere to the implementation of work plan activities per the standardized work plan. In the Task Work Plan Properties section of the Grants Gateway on line application, to enter a performance measure, click on the view/add button under performance measures. This will bring up a new screen that has 2 boxes. The first box is called Performance Measure Name; enter the Task number as listed in the revised Attachment 12 (contained in this addendum – Pages 3-5) in the box. For the second box called Narrative enter the following statement: “The applicant agrees to complete the performance measures as listed in the revised Attachment 12 of the RFA.” please include the required performance measures for each work plan objective as listed in Attachment 10. Please note, the performance measures may not necessarily match each task listed in the work plan. However, due to system limitations this is the preferred option for entering the required performance measures.

Grants Gateway – Work Plan Properties

Grant Opportunity Defined Objectives and Tasks

Correction to Objective Selection: Component 1 Ensure access to services (Required Activity)

“Require an Upload for Performance Measures” was inadvertently set to “Yes”. No upload is required. The requirement cannot be changed to “No” once an opportunity is live in the system.

The Department is instructing applicants to upload a single page document with the following statement typed:

“Per the Department of Health, no required upload is necessary here.”

WORK PLAN PERFORMANCE MEASURES

RFA # 1508281104/ Grants Gateway # DOH01-CAPP1-2015 *Comprehensive Adolescent Pregnancy Prevention (CAPP)*

The performance measures listed below correspond to the objectives and tasks in the Work Plan document provided in the Grants Gateway. Please select all performance measures as written below and enter them into the work plan document in the column titled Performance Measures based on the designated Performance Standard/Tasks.

Objective Name: Component 1 Ensure access to services (Required Activity)

Objective Description Increase the percentage of adolescents who receive preventive reproductive health care services. Ensure access to confidential reproductive health and family planning services for adolescent

Task and Performance Measure:

Task 1: Using the information from the community assessment, identify specific factors and barriers that impede youth access to confidential reproductive health and family planning services in priority communities.

Performance Measure: Number of adolescents who received referrals for preventive health care services.

Objective Name: Component 1 Implement Sexual Health Education (Required Activity)

Objective Description Implement comprehensive, evidence-based, age appropriate sexual health education

Tasks and Performance Measures:

Task 1: Select evidence-based programs (EBPs) from Attachment 4 that are appropriate for the selected population(s).

Performance Measure: Although this is a required activity no performance measure is necessary.

Task 2: Recruit EBP sites. Meet with key officials to explain all of the components of the EBP. Execute written agreements with these sites to obtain their agreement that all components of EBP(s) are implemented with fidelity.

Performance Measure: Although this is a required activity no performance measure is necessary.

Task 3: Ensure that EBPs meet the needs of the priority population(s), to include: culture, ethnicity, race, religion, language, ability, gender, and sexual orientation. Youth are defined as individuals between the ages of 10 – 21 years of age.

Performance Measure: Percent of youth attending EBPs who will complete at least 75% of the EBP sessions.

Task 4: Ensure that any adaptations that are needed for implementing EBPs are approved by the ACT COE prior to EBP implementation.

Performance Measure: Although this is a required activity no performance measure is necessary.

Task 5: CAPP organization hires qualified Health Educators that meet minimum standards as listed in Attachment 2 of RFA and ensure that educators who deliver the EBP(s) have the experience and knowledge to implement the EBP with fidelity.

Performance Measure: Although this is a required activity no performance measure is necessary.

Task 6: Health Educators complete mandatory trainings prior to implementation of EBPs and participate in CAPP monthly calls with DOH and attend COE webinar/training activities.

Performance Measure: Percent of Health Educators that have finished the mandatory trainings prior to implementation of EBPs.

Performance Measure: Total number of attended CAPP monthly calls with DOH and attendance of COE webinar/trainings and other activities.

Task 7: Complete evaluation tools following EBP implementation and submit to ACT COE.

Performance Measure: Percent of EBP fidelity checklists and other evaluation tools that are completed following implementation of EBP(s) and will be submitted electronically to the ACT COE within two weeks of the last session.

Task 8: CAPP organization hires qualified Health Educator Supervisor that meets minimum standards as listed in Attachment 2 of RFA. Provide supervision for 4-6 health educators. Ensures that Health Educators who deliver the EBP(s) have the experience and knowledge to implement the EBP with fidelity.

Performance Measure: Although this is a required activity no performance measure is necessary.

Task 9: Conduct observation of all CAPP educators implementing EBPs at least twice a year. Provides guidance and direction for improvement, as needed. Serve as principle representative in targeted communities to provide community and public education and awareness of family planning services.

Performance Measures: Number of observations that are completed for Health Educators using tool developed by DOH/ACT COE biannually. *Note: Additional observations are done if improvement is needed. Observations are available for review by DOH.*

Task 10: Identify venues for delivery of EBPs including reviewing all components of the EBP with appropriate site officials and secures their commitment to implement program with fidelity.

Performance Measure: Although this is a required activity no performance measure is necessary.

Objective: Component 1 Parent education strategies (Optional Activity)

Objective Description: Implement evidence-based or best practice parent education strategies to improve parent child communication on sexual health topics that include education on contraception.

Task and Performance Measure:

Task 1: Identify evidence-based or best practice strategies to improve knowledge and communication skills related to adolescent sexual health, sexual health behaviors and family planning.

Performance Measure: Number of parents receiving evidence-based or best practices parent education activities on how to talk with their teens about sexual health and family planning.

Objective: Component 2 Increase Supports

Objective Description: Increase supports to address the special needs of adolescents

Task and Performance Measure:

Task 1: Create relationships in the community to develop a mechanism for referrals for youth for services outside the scope of the CAPP initiative.

Performance Measure: Number of referrals of youth to obtain comprehensive family planning services, health services or other essential support services as needed.

Objective: Component 2 Home and Community

Objective Description: Increase the percentage of adolescents who live in supportive and cohesive communities by promoting home and community environments that support health, safety, physical

activity and healthy food choices

Tasks and Performance Measure:

Task 1: Develop programs that create opportunities for youth in a supportive environment to develop and practice life skills, have a positive effect on their overall development and well-being and help them meet future successes.

Performance Measure: Number of events held that are responsive of priority population needs.

Task 2: Develop activities that will be implemented to meet the objectives of Performance Standard 4 and/or Performance Standard 5.

Performance Measure: Number of youth who are referred when needed to services within their communities for physical, social, emotional, educational, and developmental support and service.

ADDENDUM # 1

RFA # 1508281104/ Grants Gateway # DOH01-CAPP1-2015

New York State Department of Health
Center for Community Health/Division of Family Health
Bureau of Women, Infant and Adolescent Health

Request for Applications

Comprehensive Adolescent Pregnancy Prevention (CAPP)
4/6/16

The following has been updated/modified in the RFA. Strike-through indicates deleted text; underlined text is new.

Due to unforeseen circumstances, the applicant conference call scheduled for April 5, 2016 had to be canceled. It has been rescheduled to April 19, 2016. This necessitated other key dates to be extended (see below).

RFA Page 1, Amended Key Dates

AMENDED TO:

Questions Due:	April 5, 2016 <u>April 19, 2016</u>
Applicant Conference Registration Deadline:	April 4, 2016 <u>April 18, 2016</u>
Applicant Conference	April 5, 2016 <u>April 19, 2016</u>
Questions, Answers and Updates Posted (on or About)	April 19, 2016 <u>May 3, 2016</u>
Applications Due:	May 4, 2016 <u>May 18, 2016</u> by 6:00 PM

RFA Page 14, IV., D, Applicant Conference

AMENDED TO:

An applicant conference call **will** be held for this project, on ~~April 5, 2016~~ **April 19, 2016** at 10:00AM. Applicants are directed to call: ~~1-844-633-8697~~ **1-866-776-3553**, then press the participant code: ~~19174739~~ **34295438**, then # to participate in this call. The Department requests that potential applicants register for this conference by sending an e-mail to capprfa@health.ny.gov with the subject line of CAPP Applicant Conference, to insure that adequate accommodations be made for the number of prospective attendees. A maximum number of two representatives from each prospective applicant will be permitted

to participate in the applicant conference if calling from different phones. Failure to participate in the applicant conference call will not preclude the submission of an application. Deadline for reservations is posted on the cover page of this RFA.

Grants Gateway – Work Plan Properties

Grant Opportunity Defined Objectives and Tasks

Correction to Objective Selection: Component 1 Ensure access to services (Required Activity)

“Require an Upload for Performance Measures” was inadvertently set to “Yes”. No upload is required. The requirement cannot be changed to “No” once an opportunity is live in the system.

The Department is instructing applicants to upload a single page document with the following statement typed:

“Per the Department of Health, no required upload is necessary here.”

RFA # 1508281104/ Grants Gateway # DOH01-CAPP1-2015

New York State Department of Health
Center for Community Health/Division of Family Health
Bureau of Women, Infant and Adolescent Health

Request for Applications

Comprehensive Adolescent Pregnancy Prevention (CAPP)

KEY DATES

Release Date:	March 18, 2016
Letter of Interest/Intent Due:	March 29, 2016
Questions Due:	April 5, 2016
Applicant Conference Registration Deadline:	April 4, 2016
Applicant Conference:	April 5, 2016
Questions, Answers and Updates Posted (on or about):	April 19, 2016
Applications Due:	May 4, 2016 by 6:00 PM
DOH Contact Name & Address:	Eric Zasada Bureau of Women, Infant and Adolescent Health New York State Department of Health Room 859, ESP Corning Tower Albany, N.Y. 12237 CAPPRA@health.ny.gov

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I. Introduction

This Request for Applications (RFA) represents the continued commitment of the New York State Department of Health (NYSDOH) to support comprehensive programming that fosters the prevention of adolescent pregnancy, sexually transmitted diseases (STDs) and Human Immunodeficiency Virus (HIV); and aligns with NYSDOH's Title V Maternal and Child Health priorities for adolescent health.

The NYSDOH is committing public health resources to communities with the highest need where impact will be greatest to improve population health outcomes and improve health equity. To accomplish this, the Comprehensive Adolescent Pregnancy Prevention (CAPP) RFA incorporates key guiding principles within a comprehensive public health framework to promote health and opportunities in communities for NYS adolescents. These principles include: a performance management approach to measure, monitor, and improve health outcomes; the social ecological model approach, which recognizes health as a function of individuals and the environments in which they live; and a youth development approach that provides support and opportunities for young people within communities to enable them to develop to their full potential.

A. Adolescent Pregnancy and Sexual Health

New York State (NYS) has been a leader in adolescent pregnancy prevention efforts and has made significant progress in reducing teen pregnancy. NYS's teen pregnancy rate has declined by 61% from its peak in 1993 of 95.3 pregnancies per 1,000 15 to 19 year olds to 36.8 in 2013 (most recent data available). Consistent with national trends, NYS continues to have racial/ethnic and regional disparities in adolescent pregnancy rates. Although these rates have also declined over time, Black and Hispanic teen rates are nearly five times higher than White teens.

The sexual health outcomes for adolescents are impacted by the social determinates of health, or the conditions in which they are born, live, work and mature. There are five major categories of the determinants of health: social environment, biology and genetics, physical environment, individual behavior and access to health services.¹ Inequities among one or more of these determinants may impact the health outcome of individuals and/or entire communities. This funding opportunity attempts to impact these inequities through improving access to medically accurate information and quality health services, and providing supportive services and opportunities to meet the unique needs of New York State's adolescents.

The social ecological model recognizes health as a function of individuals and the environments in which they live – including family, peer, neighborhood, work place, community and societal influences. It identifies and addresses health determinants at multiple ecologic levels to strengthen individual knowledge and skills; enhance social networks and supports; change organizational practices; mobilize communities; and influence policy.² Understanding these factors is necessary for influencing behavioral change and identifying teens who are residing in underserved, under-resourced communities.

¹ Centers for Disease Control and Prevention. Social Determinants of Health. Available at: <http://www.cdc.gov/socialdeterminants/definitions.html>. Retrieved November 2, 2014

² Centers for Disease Control and Prevention, "The Social-Ecological Model: A Framework for Prevention," <http://www.cdc.gov/ViolencePrevention/overview/social-ecologicalmodel.html>, last accessed April 10, 2012

A key factor in promoting positive sexual health outcomes is improving a teen's sense that they have opportunities to achieve their full potential, thereby delaying early childbearing. The CAPP initiative strives to implement the dual strategy of building protective factors and reducing risk factors that are necessary for optimal transition through adolescence into a healthy, productive, connected young adulthood.

B. Purpose

The NYSDOH is issuing this RFA to announce the availability of approximately \$20 million to fund 40-50 eligible organizations to implement the CAPP initiative in neighborhoods/communities that lack sufficient resources in NYS. This initiative supports comprehensive interventions and services that rely on available research evidence to inform and guide practice. The purpose of the CAPP initiative is to improve sexual health and other health outcomes for adolescents; promote preventive health care services including reproductive health and family planning services for adolescents; support social-emotional development, health and healthy relationships for adolescents; support home and community relationships and environments that support health; and to decrease disparities in all core outcomes among NYS adolescents.

CAPP programs are strongly encouraged to serve youth populations, ages 10-21 that lack social and economic opportunities to enable them to develop to their full potential. This would include youth from racial and ethnic minorities, all youth from socioeconomically disadvantaged communities, and/or otherwise have special circumstances such as youth living in foster care; youth who are homeless; youth involved in the juvenile justice system; and other youth. The needs of lesbian, gay, bisexual, transgender, and questioning youth need to be considered and organizations need to identify how their programs will be inclusive of and non-stigmatizing toward such participants.

CAPP community-based programs are part of the statewide adolescent prevention initiatives that utilize a youth development framework (refer to http://www.actforyouth.net/youth_development) and implement evidence-based practices in order to promote health in communities that lack resources and opportunities. CAPP programs will be located in areas with high need as identified by the Adolescent Sexual Health Needs Index (ASHNI, see Attachment 1). Using this information, applicants are expected to serve ZIP codes that have the highest ASHNI scores. The ASHNI is an indicator, calculated at the ZIP code level, to provide a single, multidimensional measure related to adolescent pregnancy and STDs. The ASHNI takes into consideration a variety of key factors related to these outcomes, including the size of the adolescent population, actual burden (number) of adolescent pregnancies and STD cases; and a number of specific demographic and community factors (education, economic, and race/ethnicity indicators) that are associated with sexual health outcomes.

Counties in NYS have been assigned to one of seven regions (see Table 1). Applicants can request annual funding up to the maximum award amount based on the service delivery area in the proposed counties/regions for the anticipated period of funding from 1/1/2017 through 12/31/2021 (see Table 1). The requested funding needs to be consistent with the scope of services proposed, and be reasonable and cost effective. At least 85% of Component One funding must be for costs attributed to offering and arranging of family planning services as described in Attachment 11.

Applicants who choose to apply for Component Two funding may apply for additional funding up to, but not exceeding, 35% of their requested amount in Component One.

PLEASE NOTE: Separate applications must be completed if applying for more than one region.

Table 1

Region	Counties	Component One Funding Range	Component Two Funding Range (up to 35% of Component One)
1	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	\$200,000-\$550,000	\$70,000-\$192,500
2	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	\$200,000-\$550,000	\$70,000-\$192,500
3	Broome, Cayuga, Chenango, Cortland, Jefferson, Lewis, Madison, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	\$200,000-\$550,000	\$70,000-\$192,500
4	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Montgomery, Oneida, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	\$200,000-\$550,000	\$70,000-\$192,500
5	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	\$200,000-\$550,000	\$70,000-\$192,500
6	Bronx, Kings, New York, Queens, Richmond	\$300,000-\$550,000	\$105,000-\$192,500
7	Nassau, Suffolk	\$200,000-\$550,000	\$70,000-\$192,500

II. Who May Apply

A. Minimum Eligibility Requirements

- Applications will only be accepted from New York State local government entities such as city and county health departments, school districts, and youth bureaus; and from not-for-profit 501(c)(3) organizations, including, but not limited to, Article 28 healthcare providers, community-based health and human service providers, and local health and human service agencies.
- Applicants not approved under Article 28 of the NYS Public Health Law (PHL) to provide family planning services, must submit a letter with a referral arrangement from one or more family planning providers serving the priority community stating their intent to collaborate with the CAPP applicant organization to accept the contractor's referrals for Medicaid patients and able to provide a full range of medical family planning services.
- Applicants must propose to serve youth in ZIP codes with a combined ASHNI (see Attachment 1) score of 200 or greater.
- Applicants must choose a region to serve.
- If applicants are applying for more than one region (Section I, B. Purpose) separate applications for each region must be submitted. Each application will be scored separately and ranked for selection in the specific region.
- Applications failing to provide all required application sections will be removed from consideration.

