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Louisiana Youth For Excellence

The Office of Governor John Bel Edwards

Programs and Planning

<http://gov.louisiana.gov/page/lyfe>

**Positive Youth Development Grant**

**Request For Application 2017**

**Release Date**: June 20, 2017

**Due Date**: July 14, 2017

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*“Empowering our youth to make healthier choices”*

Table of Contents

**Introduction2**

**Award Information2**

**Program Requirements3**

In-Kind Contribution Reporting3

Participant Data Reporting4

Monitoring4

Prohibited Costs5

**Application Instructions & Check List6**

**Grant Timeline7**

**Selection Process7**

**Program Grant Application9**

Program Description10

Timeline11

Applicant Capacity12

Project Budget13

**Assurance & Signatures14**

**INTRODUCTION**

Louisiana Youth For Excellence (LYFE) works to promote positive youth development and lower the epidemically high statistics of teen births and sexually transmitted infections (STIs). LYFE works diligently to do this by equipping youth with the education and skill sets needed to increase their self-esteem, enhance life coping skills, and improve refusal skills in innovative ways. With the help of federal funding through Title V Abstinence Education as a part of the Social Security Act, LYFE is able to provide extensive resources and services to the community. These include, but are not limited to:

* Educational workshops and seminars for youth and parents,
* Educational brochures and motivational books for youth and parents,
* Community resource guides for youth and parents,
* Referrals for counseling,
* Peer mentoring groups within organizations, and
* Abstinence-centric curriculum, Making a Difference (*Endorsed by National Institute of Health as a leading evidence-based, abstinence approach to teen pregnancy and HIV/STI prevention)*

Though LYFE serves all youth statewide from ages 12-19, it focuses on the most vulnerable populations such as Native American youth, youth in poverty, youth transitioning in and out of foster care, homeless youth, and lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. By utilizing the Louisiana 2013 Annual Report for Sexually Transmitted Diseases, LYFE was able to identify Caddo, East Baton Rouge, and Orleans Parishes as having the highest number of STI cases. Although LYFE has primarily targeted its efforts in these parishes, it is committed to providing resources throughout the entire state.

In order to further assist the youth of Louisiana, LYFE seeks to provide financial support to established organizations that align with LYFE’s mission. In doing so, LYFE can expand its efforts to promote positive youth development outcomes while also empowering youth and instilling a strong sense of self-efficacy.

**AWARD INFORMATION**

Each grantee has the opportunity to be awarded up to $25,000 per grant cycle. The award amount may vary depending on the location of the organization and need of the community being served. LYFE strongly encourages collaboration and partnership among organizations in the same community. Provided that the proper documentation is submitted, the award amount will be distributed in quarterly increments. An upfront disbursement of no more than 15% of the total award amount may also be available. The award period is from August 2017 to July 2018. In order to continue the funding