B. Project Requirements:

By signing the Statement of Assurances, Attachment 3, applicants are attesting to the following project requirements:

- Awardees are expected to meet the staff health education standards listed in Attachment 2.
- Applicants will need to ensure that programming is held in fully accessible spaces and project modifications and accommodations for participants with disabilities are ascertained and provided.
- Applicants will need to ensure that all youth will be eligible to participate in program services without regard to race, ethnicity or sexual identity.
- All awardees will be required to participate in state evaluation requirements, and must give their assurance that they will participate.
- Applicants will need to ensure that youth are referred as needed to other providers of health care services (e.g., substance abuse, alcohol abuse, tobacco cessation, reproductive health and family planning services, mental health issues, intimate partner violence), local public health and social service agencies, hospitals, voluntary agencies, and health or social services supported by other Federal programs (e.g., Medicaid, SCHIP, TANF) or State/local programs.
- Applicants must ensure that professional and legal standards of client confidentiality is strictly maintained per Public Health Law.

In addition, applicants are also required to meet the following:

- Applicants will need to ensure that all evidence-based programs (EBPs) conducted with CAPP funds be implemented with fidelity.³ All elements of EBPs that are being implemented using CAPP funds have to be implemented in their entirety. No component that is part of the core curriculum can be changed or removed. If condom demonstrations are part of the EBP, then this component cannot be removed. See Attachment 4 for information on approved EBPs.
- Applicants will be required to execute written and signed agreements with the organizations (schools, foster care agencies, youth detention facilities, community-based organizations, etc.) where they plan to implement EBPs. The curriculum should be reviewed with the appropriate official at the selected venue to obtain their agreement in writing to ensure that all components of EBP(s) are implemented with fidelity.
- Applicants will need to identify if the organization receives additional state and/or Federal funding for teen pregnancy prevention. The type of services and location for program activities will need to be stated.
- Applicants, if awarded, will submit the required biannual reports to the NYSDOH within 30 days of the completion of their reporting period as outlined in Section IV, H. 3. of the RFA.
- Applicants, if awarded, give access to the NYSDOH to conduct visits as necessary.
- Applicants, if awarded, will report to the NYSDOH, Adolescent Health Unit, to the attention of Eric Zasada at: capp@health.ny.gov any changes in services, the designated contact person, staffing levels, space, or CAPP venues.

III. Project Narrative/Work Plan Outcomes

³ Fidelity refers to the degree to which an intervention is delivered as designed; that is, how well the program is implemented without compromising its core content which is essential for the program effectiveness.

The NYSDOH is committed to funding community-based programs that serve youth, ages 10-21, living in underserved, under-resourced communities. Funded programs are expected to develop and implement activities with the goal of improving opportunities for adolescents to develop and initiate positive health behaviors to prepare them for young adulthood. Applicants are expected to develop and implement specific activities based on the developmental, socio-economic, racial, ethnic and cultural needs and perspectives of the population(s) to be served, and the resources and needs of the priority communities. Topics, messages and teaching methods should be suitable to specific age groups of youth, based upon varying capacities of cognitive, emotional and behavioral development. Programs need to describe informational and supportive activities where impact will be greatest to improve population health outcomes and equity.

A. Performance Management

Performance management is the practice of actively using performance data to improve the public's health.⁴ Performance management centers on a clear and focused approach to improving outcomes and the strategic use of performance standards to guide the development and implementation of improvement strategies. Performance standards are generally accepted, objective standards of measurement against which a grantee's level of performance can be compared; the standards establish the level of performance expected. Collectively, these performance standards serve to describe specific, tangible processes and outcomes that need to be accomplished through this particular initiative.

The CAPP performance management framework includes four performance standards. These performance standards contribute to the achievement of the primary goals of improved key population health outcomes including reducing adolescent pregnancy, STDs/HIV in the proposed community(ies).

The implementation of strategies for the CAPP initiative will focus on adolescents and address the following performance standards:

- Reduce the adolescent pregnancy rate and the rate of unintended pregnancy by practicing health promoting behaviors/reduce risk behavior;
- Increase the percentage of adolescents who receive preventive reproductive health care services;
- Increase the percentage of adolescents who live in supportive and cohesive communities by promoting home and community environments that support health, safety, physical activity and healthy food choices;
- Increase supports to address the special needs of adolescents

Applicants have the flexibility to propose specific strategies using the references and resources given in Attachment 5 that they determine will be most effective to improve the health of adolescents in the context of the strengths and capacity of the priority communities. Using the social ecological model for performance standards, all applicants are required to propose and implement strategies to address factors at the ecological levels they identify as most appropriate to improve outcomes.

During the first project year, funded projects will engage in implementation of the Community Readiness Model (CRM) to involve communities in a more efficient and focused way through use of community action teams around a particular topic area, rather than through community councils or coalitions. This model will allow providers to lay the groundwork for successful implementation of program activities in

⁴Turning Point Performance Management Collaborative, <http://www.turningpointprogram.org/Pages/perfmgt.html> last accessed April 9, 2012.

venues and in communities, and to plan for more effective community outreach. (See http://www.actforyouth.net/sexual_health/community/. The ACT for Youth Center of Excellence (ACT COE) will provide training on this model for organizations that have been awarded funding within the first six months of year 1. All funded programs will be required to send appropriate staff to attend the training.

B. Program Components

CAPP includes two components, with activities for the required Component One focused on comprehensive adolescent sexual health education and ensuring access to reproductive health care and family planning services. Activities for the optional Component Two focus on multi-dimensional (educational, vocational, economic and recreational) opportunities for adolescents to provide alternatives to sexual activity and to develop skills that can support a successful transition into healthy young adulthood. Applicants need to apply for the required performance standards under Component One and can also choose to implement the optional activity for Component One. Applicants can choose to apply for Component One only, however they also have the option of applying for Component Two. Applicants cannot choose to apply for Component Two only.

Component One

Performance Standard 1: Reduce the adolescent pregnancy rate and the rate of unintended pregnancy by practicing health promoting behaviors/reduce risk behavior.

(Required Activity) - Implement comprehensive, evidence-based, age-appropriate sexual health education.

Comprehensive sexual health education provides adolescents with the information and skills they need to make healthy decisions related to their sexual health. Providing sexual health education through EBPs is an effective way to support youth in making these decisions. For teens who are already having sex, EBPs can help them understand the risks of pregnancy, STDs and HIV and how to protect themselves. For those who are not yet having sex, EBPs have been shown to delay sexual initiation.⁵ The evidence shows that youth who receive comprehensive sex education are more likely to delay sexual activity.

Note: Applicants need to select one or more EBPs from Attachment 4 that best meets the needs of the priority population(s) to be served.

*Applicants can request to use promising comprehensive adolescent sexual health education programs (not currently listed in Attachment 4) to meet the needs of specific population(s) that they plan to serve, if the EBPs included in Attachment 4 do not meet the needs of youth they will be serving. Requests to use such programs need to be reviewed by the ACT COE prior to submission of the application. **Please send the request along with the description of the promising program to the ACT COE via e-mail by April 4, 2016 to: act4youth@cornell.edu**. Subject line should read, “Promising Program Request.” The COE will assess the program’s level of evidence using the 17 Characteristics of Highly Effective Programs, which can be found at: <http://www.health.state.mn.us/divs/idepc/dtopics/stds/stded.pdf>. The COE will respond to the applicant within one week of receiving a request. The COE will provide a letter of approval for those*

⁵ Science and Success – Programs That Work To Prevent Teen Pregnancy, HIV and Sexually Transmitted Infections In The United States, Advocates for Youth, 2008.

alternate curricula that meet these requirements. This letter needs to be submitted with the application and uploaded as an attachment in the Grants Gateway.

- The use of incentives to encourage attendance at EBPs is permitted as long as the proposed incentives are within the requirements listed in Attachment 6. Incentives may be used for EBPs conducted in out-of-school settings and/or after-school settings.
- Food for youth attending EBPs and/or other CAPP programming is also an allowable operating expense. Food may be used in out-of-school settings and/or after-school settings.
- Applicants that identify a need to include education on adolescent development, and/or anatomy, prior to implementation of EBP(s) may propose to do so in their application. The additional session(s) would need to be negotiated with the EBP implementation sites to allow for the additional timeframe involved prior to submission of the application.
- Once the successful applicant is notified of their award under this RFA, NYSDOH and the ACT COE will collaborate with the successful applicant to implement their selected EBP(s). Any potential adaptations that may need to be made to EBP(s) will be done in consultation with and approval from the ACT COE prior to implementation of EBP(s) and be consistent with guidelines on project adaptation from the Administration on Children and Families, Centers for Disease Control and Prevention (CDC) and Healthy Teen Network. If adaptations are proposed, successful applicants will need to provide a justification or rationale for any proposed adaptations.
- All funded programs will be required to participate in the implementation of pre- and post-tests that will be provided by the ACT COE.

(Optional Activity) - Implement evidence-based or best practice parent education strategies to improve parent child communication on sexual health topics that include education on family planning.

Research has demonstrated that increased parent-child communication related to sexual health topics, and connectedness are protective factors for adolescent sexual behavior. There are education programs (see Attachment 5) that have been effective in improving parent-child communication and connectedness, which have led to improved sexual health outcomes. Person to person interventions with parents have been shown to help increase the capacity of adults to talk with their children leading to a positive influence on sexual protective and risk behaviors.

Parents, caregivers and other adults in the community often need effective strategies in order to begin a dialogue related to sexual matters with youth. Applicants can propose to incorporate education for parents/caregivers in order to provide improved knowledge and communication skills related to adolescent sexual health, and family planning.

Potential strategies/activities can include:

- Implement an adult role model parent/parent peer education program designed to provide parents with the information and skills they need to become the primary sexuality educators of their children. This education should include family planning.
- Implement evidence-based or promising parent education program(s) that have been shown to improve parent child communication on sexual health topics, including family planning.

Performance Standard 2: Increase the percentage of adolescents who receive preventive reproductive health care services.

(Required Activity) - Ensure access to confidential reproductive health and family planning services for adolescents.

Through their community assessments, applicants will need to identify specific factors and barriers that impede youth access to confidential reproductive health and family planning services within their selected priority communities. Improvement strategies should be designed to increase awareness of, and access to timely and ongoing reproductive and family planning services. Activities should address the identified barriers to these services and directly impact and affect a change to overcome them.

This strategy may be accomplished by assuring or increasing access to family planning services, options education and STD/HIV screening for male and female adolescents. Projects **must** demonstrate direct linkages and connections with community family planning service providers.

***Note:** Applicants not approved under Article 28 of the Public Health Law to provide family planning services **must** provide a letter from one or more family planning providers serving the priority community stating their intent to collaborate with the CAPP applicant organization/agency. The letter needs to indicate the provider's willingness to accept referrals, including referrals of Medicaid clients; appropriate assessment and referral; ability to provide a full range of medical family planning services; and follow-up agreements.*

Letters should be submitted as an attachment and uploaded in Grants Gateway under the appropriate program specific question.

Potential strategies/activities can include:

- Reach youth with sexual health information, through text messaging, digital media videos, public service announcements (PSAs), social media campaigns, websites, applications for cell phones, and organizational websites that are mobile friendly, and to identify local resources that provide comprehensive reproductive and family planning health services, including the Family Planning Benefit Program (FPBP).
- Conduct in-person or web-based clinic tours.
- Address concerns about the confidentiality of services with youth in all outreach activities.

The initiative will **not** fund direct clinical/medical/laboratory services and supplies, including, but not limited to: case management, mental health counseling, crisis intervention, pap smears (supplies or laboratory costs), pregnancy test supplies or laboratory costs, contraceptives including condoms, STD test supplies and associated laboratory costs, and clinic waiting room education.

Component Two: (Optional)

The following information describes the second component of CAPP that is available to all applicants. This component is optional and programs do not have to select to do this optional component. An applicant that applies for Component Two does not receive additional points for doing so. If an applicant chooses to propose activities for Component Two, the applicant is able to apply for additional funding as described in Table 1 (Section I., B. Purpose). Applicants can choose to implement Performance Standard 3 and/or Performance Standard 4.

Performance Standard 3: Increase the percentage of adolescents who live in supportive and cohesive communities by promoting home and community environments that support health, safety, physical activity and healthy food choices.

(Required Activity) - Implement multi-dimensional educational, vocational, economic and recreational opportunities for youth on multiple health and developmental related topics that introduce them to new situations, ideas and people, and challenge them to build or learn skills.

and/or

Performance Standard 4: Increase supports to address the special needs of adolescents.

(Required Activity) - Implement mechanisms to refer individuals to other federal, state, county, city, school district, and local community service providers for physical, social, emotional, educational, and developmental support and services as necessary.

The CAPP initiative strives to support and enhance adolescent's social-emotional development and relationships, as well as promote home and community environments that support their health and safety. This may be achieved through creating opportunities while also providing the mentoring and support necessary for youth to practice life skills. These opportunities are those that can have a positive effect on the overall development and well-being of youth, and/or that help them meet future successes.

Activities that are proposed should focus on education, employment, life options, goals and/or self-esteem building for youth, which may be effective in supporting positive development. A youth development framework (refer to http://www.actforyouth.net/youth_development) provides mechanisms for youth to fulfill their basic needs, including a sense of self-worth and contribution, a sense of independence and control over one's life, a sense of closeness and relationships with family, peers and nurturing adults, and a sense of competence. In helping fill these needs, youth can more effectively build competencies necessary to become successful and productive young adults, and to avoid early childbearing.

General activities or one-time events without a clear rationale that is well-articulated as part of a larger program strategy will not be supported with this grant. Applicants will need to describe the strategy for proposed activities and what will be gained by youth participating in the program strategy

Youth development is defined as a philosophy or approach that guides how we organize supports, networks, and opportunities for young people within a community to enable them to develop to their full potential.

Projects can propose to provide multi-dimensional educational, vocational, economic and recreational opportunities for youth on multiple health and developmental related topics that introduce them to new situations, ideas and people, and challenge them to build or learn skills. These opportunities can offer youth first-hand experiences that build on their strengths and assets and support their ideas about and aspirations for the future. Proposed activities need to be constructive and have a clear rationale that is well-articulated as part of a larger program strategy. See resources and references in Attachment 5.

Potential strategies/activities can include:

- Provide opportunities for youth to participate in Service Learning Programs. Information on

service learning programs can be found in Attachment 5, and on the ACT COE web site at: http://www.actforyouth.net/sexual_health/community/service-learning.cfm.

- Provide individual, small group, and/or team mentoring for youth. Mentoring is defined as “a structured and trusting relationship that brings young people together with caring individuals (adults) who offer guidance, support and encouragement aimed at developing the competence and character of the mentee.”⁶ (See Attachment 5 for resources on developing a mentoring program.)
- Provide education on the components of healthy relationships. One of the developmental tasks of adolescence is to gain experience and competence in building peer relationships, friendships and eventually romantic relationships. Many teens lack the knowledge and skills needed to effectively communicate their feelings to another person. In addition, they may confuse their feelings and seek out relationships that involve risky sexual behavior. The addition of other influences such as the media, technology, alcohol or drugs can make relationships even more complex. Educators can assist youth in the development of relationship skills and the importance that healthy relationships play in their lives. See additional references and resources (Attachment 5) and at: <http://www.nysyouth.net/relationships/>.
- Engage a core group of youth working with adults as advocates to promote adolescent development and sexual health in their communities.
- Provide accurate information about preventive health care for adolescents including information on local resources through the use of web-based platforms, mobile-friendly applications and PSA's.

Since adolescents may require additional supports and services that are outside the scope of the CAPP initiative, projects are expected to implement mechanisms to refer individuals to other federal, state, county, city, school district, and local community service providers for physical, social, emotional, educational, and developmental support and services as necessary.

General Program Information

Food and beverages that are served during CAPP activities have to follow the Guidelines for Healthy Food and Beverages for Adolescent Health Programs, developed by the ACT COE. The Guidelines have been updated and can be found at:

http://www.actforyouth.net/resources/n/n_adolescent_food_guidelines.pdf.

All planned activities should be cost-effective and incorporate specific strategies that help build new skills and learning and stimulate youth development, consistent with the description above. Cost-effective is defined as the minimum amount of grant fund resources being used to achieve desired work plan goals and objectives. Activities need to have a clear rationale that is well-articulated as part of a larger program strategy.

The CAPP initiative will not fund direct services such as case management, GED preparation, mental health counseling, crisis intervention, child care or services and staff costs related to enrollment of adolescents in health insurance, including the FPBP, that are available through other resources. However, applicants should incorporate partnerships and strategies to identify needs for such services and make referrals to address the needs that have been identified.

Applicants may subcontract components of the scope of work (however the lead organization is required

⁶ National Mentoring Partnership. MENTOR: For Mentors. http://www.mentoring.org/get_involved/for_mentors

to retain at least 51% implementation of all program activities). For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the DOH. All subcontractors will need to be approved by the NYSDOH.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYSDOH, Division of Family Health / Bureau of Women, Infant and Adolescent Health. The NYSDOH is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted in writing via email to the attention of: Eric Zasada at CAPPRFA@health.ny.gov. To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers with the subject line: CAPP RFA Question. Written questions will be accepted until the date posted on the cover of this RFA.

This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed in writing or via telephone by calling Eric Zasada at 518-473-6172 or via e-mail to the attention of Eric Zasada at CAPPRFA@health.ny.gov. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the DOH contact listed on the cover of this RFA.

- www.grantsreform.ny.gov/grantees
- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(Technical questions)
- Grants Team Email: Grantsreform@budget.ny.gov
(Application Completion, Policy, and Registration questions)

- www.grantsgateway.ny.gov

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at:

https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and the

Department's public website at: <http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on these websites.

All such updates will be posted on or about the date identified on the cover of this RFA.

C. Letter of Interest

Prospective applicants are strongly encouraged to complete and submit a letter of interest (see Attachment 7). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be e-mailed to the attention of Eric Zasada at CAPPRFA@health.ny.gov. Please ensure that the RFA number is noted in the subject line and are submitted by the date posted on the cover of the RFA.

Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of intent/interest.

D. Applicant Conference

An applicant conference call **will** be held for this project, on April 5, 2016 at 10:00AM. Applicants are directed to call: 1-844-633-8697, then press the Participant code: 19174739, then # to participate in this call. The Department requests that potential applicants register for this conference by sending an e-mail to CAPPRFA@health.ny.gov with the subject line of CAPP Applicant Conference, to insure that adequate accommodations be made for the number of prospective attendees. A maximum number of two representatives from each prospective applicant will be permitted to participate in the applicant conference if calling from different phones. Failure to participate in the applicant conference call will not preclude the submission of an application. Deadline for reservations is posted on the cover page of this RFA.

E. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Tutorials (training videos) for use of the Grants Gateway are available at the following web address (and upon user log in):

https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx .

To apply, log into the Grants Gateway and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name listed above and select the Department of Health as the Funding Agency and hit the Search button.

Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located bottom left of the Main page of the Grant Opportunity.

In order to access the online application and other required documents such as the attachments, you MUST be registered and logged into the NYS Grants Gateway system in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

For further information on how to apply, please access the Grantee Quick Start Guide under the Pre-Submission Upload Properties for this opportunity.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide” from the menu. There is also a more detailed “Grantee User Guide” available on this page as well.

Applicants should submit their applications, **at a minimum**, one (1) hour prior to the submission deadline. The system will perform an application error check and all identified issues must be resolved before the application is successfully submitted. Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application. The Grants Gateway will notify applicants of successful submission.

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

F. Department of Health’s Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.

3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following five year time period: January 1, 2017 – December 31, 2021. Continued funding throughout this five year time period is contingent upon availability of state and Federal budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed **25%** percent.
2. The grant contractor will be required to submit **QUARTERLY** invoices and required reports of expenditures through the Grants Gateway (in the future) to the State's designated payment office:

At this time, **QUARTERLY** invoices and required reports of expenditures should be sent electronically to: dfh.boa@health.ny.gov. Submissions not sent to this email address may result in delays.

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law.

Payment terms will be for reimbursement on a quarterly basis for costs incurred as allowed in the contract budget and work plan contingent on the timely submission of acceptable required reports.

3. The grant contractor will be required to submit through the Grants Gateway (in the future) the following periodic reports:

Biannual Reports are due 30 days after the end of the six month report period (emailed to: capp@health.ny.gov).

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“DOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in Attachment 8 of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees

that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

K. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/issues_guidance.htm.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

L. Vendor Responsibility Questionnaire

The New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 10).

M. Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsreform@budget.ny.gov. If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@budget.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault** Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

N. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default

- a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
- c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format/Content

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: www.grantsreform.ny.gov/Grantees.

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT/CONTENT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

1. Grant Application Cover Page

(0 points)

The Grant Application Cover Page (Attachment 10) needs to be submitted with the application and is to provide relevant information about the applicant organization, priority ZIP codes, combined ASHNI score, proposed EBP(s) (selected from Attachment 4) to be implemented; proposed county(ies) and region(s) to be served, and the amount of funding requested.

2. Statement of Assurances

(0 points)

Complete and sign the Statement of Assurances, Attachment 3. The form should be signed by an individual authorized to sign for the applicant organization.

3. Program Summary

(10 points)

The purpose of this section is to summarize the entire proposed project.

- a) Identify health inequities for the selected priority population(s) and proposed communities.
- b) Describe the priority populations to be served.
- c) Include strengths, opportunities and needs of proposed communities.
- d) Describe how chosen strategies align with the core set of performance standards and the needs of

the priority population that will be served, and their communities.

4. Organizational Experience and Capacity

(20 points)

The purpose of this section is for the applicant to describe the current services of the applicant organization and proposed subcontractors, if applicable, and their capacity to implement and administer the proposed project. Evidence of prior success with similar initiatives that have included serving communities that lack multiple resources for adolescents.

- a) Describe how the organization will support the successful implementation of the CAPP initiative, and evidence of integration into the larger organization.
- b) Describe the applicant organization's experience in providing educational programming for adolescents and opportunities for youth from under-resourced communities. Include this information also for all proposed subcontractor(s), if included in the application.
- c) Describe proposed CAPP staff, qualifications, and previous experience working with youth. Please see health education standards in Attachment 2.
- d) Indicate the agency's length of experience with administrative, fiscal, and programmatic oversight of government contracts, including timely and accurate submission of fiscal and project reports. Indicate any present/prior collaborations with the NYSDOH.

5. Community Resources and Needs Assessment

(20 points)

The purpose of this section is to determine available resources and needs through a community assessment. The assessment should focus on the specific strengths and resources, priority needs, and gaps impacting developmental supports and opportunities for adolescents in the community. The priority population(s) and communities that will be served should be clearly reflected in the community's resources and needs assessment. Relevant data can be found at:

http://www.health.ny.gov/statistics/vital_statistics/
<http://www.health.ny.gov/statistics/chac/perinatal/>
<http://www.health.ny.gov/statistics/chac/indicators/index.htm#chai>

- a) Discuss the identified community resources currently available for adolescents in the proposed project communities. This should include resources that provide protective factors to support adolescents through developmental milestones for transition to a healthy, productive, connected adulthood.
- b) Identify the inequities in the proposed priority communities that impact youth.
- c) Identify additional funding that the organization and the priority community(ies) receive to support adolescent pregnancy prevention programming in these communities. Include all Federal and state funding and the venues where these services are/will be provided.
- d) Indicate which stakeholders, including youth stakeholders that had any direct participation in providing information related to the Community Resources and Needs Assessment in preparation for this application.

6. Description of Project Narrative

(30 points)

The purpose of this section is to describe the design and structure of the proposed CAPP program including the activities that will be implemented for adolescent pregnancy prevention in the service area, defined by ZIP codes.

Component One

Performance Standard 1: Reduce the adolescent pregnancy rate and the rate of unintended pregnancy by practicing health promoting behaviors/reduce risk behavior.

(Required Activity) - Implement comprehensive, evidence-based, age-appropriate sexual health education.

- a) Indicate the proposed EBPs from Attachment 4 to be implemented. Describe the rationale for choosing the evidence-based or approved promising program(s) proposed for implementation. Include information on how the selection of EBP(s) was based on the findings of the needs of the priority population identified in the Community Resources and Needs Assessment.
- b) Discuss why the proposed venue(s) for EBPs were chosen in relation to the priority population(s).
- c) Discuss how the EBP(s) selected are appropriate for the stage of development, gender, gender identity and other characteristics of the priority population(s) to be served.
- d) Describe how the implementation of the EBP(s) will be consistent with the developer's guidelines (Attachment 4).
- e) Provide estimates of the overall number of program(s) participants annually and the number participating by proposed project site(s).

Please note:

- All elements of EBP(s) that are being implemented using CAPP funds need to be implemented in their entirety. No component that is part of the core curriculum can be changed or removed, e.g., if condom demonstrations are part of the EBP, then this component cannot be removed. If certain sections of an EBP are not permitted in the proposed venues, then other venues will need to be selected.
- Applicants will be required to execute written and signed agreements with the organizations (schools, foster care agencies, youth detention facilities, community-based organizations, etc.) where they plan to implement EBPs. The curriculum should be reviewed with the appropriate official at the selected venue to obtain their agreement in writing to ensure that all components of EBP(s) are implemented with fidelity.
- All funded programs will be required to utilize pre- and post-tests for EBPs developed by the ACT COE.
- For all funded projects, the ACT COE will work with each individual project and NYSDOH to develop and conduct an evaluation for their local project and for the overall CAPP initiative. Please note all proposed educational programming will be subject to initial and ongoing review by the NYSDOH and ACT COE for appropriateness.
- The use of incentives to encourage attendance at EBPs is permitted as long as the proposed incentives are within the requirements listed in Attachment 6. Incentives may be used for EBPs conducted in out-of-school settings and/or after-school settings.
- Food for youth attending EBPs is also an allowable operating expense in out-of-school settings and/or after-school settings.

(Optional Activity) - Implement evidence-based or best practice parent education strategies to improve parent child communication on sexual health topics that include education on family planning.

- a) Describe the proposed evidence-based or best practice strategies that will be implemented to provide parent-child communication on sexual health topics, including contraception.
- b) Describe how the proposed program will incorporate education for parents/caregivers in order to provide improved knowledge and communication skills related to adolescent sexual health and family planning.

Performance Standard 2: Increase the percentage of adolescents who receive preventive reproductive health care services. (Required Activity)

- a) Describe the proposed strategies/activities that the applicant plans to implement, which are evidence-based or best practice strategies to ensure adolescents in the priority community(ies) have access to reproductive health care and family planning services. Please see examples provided in Section III, Performance Standard 3, and the resources and references in Attachment 5.
- b) Applicants not approved under Article 28 of the NYS Public Health Law (PHL) to provide family planning services, must submit a letter with a referral arrangement from one or more family planning providers serving the priority community stating their intent to collaborate with the CAPP applicant organization to accept the contractor's referrals for Medicaid patients and able to provide a full range of medical family planning services. *Letter(s) need to be included as uploads when the application is submitted in the Grants Gateway under the appropriate program specific question.*

Component Two (Optional) - Applicants can choose to implement Performance Standard 3 and/or Performance Standard 4.

Performance Standard 3: Increase the percentage of adolescents who live in supportive and cohesive communities by promoting home and community environments that support health, safety, physical activity and healthy food choices.

(Required Activity) - Implement multi-dimensional educational, vocational, economic and recreational opportunities for youth on multiple health and developmental related topics that introduce them to new situations, ideas and people, and challenge them to build or learn skills.

and/or

Performance Standard 4: Increase supports to address the needs of adolescents.

(Required Activity) - Implement mechanisms to refer individuals to other federal, state, county, city, school district, and local community service providers for physical, social, emotional, educational, and developmental support and services as necessary.

Programming needs to focus on creating opportunities for youth while also providing the guidance and support necessary for youth to practice life skills. Activities developed should have a positive effect on the overall development and well-being of youth, and/or help them meet future successes.

Youth benefit from exposure to a wide variety of activities, which introduce them to new situations, ideas and people, and challenge them to build or learn skills. These opportunities can offer youth first-hand experiences that build on their strengths and assets and shape their ideas about and aspirations for the future. Activities should stimulate cognitive, social, physical, and/or emotional growth and provide a

context for productive relationship building between adults and youth and among youth. The activities provide alternatives to and demonstrate the advantages of postponing sexual activity and promote the development of a skill set that can support a successful transition into healthy young adulthood.

The purpose of this performance standard is to provide skill-building and other opportunities for the priority population(s) selected to help them meet future successes. General activities or one-time events that are not part of a larger program strategy will not be supported through this grant. Applicants will need to describe the priority population(s) that will be served through the program; the program strategy for the proposed activities; the objectives of the proposed activities, how the activities will address the needs of the priority population(s), the outcomes they hope to achieve, and describe how they will assess the effectiveness of the program activities in relation to the youth participants.

Proposed activities need to have a clear rationale that is well-articulated as part of a larger program strategy.

- a) Describe the multi-dimensional (educational, vocational, economic and recreational) and experiential activities for youth on topics that will introduce them to new situations, ideas and people; and challenge them to build or learn skills. These opportunities can offer youth first-hand experiences that build on their strengths and assets and shape their ideas about and aspirations for the future.
- b) Discuss organization's capacity to refer youth to other community-based service providers for physical, social, emotional, educational, and developmental support and services, as necessary.

7. Budget and Work Plan Templates

This RFA has a Grant Opportunity Defined work plan set in Grants Gateway. The Objectives and Tasks cannot be removed from the work plan. The applicant will adhere to the implementation of work plan activities per the standardized work plan. In the Work Plan Properties section of the Grants Gateway on line application, please include the required performance measures for each work plan objective as listed in Attachment 12. Please note, the performance measures may not necessarily match each task listed in the work plan. However, due to system limitations this is the preferred option for entering the required performance measures.

Applicants should submit a 12 month budget, assuming a 1/1/2017 start date, using the on-line template in the Grants Gateway. Complete four additional budgets for years 2-5 using the Excel workbook located under Pre Submission Uploads. All costs must be related to the provision of CAPP, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form.

This funding may only be used to expand existing activities or create new activities pursuant to this funding opportunity. Funds awarded by this program may not be used to supplant or duplicate other existing support for the same work.

Applicants will develop a cost allocation methodology for compliance with grant requirements regarding administration and allowable costs using the principles applicable to your organization as outlined in Attachment A-1, Agency & Program Specific Clauses, Part A, Section H., Administrative Rules and Audits.

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount

requested will be reduced to reflect the removal of the ineligible items. If the budget is not within the stated amount of funding available as indicated in V. C., Review and Award Process, the award amount will be adjusted.

- a) Complete Year 1 of the budget in the Grants Gateway (See Attachment 14 for Grants Gateway Expenditure Budget Instructions – Year 1 for completing the online budget) assuming a start date of January 1, 2017. Budgets for Years 2-5 need to be completed and uploaded using the Excel workbook located under Pre Submission Uploads. All costs must be related to the provision of CAPP, and consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined.

For Years 2-5 budgets, please be sure to complete all required budget pages. See Attachment 15 for General Budget Instructions/Expenditure Based Budget, Years 2-5.

The budgets for years two through five should be labeled as listed below and combined into one pdf document, then uploaded to the Grants Gateway. Complete the budget forms as directed for a 12-month period. See Attachment 16, Expenditure Based Budget, Years 2-5.

Budget Year 2 – January 1, 2018 – December 31, 2018

Budget Year 3 – January 1, 2019 – December 31, 2019

Budget Year 4 – January 1, 2020 – December 31, 2020

Budget Year 5 – January 1, 2021 – December 31, 2021

- b) Include travel expenses for up to two staff to attend an annual two day provider meeting in Albany, N.Y.
- c) Include travel expenses for up to two staff to attend a mandatory training in Albany, N.Y. on the Community Readiness Model in the first six months of year one.
- d) CAPP projects provide a variety of services that are eligible for Federal medical assistance percentage funds. Eligible activities include those defined in 18 NYCRR 505.13, “offering and arranging for family planning services.” Offering and arranging for family planning services is defined in 18 NYCRR 505.13 by three broad categories as follows: disseminating written and oral information about available family planning health services, providing for individual and/or group discussions about all methods of family planning and family planning services, and assisting with arranging visits to a medical family planning provider (see Attachment 11). At least eighty five percent (85%) of Component One: Performance Standard 1 and 2 costs related to the health educators and the supervision of health educators, purchase of and training on curricula, and travel for youth to attend EBPs should be designated as offering and arranging expenses. Other supportive costs related to the implementation of activities for Component One: Performance Standard 1 and 2, are to be supported by no more than 15% non-offering and arranging funding described in Attachment 11. These would include administrative staff involvement in program activities, supplies (pens, pencils, paper, etc.), incentives for program participation as outlined in Attachment 6, food, and other such items. Incentives and food are permitted in out-of-school settings and/or after-school settings.
 - Applicants are required to complete Table A, Table A-1 and Table A-2 (Attachment 16) as part of the budget process. Complete Tables A, A-1 and A-2 as part of each annual budget.
 - For example, an applicant may request \$300,000 as their total award to implement Component One activities,

- 85% of the \$300,000 requested would be \$255,000, which would support activities related to offering and arranging only and would be included in columns 5-9 on Table A-1 and 2-6 on Table A-2,
 - 15% of the \$300,000 requested would be \$45,000, which would support activities not related to offering and arranging. These expenses would be included in column 10 on Table A-1 and column 7 on Table A-2.
- e) Applicants may request additional funding to implement proposed activities under Component Two up to 35% of the funds requested under Component One.
- For example, if an applicant chooses to implement Component Two activities, the applicant could request up to an additional \$105,000 ($\$300,000 \times .35$ percent) for the proposed Component Two activities.
- f) Applicants are required to complete Table A, Table A-1 and Table A-2 (Attachment 16) as part of the budget process. The expenses to support Component Two activities would be included in column 11 on Table A-1 and column 8 on Table A-2.
- g) The Tables A-1 and Table A-2 (Attachment 16) will be summarized and submitted as an upload in Grants Gateway and submitted for review in relation to the Year 1 budget and budget Years 2-5.
- h) The initiative will **not** fund direct clinical/medical/laboratory services and supplies, including, but not limited to: case management, mental health counseling, crisis intervention, pap smears (supplies or laboratory costs), pregnancy test supplies or laboratory costs, contraceptives including condoms, STD test supplies and associated laboratory costs, or education done in clinic waiting rooms. This project will also not include GED preparation, job placement and child care or services that are available through other resources.

Note:

- Final budgets will be negotiated with the successful applicant and are dependent upon the availability of funds and approval from the Office of the State Comptroller (OSC).
- Multiple regional awards to the same applicant will result in a single contract for that applicant.
- For applicants that receive multiple regional awards, each award will be reduced by 10% to reflect administrative savings expected from administrative efficiencies.

It is the applicant's responsibility to ensure that all materials included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH, Division of Family Health, Bureau of Women, Infant and Adolescent Health, Adolescent Health Unit.

- Applicants may choose to apply to provide services across multiple regions shown in Table 1 (Section I., B. Purpose) and are required to submit separate applications for each region they are proposing to serve. Each application will be scored separately and ranked for selection in a specific region. Applicants may or may not receive awards for any and/or all regions they apply for.
- All applications will be pre-screened to ensure that the minimum eligibility requirements are met. Minimum eligibility requirements are listed in Section II. A. Applications that do not meet one or more of these requirements will not be reviewed for funding.
- Applications will be reviewed and scored by a NYSDOH team of trained reviewers using standardized review tools developed specifically for this RFA.
- An application must have a minimum score of 65 for Component One to be considered for funding. You must be funded for Component 1 to receive funding for Component 2.
- In the event of a tie score among eligible applicants for Component One, a higher score in Section V. A. 5. Community Resources and Needs Assessment breaks the tie.
- Applicants who fail to receive a score of 65 for Component One will not be eligible to have Component Two reviewed for funding.
- Component Two will be scored as pass/fail based on a standardized review tool developed for this RFA. It is possible that an applicant will receive an award for Component One, but not for Component Two.
- Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.
- Applicants can request annual funding up to the to the maximum award amount per region for Component One for the anticipated period of funding from 1/1/2017 through 12/31/2021. Funding will be awarded based on the service delivery area in proposed counties/regions. The requested funding needs to be consistent with the scope of services proposed, and be reasonable and cost effective.
- Applicants who choose to apply for Component Two funding may apply for annual funding up to, but not exceeding, 35% of their requested amount in Component One.
- Due to the need in the cities of Buffalo (Region 1), Rochester (Region 2), Syracuse (Region 3) and Albany (Region 4) respective to their total region, at least one award will be made to the highest scoring applicant proposing services in these locations. The scores for the remaining applicants for these cities will be ranked highest to lowest and awarded based on their regional scoring rank.
- In the event that a region does not have an adequate number of passing applications to fully expend the regional award, the balance will be reserved in a pool. After awards are made for all passing applications in the regions, the reserved monies will be awarded to a pool of applicants in score-ranked order (highest to lowest).
- In the event that a region has more passing applications where funding exceeds the total region award, all applicants that received a passing score but not an award, regardless of their region, will then be placed into applicant pool and re-ranked by Component 1 score totals.

- After an initial round of awards are made for all regions, another round of awards will be made with any pooled monies to be awarded to the pooled applicants in score-ranked order, regardless of region.
- In the event that available funds for Component Two have not been fully expended, the balance of funds will then be awarded for Component One only, in ranked score order.
- Applicants will be deemed to fall into one of three categories: (1) not approved, 2) approved but not funded due to resources, and 3) approved and funded. Approved but not funded applications may be funded should additional funds become available.
- If changes in funding amounts are necessary for this initiative funding will be modified and awarded in the same manner as outlined in the award process described above.

Once awards have been made, applicants may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>.

VI. Attachments

Please note that certain attachments can be accessed in the “Pre-Submission Uploads” section of an online application. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

Attachment 1:	Adolescent Sexual Health Needs Index (ASHNI)
Attachment 2:	Health Education Standards
*Attachment 3:	Statement of Assurances
Attachment 4:	Evidence-based Programs to Prevent Pregnancy, STDs, and HIV Among Adolescents
Attachment 5:	Component 1 and 2 Resources and References
Attachment 6:	Guidance for Use of Incentives for EBP Participants
*Attachment 7:	Letter of Interest
*Attachment 8:	Minority & Women-Owned Business Enterprise Requirement Forms
*Attachment 9:	Vendor Responsibility Attestation
*Attachment 10:	Application Cover Sheet
Attachment 11:	Instructions for Completing Operating Budget and Funding Request (Offering and Arranging)
Attachment 12:	Work Plan Performance Measures
Attachment 13:	Grants Gateway Expenditure Budget Instructions - Year 1/Grants Gateway Budget
Attachment 14:	General Budget Instructions / Expenditure Based Budget Years 2-5 Summary
*Attachment 15:	Expenditure Based Budget Template - Years 2-5
*Attachment 16:	Table A, Table A-1 and Table A-2

*These attachments are located/included in the Pre Submission Upload section of the Grants Gateway on line application.

Adolescent Sexual Health Needs Index (ASHNI)

Attachment 1

ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI
ALBANY		ALLEGANY		BRONX		BROOME		CAYUGA		CHAUTAUQUA		CHENANGO	
12007	0	14060	0	10458	562	13862	8	13021	83	14767	4	13780	2
12009	9	14708	0	10459	412	13865	12	13026	6	14769	2	13801	2
12023	3	14709	2	10460	482	13901	94	13033	6	14775	5	13809	3
12041	1	14711	3	10461	79	13903	39	13034	3	14781	5	13815	32
12046	1	14714	1	10462	231	13904	21	13071	2	14782	6	13830	9
12047	41	14715	4	10463	134	13905	81	13081	2	14784	2	13832	1
12054	15	14717	0	10464	3	CATTARAUGUS		13092	4	14787	10	13841	1
12059	2	14721	0	10465	77	14041	1	13111	4	CHEMUNG		13844	1
12067	2	14727	5	10466	462	14042	7	13118	9	14814	3	CLINTON	
12077	10	14735	5	10467	475	14065	3	13140	11	14816	1	12901	68
12084	3	14739	6	10468	446	14070	7	13147	2	14825	3	12903	1
12110	42	14744	5	10469	266	14101	2	13156	3	14838	4	12910	3
12120	1	14754	1	10470	32	14129	2	13160	4	14845	34	12912	3
12143	12	14770	3	10471	25	14138	5	13166	12	14861	3	12918	3
12147	1	14777	1	10472	403	14171	4	CHAUTAUQUA		14864	4	12919	5
12158	6	14802	12	10473	414	14706	19	14048	57	14871	11	12921	4
12159	7	14803	1	10474	100	14719	7	14062	6	14872	4	12923	1
12183	3	14804	2	10475	143	14726	5	14063	49	14889	4	12924	1
12186	7	14806	3	BROOME		14729	2	14136	10	14894	4	12934	2
12189	34	14813	4	13744	1	14731	2	14701	136	14901	113	12935	3
12193	2	14822	2	13746	4	14737	9	14710	6	14903	18	12952	1
12202	73	14880	2	13748	6	14738	5	14712	4	14904	73	12955	1
12203	60	14884	0	13754	6	14741	2	14716	9	14905	22	12958	3
12204	19	14895	16	13760	80	14743	3	14718	6	CHENANGO		12959	2
12205	41	14897	2	13777	2	14748	3	14723	4	13124	0	12962	6
12206	305	BRONX		13787	7	14753	2	14724	5	13136	2	12972	8
12207	21	10451	373	13790	38	14755	5	14728	1	13155	1	12978	0
12208	30	10452	564	13795	6	14760	41	14733	10	13411	5	12979	3
12209	32	10453	657	13797	3	14772	9	14736	1	13460	7	12981	8
12210	46	10454	326	13802	1	14779	20	14740	2	13464	2	12985	1
12211	12	10455	328	13813	2			14747	5	13730	5	12992	9
12303	78	10456	774	13833	6			14750	7	13733	8		
12469	1	10457	599	13850	20			14757	6	13778	9		

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ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI
COLUMBIA		DELAWARE		DUTCHESS		ERIE		ERIE		ESSEX		FRANKLIN	
12017	0	12167	3	12501	4	14001	15	14150	73	12851	0	12937	3
12029	1	12421	1	12507	0	14004	20	14170	3	12852	0	12945	0
12037	4	12430	1	12508	33	14006	16	14201	99	12855	0	12953	20
12060	1	12455	1	12514	3	14025	4	14202	12	12857	0	12957	3
12075	2	12474	1	12522	6	14026	1	14203	19	12870	1	12966	3
12106	2	12760	1	12524	13	14030	3	14204	130	12883	7	12969	0
12115	0	12776	2	12531	3	14031	12	14206	74	12913	1	12970	4
12125	3	13731	1	12533	25	14032	9	14207	161	12928	2	12980	2
12130	1	13739	1	12538	22	14033	3	14208	215	12932	1	12983	11
12136	1	13740	0	12540	7	14034	4	14209	40	12936	0	12986	7
12165	0	13750	2	12545	7	14043	32	14210	59	12941	1	12989	1
12173	3	13751	0	12546	3	14047	7	14211	390	12942	0	13655	8
12184	7	13752	1	12564	8	14051	23	14212	87	12943	0	GENESEE	
12502	1	13753	13	12567	3	14052	20	14213	208	12944	5	14005	3
12503	1	13755	2	12569	11	14055	3	14214	128	12946	5	14013	3
12513	1	13756	1	12570	8	14057	12	14215	717	12950	1	14020	47
12516	2	13757	1	12571	18	14059	11	14216	52	12956	3	14036	7
12517	1	13775	2	12572	6	14068	9	14217	33	12960	1	14040	3
12521	2	13782	1	12578	2	14069	1	14218	62	12961	0	14054	2
12523	2	13783	5	12580	5	14072	31	14219	24	12964	0	14058	4
12526	4	13786	1	12581	2	14075	54	14220	68	12974	2	14125	7
12529	2	13788	1	12582	7	14080	5	14221	58	12987	0	14143	1
12534	42	13804	1	12583	4	14081	7	14222	35	12993	2	14416	5
CORTLAND		13838	7	12585	1	14085	9	14223	39	12996	2	14422	4
13040	6	13839	2	12590	40	14086	42	14224	53	12997	1	14482	11
13045	90	13842	1	12592	1	14091	2	14225	82	FRANKLIN		14525	4
13077	10	13846	0	12594	7	14102	2	14226	47	12914	2	GREENE	
13101	5	13849	5	12601	175	14111	7	14227	28	12916	4	12015	4
13141	1	13856	9	12603	60	14127	31	14228	39	12917	2	12042	0
13158	4					14134	0			12920	3	12051	15
13803	10					14139	3			12926	4	12058	3
13863	1					14141	16			12930	1	12083	4

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ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI
GREENE		HAMILTON		JEFFERSON		KINGS		LEWIS		MADISON		MONROE	
12087	2	12139	0	13616	4	11215	34	13473	1	13072	3	14604	6
12176	1	12164	0	13618	2	11216	287	13489	1	13082	7	14605	225
12192	3	12190	1	13622	7	11217	34	13619	19	13122	2	14606	138
12405	1	12812	0	13624	8	11218	110	13620	3	13310	0	14607	16
12413	9	12842	1	13634	9	11219	134	13626	5	13332	3	14608	181
12414	18	12847	0	13636	1	11220	212	13648	4	13334	3	14609	242
12418	1	13360	0	13637	13	11221	510	13665	2	13346	17	14610	12
12422	1	HERKIMER		13638	1	11222	20	LIVINGSTON		13355	3	14611	303
12423	1	13322	2	13650	3	11223	107	14414	6	13402	2	14612	52
12424	0	13324	4	13656	5	11224	130	14423	4	13408	19	14613	118
12427	1	13331	0	13659	2	11225	232	14435	2	13409	4	14615	72
12431	1	13338	2	13661	4	11226	578	14437	13	13418	0	14616	76
12439	0	13340	16	13673	5	11228	32	14454	19	13421	25	14617	32
12442	2	13350	35	13679	5	11229	84	14462	0	13485	3	14618	41
12444	1	13357	28	13682	1	11230	110	14480	1	MONROE		14619	168
12450	0	13361	1	13685	2	11231	37	14481	2	14420	55	14620	37
12451	3	13365	18	13691	7	11232	72	14485	5	14428	12	14621	402
12454	0	13406	2	13693	1	11233	595	14486	0	14445	16	14622	20
12460	1	13407	12	KINGS		11234	163	14487	5	14450	45	14623	104
12463	2	13416	5	11201	47	11235	67	14510	6	14464	16	14624	71
12468	1	13420	1	11203	424	11236	514	14517	4	14467	16	14625	12
12470	1	13431	4	11204	87	11237	214	14533	2	14468	22	14626	46
12473	1	13454	2	11205	116	11238	77	14545	0	14472	11	MONTGOMERY	
12480	2	JEFFERSON		11206	307	11239	72	14836	1	14506	1	12010	72
12482	2	13601	103	11207	805	LEWIS		14846	1	14514	9	12066	2
12485	2	13602	8	11208	610	13325	1	MADISON		14526	20	12068	7
12492	1	13603	36	11209	51	13327	2	13030	5	14534	35	12070	2
12496	1	13605	11	11210	175	13343	4	13032	16	14543	5	12072	4
HAMILTON		13606	5	11211	124	13345	1	13035	11	14546	7	12166	2
12032	1	13607	3	11212	912	13367	14	13037	13	14559	27	13317	6
12108	0	13608	4	11213	346	13368	2	13052	2	14580	61	13339	14
12134	5	13612	6	11214	82	13433	4	13061	1	14586	16	13428	2

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ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI
NASSAU		NASSAU		NASSAU		NEW YORK		ONEIDA		ONEIDA		ONONDAGA	
11001	15	11563	14	11804	3	10034	147	13042	4	13492	17	13205	220
11003	91	11565	4	NEW YORK		10035	241	13054	3	13494	0	13206	44
11010	16	11566	19	10001	30	10036	12	13301	0	13495	4	13207	114
11020	5	11568	7	10002	136	10037	107	13303	1	13501	190	13208	128
11021	8	11570	17	10003	73	10038	31	13304	2	13502	127	13209	23
11023	5	11572	20	10004	1	10039	195	13308	8	ONONDAGA		13210	259
11024	7	11575	84	10005	1	10040	164	13309	11	13027	48	13211	21
11030	8	11576	6	10006	0	10044	13	13316	15	13029	12	13212	37
11040	23	11577	8	10007	2	10065	6	13318	5	13031	23	13214	34
11050	19	11579	3	10009	82	10075	6	13319	4	13039	25	13215	26
11096	26	11580	59	10010	20	10128	23	13323	24	13041	16	13219	18
11501	13	11581	18	10011	28	10280	2	13328	1	13057	27	13224	42
11507	5	11590	94	10012	7	NIAGARA		13354	5	13060	4	ONTARIO	
11509	1	11596	6	10013	13	14008	4	13363	5	13063	3	14424	36
11510	50	11598	7	10014	7	14012	6	13403	12	13066	12	14425	19
11514	3	11702	10	10016	13	14028	4	13413	14	13078	11	14432	9
11516	5	11709	4	10017	2	14067	11	13417	5	13080	7	14456	56
11518	7	11710	22	10018	3	14092	14	13424	4	13084	6	14466	2
11520	134	11714	15	10019	19	14094	132	13425	3	13088	33	14469	8
11530	19	11732	1	10021	9	14105	8	13438	6	13090	52	14471	4
11542	35	11753	7	10022	9	14108	14	13440	101	13104	19	14475	0
11545	8	11756	34	10023	28	14120	78	13456	6	13108	9	14504	3
11548	7	11758	36	10024	23	14131	13	13461	3	13110	4	14512	7
11550	301	11762	11	10025	94	14132	15	13469	1	13112	3	14532	8
11552	32	11765	0	10026	150	14172	7	13471	8	13116	6	14548	7
11553	110	11771	6	10027	355	14174	11	13476	8	13120	7	14560	2
11554	26	11783	13	10028	14	14301	91	13477	3	13152	9	14561	6
11557	5	11791	14	10029	414	14303	38	13478	4	13159	8	14564	11
11558	7	11793	18	10030	225	14304	67	13480	6	13164	3	ORANGE	
11559	6	11797	5	10031	281	14305	107	13483	1	13202	51	10916	5
11560	4	11801	37	10032	295			13486	2	13203	84	10917	2
11561	30	11803	14	10033	184			13490	2	13204	191	10918	12

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ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI
ORANGE		ORANGE		OTSEGO		PUTNAM		QUEENS		RENSSELAER		RICHMOND	
10919	1	12780	3	12064	1	10537	2	11375	27	12018	9	10309	24
10921	5	ORLEANS		12116	3	10541	16	11377	113	12022	1	10310	74
10924	16	14098	6	12155	2	10579	4	11378	34	12033	10	10312	42
10925	5	14103	37	12197	3	12563	6	11379	21	12052	1	10314	79
10926	4	14411	40	13315	2	QUEENS		11385	186	12061	8	ROCKLAND	
10928	8	14470	18	13320	3	11004	11	11411	70	12062	2	10901	17
10930	10	14476	3	13326	5	11101	56	11412	175	12090	9	10913	6
10940	156	14477	4	13335	3	11102	51	11413	202	12094	3	10920	7
10941	25	14571	2	13337	1	11103	30	11414	18	12121	3	10923	15
10950	82	OSWEGO		13342	0	11104	20	11415	16	12123	10	10927	46
10958	4	13028	2	13348	2	11105	18	11416	53	12138	4	10931	2
10963	5	13036	14	13415	0	11106	47	11417	52	12140	2	10952	61
10969	2	13044	3	13439	5	11109	0	11418	71	12144	33	10954	20
10973	3	13069	61	13450	0	11354	47	11419	96	12153	1	10956	21
10985	0	13074	8	13468	1	11355	71	11420	96	12154	4	10960	22
10987	2	13076	5	13488	0	11356	26	11421	86	12156	1	10962	7
10990	20	13083	3	13491	6	11357	19	11422	144	12168	3	10964	1
10992	12	13103	1	13776	1	11358	26	11423	66	12169	1	10965	9
10996	11	13114	13	13796	2	11360	8	11426	14	12180	213	10968	1
10998	4	13126	84	13807	2	11361	21	11427	25	12182	40	10970	11
12518	6	13131	8	13808	3	11362	9	11428	31	12185	4	10974	2
12520	2	13132	6	13810	2	11363	3	11429	118	12196	3	10976	5
12543	5	13135	10	13820	64	11364	21	11432	121	12198	9	10977	138
12549	12	13142	11	13825	5	11365	38	11433	217	RICHMOND		10980	12
12550	222	13144	3	13843	2	11366	9	11434	339	10301	112	10983	4
12553	36	13145	4	13859	0	11367	42	11435	126	10302	64	10984	3
12575	2	13167	5	13861	1	11368	386	11436	92	10303	127	10986	2
12577	2	13302	4	PUTNAM		11369	124	11691	254	10304	124	10989	7
12586	22	13437	0	10509	12	11370	78	11692	109	10305	46	10993	11
12729	6	13493	5	10512	14	11372	111	11693	36	10306	44	SARATOGA	
12746	1			10516	2	11373	154	11694	17	10307	10	12019	15
12771	38			10524	2	11374	28	11697	2	10308	21	12020	37

Adolescent Sexual Health Needs Index (ASHNI)

Attachment 1

ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI
SARATOGA		SCHOHARIE		SENECA		ST. LAWRENCE		SUFFOLK		SUFFOLK		SUFFOLK	
12027	5	12035	2	14847	3	13684	2	6390	0	11749	5	11933	7
12065	42	12036	0	14860	2	13687	1	11701	87	11751	13	11934	7
12074	4	12043	22	ST. LAWRENCE		13690	1	11703	19	11752	9	11935	2
12086	3	12071	0	12922	0	13694	1	11704	55	11754	14	11937	21
12118	20	12076	2	12965	1	13695	0	11705	6	11755	10	11939	1
12148	3	12092	2	12967	2	13697	3	11706	145	11757	53	11940	4
12151	1	12093	2	12973	0	STEUBEN		11713	29	11763	49	11941	5
12170	8	12122	7	13613	4	14572	11	11715	4	11764	10	11942	5
12188	13	12131	0	13614	1	14801	12	11716	10	11766	9	11944	6
12803	11	12149	5	13617	22	14807	5	11717	249	11767	10	11946	18
12822	12	12157	4	13621	1	14808	1	11718	2	11768	12	11948	1
12831	17	12160	1	13625	2	14809	6	11719	3	11769	7	11949	12
12833	6	12175	1	13630	3	14810	25	11720	35	11770	0	11950	40
12835	4	12187	1	13633	0	14819	2	11721	5	11772	74	11951	41
12850	3	12194	0	13635	3	14820	2	11722	129	11776	27	11952	4
12859	2	13459	3	13639	0	14821	8	11724	3	11777	5	11953	18
12863	1	SCHUYLER		13642	19	14823	7	11725	20	11778	13	11954	4
12866	57	14805	1	13646	3	14826	3	11726	47	11779	37	11955	2
12871	6	14812	6	13652	3	14830	35	11727	32	11780	12	11957	1
SCHENECTADY		14815	2	13654	4	14839	1	11729	34	11782	12	11958	0
12008	0	14818	3	13658	2	14840	4	11730	14	11784	33	11961	12
12053	6	14824	3	13660	3	14843	30	11731	21	11786	5	11963	6
12056	3	14841	1	13662	25	14855	3	11733	13	11787	23	11964	1
12137	3	14865	5	13666	1	14858	4	11735	34	11788	12	11965	0
12150	1	14869	2	13667	6	14870	12	11738	22	11789	7	11967	56
12302	40	14878	1	13668	5	14873	5	11740	7	11790	23	11968	13
12304	90	14891	6	13669	27	14874	0	11741	25	11792	7	11971	4
12305	20	SENECA		13670	1	14877	1	11742	14	11795	20	11976	1
12306	54	13148	16	13672	1	14879	7	11743	31	11796	3	11977	3
12307	97	13165	20	13676	33	14885	2	11746	88	11798	89	11978	4
12308	89	14521	6	13680	2	14898	5	11747	12	11901	57	11980	5
12309	31	14541	7	13681	1								

Adolescent Sexual Health Needs Index (ASHNI)

Attachment 1

ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI	ZIP Code	ASHNI
SULLIVAN		SULLIVAN		TOMPKINS		ULSTER		WARREN		WAYNE		WESTCHESTER	
12701	50	12777	1	14886	7	12487	3	12878	1	14513	29	10538	7
12719	2	12779	14	ULSTER		12491	2	12885	9	14516	5	10543	20
12721	13	12783	4	12401	76	12494	1	12886	0	14519	14	10546	1
12723	9	12786	2	12404	6	12495	1	WASHINGTON		14522	17	10547	12
12726	2	12787	1	12406	2	12498	3	12028	1	14551	17	10548	5
12732	1	12788	7	12409	1	12515	2	12057	3	14555	1	10549	17
12733	3	12789	4	12410	1	12525	3	12809	4	14568	8	10550	215
12734	1	12790	7	12411	1	12528	18	12816	6	14589	13	10552	22
12736	0	12791	3	12412	2	12542	9	12819	1	14590	11	10553	67
12737	3	12792	1	12416	0	12547	3	12821	7	WESTCHESTER		10560	3
12738	0	TIOGA		12419	1	12548	2	12823	1	10501	1	10562	47
12741	0	13732	8	12428	15	12561	35	12827	4	10502	4	10566	54
12742	0	13734	3	12433	0	12566	13	12828	14	10504	5	10567	19
12743	1	13736	4	12435	0	12589	26	12832	12	10505	0	10570	11
12745	0	13743	5	12440	1	12725	0	12834	6	10506	4	10573	62
12747	6	13811	7	12443	3	12740	2	12837	1	10507	6	10576	3
12748	3	13812	3	12446	10	WARREN		12838	1	10510	9	10577	19
12750	0	13827	13	12448	0	12801	37	12839	23	10511	3	10578	1
12751	4	13835	2	12449	4	12804	40	12844	0	10514	7	10580	10
12752	0	13864	2	12456	1	12808	0	12849	0	10518	1	10583	21
12754	20	14859	2	12457	0	12810	1	12861	1	10520	8	10588	2
12758	8	14883	5	12458	7	12814	3	12865	5	10522	11	10589	4
12759	8	14892	13	12461	2	12815	1	12873	1	10523	13	10590	4
12762	1	TOMPKINS		12464	1	12817	4	12887	8	10526	1	10591	32
12763	3	13053	11	12465	0	12824	1	WAYNE		10527	0	10594	6
12764	2	13068	7	12466	4	12836	1	13143	5	10528	8	10595	5
12765	1	13073	7	12472	1	12843	2	13146	6	10530	4	10597	1
12766	1	14817	1	12477	29	12845	7	14433	10	10532	3	10598	20
12768	3	14850	102	12481	1	12846	6	14489	17	10533	5	10601	20
12770	0	14867	9	12484	2	12853	2	14502	10	10535	1	10603	23
12775	3	14882	3	12486	1	12860	1	14505	8	10536	6	10604	12

Adolescent Sexual Health Needs Index (ASHNI)

Attachment 1

ZIP Code	ASHNI	ZIP Code	ASHNI
WESTCHESTER		WYOMING	
10605	13	14569	8
10606	31	14591	3
10607	7	YATES	
10701	276	14415	0
10703	49	14418	2
10704	31	14441	1
10705	140	14478	6
10706	7	14507	2
10707	6	14527	17
10708	16	14544	3
10709	5	14837	11
10710	21	14842	1
10801	129		
10803	10		
10804	8		
10805	33		
WYOMING			
14009	8		
14011	11		
14024	3		
14037	1		
14039	0		
14066	3		
14082	1		
14113	1		
14145	2		
14167	2		
14427	3		
14530	9		
14536	1		
14550	2		

Comprehensive Adolescent Pregnancy Prevention Health Education Standards

The Comprehensive Adolescent Pregnancy Prevention (CAPP) initiative will support staffing for a team of Health Educators and Health Educator Supervisor.

Health Educator

Under the supervision of the Health Educator Supervisor, the Health Educator duties and responsibilities include:

- Completes orientation and trainings including mandatory on-line implementation training prior to delivering evidence-based programming. This training is available on the ACT for Youth website at www.actforyouth.net. Completes training for the specific evidence-based programming, if defined by the model developer.
- Delivers evidenced-based program with fidelity to youth in a variety of settings.
- Conducts community outreach and education.
- Completes required reporting accurately and timely as designated.
- Provides assistance and/or referrals for youth to obtain comprehensive family planning services, health services or other essential support services as identified.

Health Educator Qualifications:

- Minimum: Bachelor's degree in health education or health related field.
- Ability to facilitate discussion/teach classes to youth in a variety of settings on reproductive health topics such as reproductive anatomy, contraceptive methods, STDs, and HIV/AIDS.
- Experience working with youth and demonstrated ability to be inclusive and non-stigmatizing in their role.
- Knowledge of or experience with priority population to be served and community.
- Ability to work flexible hours, including evenings and/or weekends.
- Bilingual skills, depending on the community and youth being served.

Health Educator Supervisor

A full-time supervisor will be responsible for the supervision of each team of 4-6 health educators. Projects that are utilizing teams with less than 4-6 health educators are expected to prorate the efforts of the supervisor to the size of the team. Duties and responsibilities include:

- Oversight of project activities for implementation of educational program delivery; including planning, implementation, budget development and monitoring.
- Participation in ACT for Youth COE program evaluation and trainings; as required by NYSDOH.
- Provides supervision of health educators which includes orientation and on-going assessment of training needs, educational opportunity and professional development, that includes:
 - Direct on-site observation of educational program delivery;
 - Regularly scheduled supervisory meetings with individual health educators;
 - Staff development plans to address professional development needs; and
 - Accessibility to health educators to deal with urgent concerns that may occur during programming.

- Serves as principle representative in priority community(ies) to provide community and public education on comprehensive sexuality education and awareness of family planning services.
- Identifies venues for delivery of evidence-based programming, including reviewing all components of the evidence-based program and securing their commitment to implement the program with fidelity.
- Identifies barriers and ensures access to comprehensive reproductive healthcare and family planning services and other essential support services for teens.
- Establishes relationships with other community health and human service providers and develops referral mechanisms.

Health Educator Supervisor Qualifications:

- Minimum: Bachelor's degree in health education or health related field (Master's degree preferred), with at least 3 years of experience with provision of comprehensive sexuality education to an adolescent population.
- Experience working with youth and demonstrated ability to be inclusive and non-stigmatizing of youth in their role.
- Ability to facilitate discussion/teach classes to youth in a variety of settings on reproductive health topics such as reproductive anatomy, contraceptive methods, STDs, and HIV/AIDS.
- Knowledge of reproductive health, anatomy and physiology, and family planning.
- Knowledge of or experience with priority population to be served and community.
- Ability to work flexible hours, including evenings and/or weekends.
- Bilingual skills, depending on the community and youth being served.

Programs to Prevent Pregnancy, STDs, and HIV Among Adolescents:
Selection Worksheet for Evidence-Based Programs
(for use in preparing Project Narrative)

Adult Identity Mentoring (Project AIM) HHS settings: ✓ Middle school ✓ Community-based organization	Cost: Annual licensing fee (\$2,000). Two facilitators and a project manager are required, and must attend training. Additional materials for youth must be purchased. See “Developing a Budget” in the Project AIM Starter Kit: http://www.chla.org/atf/cf/%7B1cb444df-77c3-4d94-82fa-e366d7d6ce04%7D/PROJECT-AIM-STARTER-KIT.PDF Audience: Youth age 11-14, especially those from families with low income. (Note: evaluated only with African American 7th grade students.) Available in English and Spanish. Main Message: Designed to promote abstinence, delay the initiation of sex, and decrease the intention to engage in sex. Helps adolescents form their “adult identity” by articulating their future goals and considering how risky behavior choices might jeopardize those goals. Length: Twelve 50-minute sessions, 1-2 days per week over 6 weeks. NYS DOH requires an add-on module to address pregnancy prevention. Developed jointly with the developer, the adapted curriculum has 13 modules Group Size: Classroom; optimal size 10-18 participants. Components: 4 units with role plays, goal setting, group discussions, guest speakers, small group activities, skill-building. Training: Facilitators required to participate in 3-day training; training for project director also required. Evaluation findings: At 19-week follow-up, participants less likely to report having had sexual intercourse. At 1-year follow-up the effect held for boys only. (Group evaluated was 98% African American.) Information: HHS fact sheet: http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=11&mid=1 Developer’s website (Children’s Hospital Los Angeles): http://www.chla.org/site/c.ipINKTOAJsG/b.8757409/k.9781/Project_AIM.htm
Be Proud! Be Responsible! HHS settings: ✓ Community-based settings ✓ After-school ✓ Middle schools	Cost: \$505 implementation kit (written curriculum, activity set, videos). Developer requires 2-day training. Audience: Diverse adolescents age 13-18 (Note: evaluated primarily with younger African Americans, but has been used with diverse groups). Main Message: Curriculum is intended to delay initiation of sex among sexually inexperienced youth, to reduce unprotected sex among sexually active urban youth, and to help young people make proud and responsible decisions about their sexual behaviors. Emphasizes sense of community, accountability, and pride: protecting families and community. Focus was originally on HIV/AIDS, however the 2012 edition has been updated to address pregnancy, STD and HIV prevention. Length: Six 50-minute modules.

✓ High schools ✓ Health clinic or medical facility	Group Size: Designed for 6-8 participants; use additional facilitators with larger groups. Components: Multi-media, interactive curriculum addressing information, perceptions, beliefs, skills. Includes small group discussions, brainstorming, videos, games, role play, demo and practice handling condoms. Training: 2-day facilitator training required. (See HHS fact sheet link below). Selected evaluation findings: • Philadelphia 1988 study, pub 1992 (all urban African American males, mean age 14-15): at 3-month follow-up, participants reported fewer female sexual partners, greater use of condoms, reduced sexual intercourse, reduced heterosexual anal sex. • Trenton study, pub 1999 (all urban African Americans, mixed gender, mean age 13): At 6-month follow-up, participants reported reduced unprotected sex, and anal intercourse with fewer sexual partners. • Large CBO study, pub 2010 (primarily African Americans age 13-16): increased condom use. • Large school-based study conducted 2000-2002, pub 2009 (urban and suburban Midwestern 9th and 10th grade students): improved knowledge, efficacy; no impact on sexual initiation, frequency of intercourse, or condom use. Information: HHS fact sheet: http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=21&mid=1 Select Media: http://www.selectmedia.org/programs/responsible.html
Be Proud! Be Responsible! Be Protective! HHS settings: ✓ Middle schools ✓ High schools ✓	Cost: \$645 implementation kit (curriculum, activity set, DVDs). Two-day training required by developer. Audience: Pregnant and parenting teens in 7-12 grade. (Note: evaluated primarily with Latina [78%] and African American [18%] pregnant or parenting teens) Main message: An adaptation of <i>Be Proud! Be Responsible!</i>, this curriculum emphasizes maternal protectiveness as well as sexual responsibility and accountability. Increases awareness of effects of HIV/AIDS on communities and children. Length: Eight 60-minute modules. Group Size: 6-15 participants. Components: HIV, STD, and pregnancy prevention information; negotiation and problem-solving skills; facilitator modeling, role playing with feedback, films, group discussion, demo and practice handling condoms. Training: Two 8-hour days required. (See HHS fact sheet link below for more information.) Evaluation findings: At the 6-month follow-up, participants reported having significantly fewer sexual partners in the previous 3 months. Information: HHS fact sheet: http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=22&mid=1 Select Media: http://www.selectmedia.org/programs/protective.html
¡Cuidate!	Cost: \$265 implementation kit (curriculum, activity set, DVD and CD set). Facilitator

HHS settings: ✓ Community-based settings ✓ After-school ✓ Middle schools ✓ High schools	training required by developer. Audience: Latino teens 13-18 years/grades 8-11. Available in English and in Spanish. Main Message: ¡Cuídate! incorporates salient aspects of Latino culture, including the importance of family and gender-role expectations (e.g., machismo, which is described as the man's responsibility in caring for and protecting one's partner and family). These cultural beliefs are used to frame abstinence and condom use as culturally accepted and effective ways to prevent STDs, including HIV. The 2012 edition has been updated to address pregnancy, STD and HIV prevention. Length: Six 60-minute modules delivered over two or more days. Group Size: Small (6-10) mixed-gender groups. Components: Learning activities such as small group discussions, videos, games, music, hands-on practice demonstrations (including condom practice), and role-plays. May be conducted in either English or Spanish. Training: 2½ day training required. See HHS fact sheet, linked below. Evaluation Findings: Averaged across the 3-, 6-, and 12-month follow-up surveys, participants were less likely than control group to have had sex in the past three months, multiple partners, or unprotected sex, and more likely to have used condoms consistently. Program is most effective with Spanish-speaking teens. Information: HHS fact sheet: http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=273&mid=1 Select Media: http://www.selectmedia.org/programs/cuidate.html
Making Proud Choices! HHS settings: ✓ Middle schools ✓ Community-based settings ✓ After school New editions developed for: ✓ Middle schools ✓ Out-of-home care	Cost: \$648 (4th edition curriculum, activity set, DVDs, and sample student workbook). Developer requires 2-day facilitator training. Audience: African American, Hispanic, and white adolescents, ages 11–13. (Note: evaluated only with African American urban youth age 11-13.) Main Message: Goal is to empower young adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STDs, and their risk for pregnancy. The curriculum emphasizes that adolescents can reduce their risk for STDs, HIV, and pregnancy by using a condom, if they choose to have sex. Length: Eight 1-hour modules. School edition: Fourteen 40-minute modules. Adaptation for Youth in Out-of-Home Care (foster care, juvenile justice, independent and transitional living facilities): Ten 75-minute modules Group Size: 6-12 participants. Additional facilitators needed for larger groups. Components: Knowledge about HIV, STDs, unintended pregnancy and contraceptive methods; behavioral beliefs, attitudes, and perception of risk; skills and self-efficacy. Includes role plays, small group activities, and videos (including condom use animation). Training: 2-day facilitator training required. See HHS fact sheet, linked below. Evaluation Findings: At 6- and 12-month follow-ups, sexually experienced youth reported lower frequency of sexual intercourse and higher frequency of condom use than control group. Information:

	HHS fact sheet: http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=102 Select Media: http://www.selectmedia.org/programs/choices.html Select Media, school edition: http://www.selectmedia.org/programs/mpcschooledition.html Select Media, out-of-home care edition: http://www.selectmedia.org/programs/mpc_adaptation.html
Reducing the Risk HHS settings: ✓ In school	Cost: \$250 basic set (teacher’s guide, 30 student workbooks, activity kit, pamphlets); \$350 enhanced set (basic set plus posters, LGBTQ supplement, “How to Use a Condom” DVD). Workbooks are required: additional student work books \$90/set of 30. Audience: Can be used in grades 9-12 or with youth age 13-18; evaluated primarily with students in grades 9-10. Evaluated in both rural and urban settings. Workbooks available in English and Spanish. Main Message: This is a sex-education curriculum that includes information on abstinence and contraception, and offers experiential activities to build skill refusal, negotiation, and communication. Length: Sixteen 45-60 minute sessions, conducted 2-3 times per week. Group Size: 10-30 Components: Topics include HIV prevention, abstinence, contraception, refusal skills, delaying tactics, etc. Activities include role plays, brainstorming, mini-lectures, worksheet activities, condom demonstration, and more. Training: Developer recommends 3-day training of educators. See ETR Associates link below. Evaluation Findings: Eighteen months after the intervention, students who were sexually inexperienced at baseline were more likely to delay sexual initiation and more likely to use condoms than comparison group. Especially effective among girls and lower-risk youth. Information: HHS fact sheet: http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=182&mid=1 ETR Associates: http://www.etr.org/ebi/programs/reducing-the-risk/
Teen Outreach Program (TOP) HHS settings: ✓ In school ✓ After-school ✓ Community settings ✓ Systems/institutions	Cost: Program material available through the Wyman Center (http://wymancenter.org/); facilitator certification and license fees required; start up package: \$27,000. Audience: Middle and high school youth at risk of teen pregnancy, academic problems, and school drop-out; grades 6-12. Evaluated with high-risk high school students. Available in English, Spanish, and Mongolian. Main Message: This youth development program is designed to prevent problem behaviors by helping adolescents develop healthy behaviors, life skills, and a sense of purpose. Engages young people in a high level of community service learning that is closely linked to classroom-based discussions of future life options. Length: Weekly club meetings over 9 months. Group Size: Classroom Components: “Changing Scenes” curriculum and community service learning. Curriculum topics include relationships, communication, goal-setting, human sexuality, and more.

	Training: Facilitator training required. Evaluation Findings: Female participants were less likely to have become pregnant during the 9-month program than girls in the comparison group. Information: HHS fact sheet: http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=237&mid=1 Wyman Center: http://teenoutreachprogram.com/top/
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Component One and Two Resources and References - CAPP

The following resources and references have been developed to identify evidence-based and/or best practices to assist you in the development of CAPP program activities. Resources are listed by each performance standard for each suggested strategy to assist you in designing activities. Selected references are also provided to indicate the research basis for each strategy or activity.

Component One

Performance Standard 1: Reduce the adolescent pregnancy rate and the rate of unintended pregnancy by practicing health promoting behaviors/reduce risk behavior.

(Required Activity) - Implement comprehensive, evidence-based, age-appropriate sexual health education.

Resources

- Office of Adolescent Health: TPP Resource Center: Evidence-Based Programs
http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html#.VDL3QyldUeg
- Planning for Evidence-Based Programming
http://www.actforyouth.net/sexual_health/programming/
- Community Approaches to Adolescent Sexual Health
http://www.actforyouth.net/sexual_health/community/
- Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs
http://www.healthyteennetwork.org/sites/default/files/TAC_Tool_0.pdf
- Implementation Guidelines
http://www.actforyouth.net/sexual_health/community/capp/guidelines.cfm
- Organizational Support Checklist
<http://www.actforyouth.net/resources/capp/org-checklist.doc>

References

- Kirby, D. (2007). *Emerging answers 2007*. Retrieved from National Campaign to Prevent Teen and Unplanned Pregnancy website:
<https://thenationalcampaign.org/resource/emerging-answers-2007%E2%80%9494full-report>
- U.S. Department of Health and Human Services. *Teen Pregnancy Prevention Evidence Review*. <http://tppevidencereview.aspe.hhs.gov/>
[Articles detailing research findings for each EBP are available at this site.]
- Applicants that identify a need to include education on adolescent development, and/or anatomy, prior to implementation of EBP(s) may propose to do so in their application. The additional session(s) would need to be negotiated with the EBP implementation sites to allow for the additional timeframe involved prior to submission of the application.

(Optional Activity) - Implement evidence-based or best practice parent education strategies to improve parent child communication on sexual health topics that include education on planning.

Potential strategies/activities can include:

- Implement an adult role model parent/parent peer education program designed to provide parents with the information and skills they need to become the primary sexuality educators of their children.
- Implement evidence-based or promising parent education program(s) that have been shown to improve parent child communication on sexual health topics.

Resources

- Systematic Translational Review: Parent Education for Teen Pregnancy Prevention
<https://www.bctr.cornell.edu/wp-content/uploads/2014/11/Systemic-Translational-Review-parent-education.pdf>
- Parent-Child Communication [compendium of resources]
http://www.actforyouth.net/sexual_health/community/adulthood/communication.cfm
- Preventing Teen Pregnancy Through Outreach and Engagement: Tips for Working with Parents
<http://thenationalcampaign.org/sites/default/files/resource-primary-download/CDC-parents.pdf>
- Improving Adolescent Health Through Interventions Targeted to Parents and Other Caregivers: A Recommendation
http://www.thecommunityguide.org/adolescenthealth/Caregiver_Recs.pdf

References

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<http://recapp.etr.org/recapp/documents/research/litreview.pdf>
- Martino, S. C., Elliot, M. N., Corona, R., Kanouse, D. E., & Schuster, M. A. (2008). Beyond the "Big Talk": The Roles of Breadth and Repetition in Parent-Adolescent Communication about Sexual Topics. *Pediatrics*, 121.
<http://doi.org/10.1542/peds.2007-2156>
- Schuster, M. M., Eastman, K. P., & Corona, R. P. (2006). Talking to Parents, Healthy Teens: A Worksite-based Program for Parents to Promote Adolescent Sexual Health. *Preventing Chronic Disease*, 3.
http://www.cdc.gov/pcd/issues/2006/oct/06_0012.htm
- Weinman, M. L., Small, E., Buzi, R. S., & Smith, P. B. (2008). Risk Factors, Parental Communication, Self and Peers' Beliefs as Predictors of Condom Use Among Female Adolescents Attending Family Planning Clinics. *Child and Adolescent Social Work Journal*, 25, 157-170.
<http://doi.org/10.1007/s10560-008-0118-0>

Performance Standard 2: Increase the percentage of adolescents who receive preventive reproductive health care services.

(Required Activity) - Ensure access to confidential reproductive health and family planning services for adolescents.

Potential strategies/activities can include:

- Utilize text messaging, digital media videos, PSAs, social media campaigns, websites, applications for cell phones, and organizational websites that are mobile friendly to reach youth with sexual health information, and to identify local resources that provide comprehensive reproductive and family planning health services, including the Family Planning Benefit Program (FPBP). It is recommended that planning, implementation, and evaluation of digital media strategies be conducted through a structured youth-adult partnership (Y-AP).

Resources

- Strategic Communications and Dissemination
http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/strategic-communications.html
- Technology and Social Media for Adolescent Sexual Health: 2015 Focus
http://www.actforyouth.net/resources/pm/pm_tech-social_0215.pdf
- Using Media and Technology to Improve Sexual Health Outcomes for Youth
<http://www.actforyouth.net/publications/results.cfm?t=cohall>
- (Example) My Media Life PSAs
<https://www.youtube.com/playlist?list=PLMZ2sSKYTUffzvP3rUxJJED9SrXk7D1sE>
- (Example) Teens in NYC app
<http://www.nyc.gov/html/doh/teen/html/sexual-health-pregnancy/clinics.shtml>
- Youth-Adult Partnerships for Change
http://www.actforyouth.net/youth_development/engagement/partnerships.cfm
- Being Y-AP Savvy: A Primer on Creating and Sustaining Youth-Adult Partnerships
<http://fyi.uwex.edu/youthadulthoodpartnership/files/2011/02/YAP-Savvy12.pdf>
- Youth Adult Partnership: A Training Manual
<http://www.theinnovationcenter.org/store/86>

References

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<http://doi.org/10.1016/j.amepre.2012.07.022>
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<http://doi.org/10.1097/AOG.0b013e31823d4167>
- Guse, K., Levine, D., Martins, S. Sira, A., Gaarde, J., Westmorland, W., Gilliam, M. (2012). Interventions using new digital media to improve adolescent sexual health: A systematic review. *Journal of Adolescent Health*, 51, 535-543.

<http://doi.org/10.1016/j.jadohealth.2012.03.014>

- Malbon, K., & Romo, D. (2013). Is it ok 2 txt? Reaching out to adolescents about sexual and reproductive health. *Postgraduate Medical Journal*, 89, 534-539.
<http://doi.org/10.1136/postgradmedj-2012-131519>

- Conduct in person or web based clinic tours.

Resource

- (Example) PPNYC: Dear Planned Parenthood
<https://www.youtube.com/watch?v=xOnUrEUDPEU>

- Address concerns about the confidentiality of services with youth in all outreach activities.

Resource

- Confidentiality in Health Care
<http://advocatesforyouth.org/component/content/article/2326-confidentiality-in-health-care>

References

- Jaccard, J., & Levitz, N. (2013). Counseling adolescents about contraception: Towards the development of an evidence-based protocol for contraceptive counselors. *Journal of Adolescent Health*, 52(4, Supplement), S6-S13.
<http://doi.org/10.1016/j.jadohealth.2013.01.018>
- Maley, M. (2013). Youth and family planning: Findings from a focus group study. *Research fACTs and Findings*. ACT for Youth Center of Excellence.
http://www.actforyouth.net/resources/rf/rf_family-planning_1113.pdf
- Ralph, L. J., & Brindis, C. D. (2010). Access to reproductive healthcare for adolescents: Establishing healthy behaviors at a critical juncture in the lifecourse. *Current Opinion in Obstetrics and Gynecology*, 22(5), 369-374.
<http://doi.org/10.1097/GCO.0b013e32833d9661>

Component Two (Optional)

Performance Standard 3: Increase the percentage of adolescents who live in supportive and cohesive communities by promoting home and community environments that support health, safety, physical activity and healthy food choices.

(Required Activity) – Implement multi-dimensional educational, vocational, economic and recreational opportunities for youth on multiple health and developmental related topics that introduce them to new situations, ideas and people, and challenge them to build or learn skills.

Performance Standard 4: Increase supports to address the special needs of adolescents.

(Required Activity) - Implement mechanisms to refer individuals to other federal, state, county, city, school district, and local community service providers for physical, social, emotional, educational, and developmental support and services as necessary.

Potential strategies/activities can include:

- Provide multi-dimensional education and experiential activities for youth on multiple topics relating to health and development. Programming should build on young people's strengths, provide opportunities for skill development, and enable young people to be involved in meaningful ways. It is recommended that planning, implementation, and evaluation of multi-dimensional programming be conducted through a structured youth-adult partnership (Y-AP).

Effective youth programming is characterized by (NRC, 2002):

- Physical and Psychological Safety: positive, respectful interactions among peers and staff, conflict resolution, and physically sound facilities.
- Appropriate Structure: clear, consistent, age-appropriate expectations for behavior; rules and boundaries.
- Supportive Relationships: staff should demonstrate the capacity to develop positive, supportive relationships with youth.
- Opportunities to Belong: an inclusive, engaging environment for all; cultural competence.
- Positive Social Norms: positive, pro-social values and expectations.
- Support for Efficacy and Mattering: genuine opportunities for youth to build competencies and make a difference. Youth-adult partnerships that include opportunities for shared decision-making are an example of such opportunities.
- Opportunities for Skill Building: developing competencies for life, further education, work, and citizenship.
- Integration of Family, School, and Community Efforts: collaboration to offer the rich developmental context that helps young people practice skills.

Resources

- Report Brief: Community Programs to Promote Youth Development
<http://iom.nationalacademies.org/~media/Files/Report%20Files/2004/Community-Programs-to-Promote-Youth-Development/FINALCommunityPrograms8Pager.pdf>
- Principles of Youth Development
http://www.actforyouth.net/youth_development/development/
- Engaging Older Youth: Program and City-level Strategies to Support Sustained Participation in Out-of-School Time
<http://www.hfrp.org/out-of-school-time/publications-resources/engaging-older-youth-program-and-city-level-strategies-to-support-sustained-participation-in-out-of-school-time>
- Youth-Adult Partnerships for Change
http://www.actforyouth.net/youth_development/engagement/partnerships.cfm
- Youth Participatory Evaluation
http://www.actforyouth.net/youth_development/evaluation/evaluators/
- Social and Emotional Learning (SEL) Toolkit: SEL Strategies and Tools
http://www.actforyouth.net/youth_development/professionals/sel/strategies.cfm
- Building Skills for Adulthood
http://www.actforyouth.net/sexual_health/community/adulthood/
- Being Y-AP Savvy: A Primer on Creating and Sustaining Youth-Adult Partnerships
<http://fyi.uwex.edu/youthadulthoodpartnership/files/2011/02/YAP-Savvy12.pdf>
- Youth Adult Partnership: A Training Manual
<http://www.theinnovationcenter.org/store/86>

References

- Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American*

Journal of Community Psychology, 45, 294-309.

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- National Research Council (NRC) and Institute of Medicine. (2002). *Community Programs to Promote Youth Development*. Washington, DC: National Academies Press.
<http://www.nap.edu/catalog/10022/community-programs-to-promote-youth-development>
- Zeldin, S., Christens, B. D., & Powers, J. L. (2013). The psychology and practice of youth-adult partnership: Bridging generations for youth development and community change. *American Journal of Community Psychology*, 51, 385-397.
<http://doi.org/10.1007/s10464-012-9558-y>

- Provide opportunities for youth to participate in Service-Learning Programs. Youth involved in Service-Learning Programs will be expected to volunteer some of their time for community service projects, and structured time for preparation and reflection before, during and after the service (e.g. group discussion, journal writing, and papers). Reflecting best practices in service-learning, youth should be engaged as partners in the development, implementation, and evaluation of service-learning programs.

Quality service-learning programs are characterized by the K-12 Service-Learning Standards for Quality Practice:

- Meaningful service: Beyond simply logging volunteer hours, service is meaningful to those involved, including youth and the beneficiaries of the service.
- Link to curriculum: Education is intentional and structured, not simply an expected by-product of service. *Note that research shows the curriculum does not have to be directly related to sexual health education in order to be effective in teen pregnancy prevention (Community Guide, 2007; Kirby, 2007).*
- Structured opportunities for reflection: Activities include discussion, writing, or other creative and cognitively challenging work designed to help students make connections and come to new understandings as they progress through the project. Reflection activities should occur before, during, and after service.
- Diversity: Participants encounter and learn to value multiple points of view and people from different backgrounds. They develop interpersonal skills through working with those who provide and receive service, and learn to overcome stereotypes.
- Youth voice: Youth are partners with adults in planning, implementing, and evaluating service-learning projects.
- Partnerships: Community needs are addressed through a highly collaborative and mutually beneficial process.
- Progress monitoring: Participants measure their progress toward program objectives, and present their results to a wider community.
- Duration and intensity: In a review of service-learning programs that were associated with reducing teen pregnancy, Douglas Kirby (2007) noted that “all of the [effective] programs were very intensive and involved students for many hours (e.g. 40 to 80 hours) after school.” A Corporation for National & Community Service review of research found that programs were most successful when they were at least one semester in length.

Resources

- Service-Learning and Adolescent Sexual Health
http://www.actforyouth.net/sexual_health/community/service-learning.cfm
- K-12 Service-Learning Standards for Quality Practice
https://nylcweb.files.wordpress.com/2014/08/standards_oct2009-web.pdf

- National Service-Learning Clearinghouse
<https://gsn.nylc.org/clearinghouse>

References

- Billig, S. H. (2007). *Unpacking what works in service-learning: Promising research-based practices to improve student outcomes*. National Youth Leadership Council.
 - Community Preventive Services Task Force. (2007, October). Sexual behavior: Youth development behavioral interventions coordinated with community service to reduce sexual risk behaviors in adolescents. *Guide to Community Preventive Services*.
<http://www.thecommunityguide.org/hiv/youthdev-community.html>
 - Corporation for National and Community Service. (2007). *Issue Brief: The Impact of Service-Learning: A Review of Current Research*.
http://www.nationalservice.gov/sites/default/files/documents/issuebrief_servicelearning.pdf
 - Kirby, D. (2007). *Emerging Answers 2007*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
https://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf
 - National Youth Leadership Council. (2008). *K-12 Service-Learning Standards for Quality Practice*.
https://nylcweb.files.wordpress.com/2014/08/standards_oct2009-web.pdf
- Provide individual, small group, and/or team mentoring for youth. Mentoring is defined as “a structured and trusting relationship that brings young people together with caring individuals (adults) who offer guidance, support and encouragement aimed at developing the competence and character of the mentee.”[1].

The Elements of Effective Practice for Mentoring include (but are not limited to):

- Structured mentor and mentee recruitment that helps each individual understand what to expect from a mentoring relationship.
- Appropriate mentor screening, including background checks and face-to-face interview. Appropriate mentee screening, including parent/guardian informed consent.
- Commitment to mentoring relationship of at least one hour per week over one calendar or school year.
- Mentor training.
- Careful matching that takes into consideration factors such as interests, age, gender, race, preferences of mentor and mentee, among others.
- Monitoring and support on a regular basis throughout the relationship.
- Procedures to manage closure.

For full list, see http://www.mentoring.org/downloads/mentoring_1225.pdf

Additional points relevant to group mentoring:

- Group and team mentoring should have a mentor: mentee ratio of no more than 1:4.
- It is recommended that group mentoring not be focused on academics (Rhodes, 2002).

Resources

- Elements of Effective Practice for Mentoring, How to Build a Successful Mentoring Program, and related tools from MENTOR
http://www.mentoring.org/program_resources/elements_and_toolkits

- Chronicle of Evidence-Based Mentoring
<http://chronicle.umbmentoring.org/>

References

- DuBois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N., & Valentine, J. C. (2011). How Effective Are Mentoring Programs for Youth? A Systematic Assessment of the Evidence. *Psychological Science in the Public Interest*, 12, 57–91.
<http://doi.org/10.1177/1529100611414806>
- Kirby, D., Lezin, N., Afriye, R., & Gallucci, G. (2003). *Preventing teen pregnancy: Youth development and after-school programs*. Scotts Valley, CA: ETR Associates.
- MENTOR. (2009) Elements of effective practice for mentoring, 3rd edition.
http://www.mentoring.org/downloads/mentoring_1222.pdf
- Rhodes, J. (2002, May). Research corner: Group mentoring.
http://www.mentoring.org/downloads/mentoring_1323.pdf
- Provide education on the components of healthy relationships. The quality of adolescent romantic relationships can have long lasting effects on self-esteem and shape personal ideas regarding romance, intimate relationships, and sexuality. Likewise, peer relationships and friendships are especially significant in adolescence, with implications for self-esteem, life satisfaction, and confidence in the future.

Resources

- Helping Youth Build Relationship Skills [compendium of resources]
http://www.actforyouth.net/sexual_health/community/adulthood/relationships.cfm
- Relationship Skills
http://www.actforyouth.net/youth_development/professionals/sel/relationship_skills.cfm
- Romantic Relationships [web pages for youth]
<http://www.nysyouth.net/relationships/>

Research

- Collins, W. A., Welsh, D. P., & Furman, W. (2009). Adolescent romantic relationships. *Annual Review of Psychology*, 60, 631-652.
- Connolly, J., & McIsaac, C. (2011). Romantic relationships. In M. K. Underwood & L. H. Rosen (Eds.), *Social development: Relationships in infancy, childhood, and adolescence*. New York, NY: Guilford Press.
<http://doi.org/10.1146/annurev.psych.60.110707.163459>
- Fadda, D., Scalas, L. F., & Meleddu, M. (2015). Contribution of personal and environmental factors on positive psychological functioning in adolescents. *Journal of Adolescence*, 43, 119–131.
<http://doi.org/10.1016/j.adolescence.2015.05.019>
- Mustanski, B. (2015). Future directions in research on sexual minority adolescent mental, behavioral, and sexual health. *Journal of Clinical Child & Adolescent Psychology*, 44, 204-219.
<http://doi.org/10.1080/15374416.2014.982756>

Comprehensive Adolescent Pregnancy Prevention (CAPP) Contractor Guidance for Use of Incentives for Evidence Based Program (EBP) Participants

Adolescent sexual health evidence-based programs (EBPs) are those that have been proven effective on the basis of rigorous scientific research and have been shown to bring about changes in the behaviors that lead to adolescent pregnancy and STDs/HIV, including delaying the initiation of sexual activity, increasing the use of condoms or contraception among those who are sexually active, and/or reducing the number of sexual partners. Monetary incentives were used during the initial evaluation of the EBPs to increase participant attendance.

The goal of the incentive program for adolescent pregnancy prevention programs is to encourage or acknowledge EBP participation. Incentives will be provided for participants of EBPs that complete 75% or 100% of an EBP.

- Incentives may be used for EBPs conducted in out-of-school settings and/or after-school settings. Incentives should be used judiciously and strategically, in a direct effort to support EBP retention. Excessive or indirect use of incentives will not be approved by the DOH contract manager (CM).
- Incentives are allowable for EBP participants who complete 75% of program sessions or for participants who complete 100% of program sessions. The amount of incentive for attendance at EBPs can be determined by the contractor however, the amount cannot exceed \$25. Incentives should not be distributed until all program sessions are complete.
- The number of sessions that are included in EBPs should be considered when determining incentives.
- Examples of incentives can include: gift cards to businesses that do not sell tobacco and alcohol products, movie tickets, or a social/recreational activity. Cash payments are not permitted. Give-away items such as key chains, pens, bracelets, T-shirts, etc. are not permitted.
- Incentives will be approved as part of the annual budget. The allocation for incentives are to be included in the budget under the Program Supplies section with a description of how the incentives will be used for approval by contract management and administrative staff. If a contractor proposes to use an incentive after the original budget/justification has been approved, the contractor must obtain approval from the DOH contract manager and submit a budget modification.
- Incentives are considered non-offering and arranging costs.
- Written policies and procedures concerning participant incentives must be incorporated into your agency's fiscal and program policies and procedure manual. The policy should include how the incentives will be safeguarded prior to distribution and include a system for ensuring that the criteria for incentives are known to the program participants and adhered to.
- An incentive tracking log must be maintained, by the agency. The log is to include the name of the youth receiving the incentive, name of EBP, and the number of sessions the youth participant attended. Participants that receive incentives must sign a log when the incentive is received. Two staff persons must be involved in the process of accounting for and distributing participant incentives.
- Program staff are to indicate on the EBP fidelity checklist that incentives were provided to participants for the EBP cycle. Please add *** **USED INCENTIVES FOR CYCLE****** in the "Additional Comments Re: Program Implementation" section at the end of the fidelity check list.

Comprehensive Adolescent Pregnancy Prevention

Instructions for Completing Tables A-1 and A-2 as Components of Operating Budgets and Funding Request

General Information

All applicants must complete Table A-1 and Table A-2 for budget year 1 and for each annual budget for years 2-5 to determine the program expenses eligible for federal medical assistance percentage. As stated in Section I, B. Purpose, 85% of the expenses for Component One: Performance Standard 1 and 2 should be designated as offering and arranging (defined below). All expenses for your project must be in line item detail on the forms provided. NYS funded administrative costs are generally no more than 10% cost allocation of your budget and must be identified and shown in line item detail, not as a percentage of total costs and directly related to project activities. Any administrative costs larger than 10% should be fully explained in the budget justification section. **Indirect costs applied as a percentage may not be charged to NYS.** While Component Two activities will be included on Table A-1 and Table A-2, these optional activities will not be used as part of the offering and arranging designation.

Budget Instructions

The budget should reflect all costs and funding for the CAPP program from all sources, including in-kind contributions and other grants.

BUDGET

TABLE A: Summary Budget Request

This table should be completed last and will include the subtotal lines only from Tables A-1 and A-2.

Line 1: Enter appropriate amounts from the detailed personal services budget page.

Line 2: Enter appropriate amounts from the detailed non-personal services budget page.

Grand Total: Reflect the totals of Line 1 and Line 2 above.

Other Sources of Funds (Column 2): All funds and resources the applicant will be providing to support CAPP activities.

Amount Requested from NYS (Column 3): Funds requested from the state for this grant.

Other Sources of Funds Detail (Bottom of Summary Budget Request)

- a. Funds available from the applicant's own sources and monetary value of in-kind services. This can also include fees from education services and fund raising efforts.

- b. Funds available from the CAPP subcontractors own sources and monetary value of in-kind services. This can also include fees from education services and fund raising efforts.
- c. Other Grant funds; includes other state, local or federal grants not requested in this application. Private foundation grants should also be included. Also other miscellaneous income must be disclosed here.
- d. The total Other Sources of Funds must equal the amount entered under the column headed "Other Sources of Funds", column 2, Grand Total line of the Summary Budget Request.

Complete the enclosed Compressed Sub Contractor Budget and Compressed Sub Contractor Budget Justification Attachment for each CAPP subcontractor. This information is to be summarized on the lead agency's budget Table A-2 as a single line item. Submit each CAPP subcontractor's compressed forms with your grant application.

TABLE A-1: Detailed Personal Service Budget Request

Personnel with the exception of consultants and per diems contributing any part of their time to the CAPP project should be included.

- In the top row of the heading, fill in the applicant name.
- In column 1, enter **all job titles** connected with administration or service provision for CAPP. Include all titles, regardless of funding source.
- In column 2, enter the annual (12 month) salary rate for each position which will be filled for all or any part of the budget period. Regardless of the amount of time spent on this project, the total annual salary for each position should be given for the number of months applicable to that salary. **For example, if a union negotiated salary increase will impact a portion of the 12 month budget period it should be shown on Table A-1 as follows (the same position will use two lines in the budget):**

Title (Column 1)	Annual Salary (Column 2)	X	# Months (Column 3)	X	%FTE = (Column 4)	Total Amount Required (Column 11)
Health Educator	\$30,000		9		100%	\$22,500
Health Educator	\$35,000		3		100%	\$8,750

- In column 3, show the number of months out of 12 worked for each title. (If an employee works 9 months out of 12, then 9 months/12 month =.75. This ratio is part of the Total Expense calculation below.)
- In column 4, the proportion of time spent on the CAPP project based on a full time equivalent (FTE) should be indicated. One FTE is based on the number of hours worked in one week by salaried employees (e.g. 40 hour work week). To obtain % FTE, divide the hours per week spent on the project by the number of hours in a work week. For example an individual working 10 hours per week on CAPP given a 40 hour work week =10/40=.25(show in decimal form).

- In columns 5 - 9, indicate costs allocated to each “Offering and Arranging” activity. These amounts are determined by multiplying the amount in column 12 by the percent of time dedicated to each activity. The definitions for each of the categories are below.
- In column 10, enter costs allocated to Component 1 activities **not** related to offering and arranging of family planning services. This is determined by multiplying the amount in column 12 (less the costs associated with Component 2 activities) by the percent of time dedicated to activities not related to offering and arranging for family planning services.
- In Column 11, enter costs allocated to Component 2 activities, if applicable.
- In column 12, enter the total amount required for each position using the following formula:

$$\begin{array}{ccccc} \text{Annual Salary X} & \text{Number of Months/12} & \text{X} & \text{\%FTE =} & \text{Total Expense} \\ \text{(Column 2)} & \text{(Column 3)} & & \text{(Column 4)} & \text{(Column 12)} \end{array}$$

-
- In column 13, enter the amount of other sources of funding for each position. This includes both "in kind" contributions and funds from all other sources.
- In column 14, enter the amount of funding requested from the State.
- The sum of columns 13 and 14 must equal the amount in column 12.
- **Fringe Benefits** – Insert the Agency-Wide Fringe Benefit rate in space provided. Multiply this rate by the sub-total Personal Service for each column.
- **TOTAL PS:** In the total Personal Services row, add vertically to obtain totals for each column.

Activities Related to "Offering and Arranging for Family Planning Services" Definitions

Comprehensive Adolescent Pregnancy Prevention (CAPP) projects provide a variety of services that are eligible for 90% Federal medical assistance percentage for the offering and arranging of Medicaid family planning services. Eligible activities include, as defined in defined in 18 NYCRR 505.13, “offering and arranging for family planning services.”

Offering and arranging for family planning services is defined in 18 NYCRR 505.13 by three broad categories as follows: disseminating written and oral information about available family planning health services, providing for individual and/or group discussions about all methods of family planning and family planning services, and assisting with arranging visits to a medical family planning provider.

This definition is represented by distinct categories of service as reflected in the CAPP budget Table A-1 and A-2 (see attachment 16). The following displays how these categories meet the definition and gives examples of acceptable activities. This list is not all-inclusive:

1. Disseminating written and oral information about available family planning health services.

- Community Education and Outreach (Column 5) includes presentations to local groups and school staff, PTAs, clinic orientation tours, door-to-door outreach in high-need areas, media campaign to raise awareness of the full range of family planning methods (including abstinence) and services available.
- Education and Informational Materials Costs (Column 9, Other) includes development and distribution of family planning services information and outreach materials, production of materials addressing barriers to access of services. Costs may also include dissemination through media outlets such as cable, T.V. and Internet. For example, a CAPP program website aimed at teens, which include information on locations of clinics and how to access family planning services through the Family Planning Benefit Program.

2. Providing for individual and/or group discussions about all methods of family planning and family planning services.

- Classroom Presentations (Column 6) Providing comprehensive age-appropriate, and medically accurate sexuality education to youth in schools, school-based health centers and other community settings. For example, delivering evidence-based comprehensive reproductive health curriculum in school health classes that educates on the importance of family planning services and how to access services locally.
- Peer Leadership Activities (Column 7) Recruiting and training youth advocates to reach adolescents in school and community settings aimed at reducing barriers to family planning services. For example: peer led activities may include group presentations, one-on-one education, and community outreach.
- Parent Workshops (Column 9, Other) enhancing parent-child communication around sexuality, relationships, and how to access services through youth and parent group discussions on family planning and workshops to assist parents in discussing sexual health issues with youth. Also included are strategies aimed at engaging parents/caregivers in local efforts to support and promote the use of family planning services. For example, training adult role models to engage parents and other caregivers in increasing their comfort and knowledge around communicating with their teens about sexuality and family planning issues.

3. Assisting with arranging visits to family planning provider.

- Family Planning Counseling and Referrals (Column 8) includes after-school health resource discussions by CAPP staff and/or peer educators, referrals to a family planning provider, assistance with scheduling appointments, intake and the follow up of missed appointments, assistance in accessing Medicaid for family planning coverage, assisting with transportation arrangements. For example, assisting adolescents in enrolling in the Family Planning Benefit Program.

Costs that should be excluded are:

- Costs associated with the direct furnishing of medical services
- Costs associated with the overhead costs of operating a provider facility

“Activities Not Related to Offering & Arranging for FP Services” (column 10) includes all expenses associated with implementing the Optional Component 1, personnel not providing direct services (for example: administrators, bookkeeper, accountant, etc...), payroll costs, audit costs, maintenance fees, etc.

TABLE A-2: Detailed Nonpersonal Services (NPS) Budget Request

All NPS expenses for the CAPP program should be listed regardless of whether or not funding for these expenses is requested from New York State. In addition to Table A-2, please provide detail for information below in the budget.

- In the top row of the heading, fill in the applicant name.
- In the first column, enter **all non-personal service line items** connected with CAPP. Include all items, regardless of funding source. Some examples of non-personal service items include (but are not limited to): Individual Subcontractors, Audit, Payroll Processing, Per Diem Staff, Equipment, Office Supplies, Program Supplies, Food/Refreshments, Staff Development Trainings, Participant Travel, Staff Travel, Advertising, Maintenance and Operations, and Media Development. Each line item must be easily identifiable, “Other” and “Misc” are not allowable line items.
- In columns 2 through 6 for each line item, indicate costs allocated to each Component 1 activity associated with activities related to offering and arranging. Please refer to the definitions under instructions for Table A-1 for each of the categories of activities related to Offering & Arranging for Family Planning Services to ensure accurate reporting.
- In column 7, enter costs allocated to Component 1 items **not** related to offering and arranging of family planning services.
- In Column 8, enter costs allocated to items for Component 2 activities. The sum of columns 1 through 8 will equal the amount in column 9.
- In column 10, enter the amount of other sources of funds funding for each NPS item. This includes both “in kind” contributions and funds from all other sources.
- In column 11, enter the amount of funding requested from the State.

Comprehensive Adolescent Pregnancy Prevention

Work Plan Performance Measures

The performance measures listed below correspond to the objectives and tasks in the Work Plan document provided in the Grants Gateway. Please select all performance measures as written below and enter them into the work plan document in the column titled Performance Measures based on the designated Performance Standard/Tasks.

Component One

Performance Standard 1: Reduce the adolescent pregnancy rate and the rate of unintended pregnancy by practicing health promoting behaviors/reduce risk behavior.

(Required Activity) - Implement comprehensive, evidence-based, age-appropriate sexual health education.

Enter the following required performance measures in the work plan for Tasks a - d:

1. Percent of youth attending EBPs who will complete at least 75% of the EBP sessions.
2. Percent of EBP fidelity checklists and other evaluation tools that are completed following implementation of EBP(s) and will be submitted electronically to the ACT COE within two weeks of the last session.

Staffing Requirements: Health Educators

Enter the following required performance measures in the work plan for tasks under e - f:

1. Percent of Health Educators that have finished the mandatory trainings prior to implementation of EBPs.
2. Number of referrals of youth to obtain comprehensive family planning services, health services or other essential support services as needed.

Staffing Requirements: Health Educator Supervisor (Full-time)

Enter the following required performance measures:

1. Number of observations that are completed for Health Educators using tool developed by DOH/ACT COE biannually. *Note: Additional observations are done if improvement is needed. Observations are available for review by DOH.*
2. Total number of attended CAPP monthly calls with DOH and attendance of COE webinar/trainings and other activities.

(Optional Activity) - Implement evidence-based or best practice parent education strategies to improve parent child communication on sexual health topics that include education on planning.

Enter the following required performance measure:

1. Number of parents receiving evidence-based or best practices parent education activities on how to talk with their teens about sexual health and family planning.

Performance Standard 2: Increase the percentage of adolescents who receive preventive reproductive health care services.

(Required Activity) – Ensure access to confidential reproductive health and family planning services for adolescents.

Enter the following required performance measure:

1. Number of adolescents who received referrals for preventive health care services.

Component Two: (Optional)

Performance Standard 3: Increase the percentage of adolescents who live in supportive and cohesive communities by promoting home and community environments that support health, safety, physical activity and healthy food choices.

Enter the following required performance measure:

1. Number of events held that are responsive of priority population needs.

Performance Standard 4: Increase supports to address the special needs of adolescents.

(Required Activity) - Implement mechanisms to refer individuals to other federal, state, county, city, school district, and local community service providers for physical, social, emotional, educational, and developmental support and services as necessary.

Enter the following required performance measure:

1. Number of youth who are referred when needed to services within their communities for physical, social, emotional, educational, and developmental support and service

Grants Gateway Expenditure Budget Instructions – Year 1

The following instructions pertain to completing the online budget in the Grants Gateway for year one of the project.

Please refer to Section 6.2.9.1 – Expenditure Budget of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the online Budget.

Please refer to the training video – Grantee Tutorial: Apply for Funding (available at: <http://grantsreform.ny.gov/youtube> and clicking the appropriate link) for detailed instructions on how to complete the online budget with examples. This content begins approximately nine minutes into the video. Online training opportunities are also available at: <http://grantsreform.ny.gov/training-calendar>. Below is a quick summary:

- Click on each applicable detail budget form you need to include in your budget. Enter all required information.
 - Be sure to Click on the “SAVE” button after all information is entered.
 - Additional expenses may be included in each budget category form by clicking the “Add” button in the blue toolbar near the top of your screen.
- After you save each detail budget form, hover over the Forms Menu and click on the associated Narrative form. Use this form to provide a detailed justification for each budget line. Provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the work plan. Budget lines that are not well-justified will negatively impact the application score.
 - Starting with personnel, **fully justify** amounts requested in each budget category and budget line. Regardless of whether financial support is requested, describe and substantiate the roles and essential contributions to the project of the PI, mentor(s), applicant fellow and other staff involved in the project.
 - Provide a **detailed** justification for each ‘Non Personal Service’ (e.g., travel, supplies and other expenses).
- Once your detail pages have been completed, click on the Expenditure Summary and SAVE.

General Budget Instructions for Years 2-5

NEW YORK STATE DEPARTMENT OF HEALTH BUREAU OF MATERNAL, WOMEN, INFANT & ADOLESCENT HEALTH COMPREHENSIVE ADOLESCENT PREGNANCY PREVENTION (CAPP) EXPENDITURE BASED BUDGET INSTRUCTIONS

Instructions for Completion of Budget Forms for Solicitations

Budgets for years two through five are to be completed using the Excel budget forms in Attachment 16. Please note that you will need to use Attachment 16 for EACH budget year (2-5). Please be sure to complete all required budget pages for years two through five. The budgets for years two through five should be labeled as instructed in the RFA and combined into one .pdf document, then uploaded to the Grants Gateway.

Tab 1 - Summary Budget

A. **Project Name** – Enter the Name of the Solicitation.

B. **Contractor SFS Payee Name** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.

C. **Contract Period** – “From” is the Start date of the budget and “To” is the end date of the budget. A separate budget must be completed for each 12 month budget period and labeled for each contract period.

D. The **GRANT FUNDS** column is automatically populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet. These categories include:

- ☐ Salaries
- ☐ Fringe Benefits
- ☐ Contractual Services
- ☐ Travel
- ☐ Equipment
- ☐ Space, Property & Utilities
- ☐ Operating Expenses
- ☐ Other

Tab 2- Salaries

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page. *Please include a written justification on Tab 6.*

Position Title: For each position, indicate the title along with the incumbent’s name. If a position is vacant, please indicate “TBD” (to be determined).

Annualized Salary Per Position: For each position, indicate the total annual salary regardless of funding source.

Standard Work Week (Hours): For each position, indicate the number of hours worked per week regardless of funding source.

Percent of Effort Funded: For each position, indicate the percent effort devoted to the proposed program/project.

Number of Months Funded: For each position, indicate the number of months funded on the proposed project.

Total: This column automatically calculates the total funding requested from the Bureau of Women, Infant and Adolescent Health based on annualized salary, hours worked, percent effort and months funded for each position. If the amount requested for a position is less than what is automatically calculated, please manually enter the requested amount in the total column.

Tab 2 - Fringe Benefits

On the bottom of Tab 2, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate requested for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification must be attached. *Please include a written justification on Tab 6.*

Tab 3 – Contractual Services

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. *Please include a written justification on Tab 6.*

Tab 3 – Travel

Please indicate estimated travel costs for the contract period. *Please include a written justification on Tab 6.*

Tab 4 – Equipment and Space

Please indicate estimated equipment or space costs for the contract period. *Please include a written justification on Tab 6.*

Tab 5 – Operating Expenses / Other

Please indicate any operating expenses for the contract period. *(Operating costs include may include Supplies and any other miscellaneous costs for the contract period). Please include a written justification on Tab 6.*

Please indicate the estimated other costs requested for the contract period. *(Other costs include administrative costs) Please note administrative costs are limited to 10% of direct costs. Please include a written justification on Tab 6.*

Tab 6 - Narrative Budget Justification

Please provide a brief narrative justification in the **JUSTIFICATION** column in Tab 6 for each budgeted item. Requested amounts entered on Tabs 2 through 5 will automatically populate the **BUDGETED** column on Tab 6. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project.

For Personal Service include incumbent name and a description of duties as related to the CAPP Program.

You must specifically describe the methodology for allocation of shared costs. Explain and demonstrate how each of the shared costs in your budget is allocated across funding sources. An example of shared cost is when personnel function across more than one funded program. Hence the total cost of their being on the payroll is a “shared cost.” Other examples might include but are not limited to space-related costs, communications, office supplies, photocopy, legal, insurance, payroll services and accounting. Identify each such cost that appears in your budget. Provide a justification of the allocation of each shared cost item in the budget across agency funding sources (demonstrating the percentage and amount for each of the agency’s programs).

Simple Allocation Methodology

The agency takes the sum of all its contracts, figures out what percent the grant is and allocates all costs accordingly. For example, if the agency takes in \$1 million, and our grant is \$250,000, then the agency allocates 25% of all shared costs to our grant.

Multiple Allocation Methodology

The agency may choose to use multiple allocation methodologies based on cost centers, by grouping costs then allocating them accordingly. For example,

- All costs associated with operation, such as printing, copying, mailing, and telephone, may be grouped and allocated according to use by each grant. The agency must have a good understanding of the use of these items across all grants in order to do this. As an alternative, the agency may decide to simply allocate a percent of these costs to all grants.
- The agency might also allocate administrative items such as accounting and billing, etc. If the agency has a grant that has substantial billing, vouchering, and subcontracting activity, they may allocate more of those costs to that grant.
- Space might be allocated by taking the cost per square foot and multiplying that by the number of employees on the grant.

Direct Allocation Methodology

The agency may also consider every expense as a direct cost and allocate it based on the specific use by each grant.

Non-Personal Services Detail

Contractual Services – Type/Description

Provide a delineation of the items of expense and estimated cost of each. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include contracted staff and per diems. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor.

Travel – Type/Description

Provide a delineation of the items of expense and estimated cost (i.e., travel costs associated with conferences, including transportation, meals, lodging, registration fees; as well as general travel costs for administrative and program staff). Costs should be based upon a travel reimbursement policy and are limited to the established travel reimbursement guidelines and rates for state employees as issued by the Office of the State Comptroller (OSC).

Equipment – Type/Description

Delineate each piece of equipment and the estimated cost for each. For the purposes of inventory, equipment is defined as any item which costs \$300 or more and has a life expectancy of at least two (2) years. **Items which cost less than \$300 should be included under “other”.**

Space/Property Expenses: Rent – Type Description

Space costs must include number of square feet, cost per square foot and methodology used to determine expense charged to the grant. Will be reviewed for appropriateness against the grant. Detail of maintenance and utility costs should be included.

Space/Property Expenses: Own – Type Description

Include methodology used to determine expense to be charged to the grant. Will be reviewed for appropriateness against the grant.

Utility Expenses – Type/Description:

Include methodology used to determine expense charged to the grant. Will be reviewed for appropriateness against the grant.

Operating Expenses – Type Description:

This category of expense should be broken out to include any NPS categories not identified or listed above. For example: office supplies, educational materials, etc. **Note:** “Other” or “Miscellaneous” categories within the main “OTHER” budget category will not be accepted. All line items must be identified and include a description and cost detail on the forms provided.

Other – Type/Description:

Delineate each operating/administrative expense used to support the program, and include methodology used to determine expense to be charged to grant. All NYS funded administrative costs may not exceed ten percent (10%) of your STATE grant, and must be broken out into individual items of expense specifically describing the methodology used to allocate these costs.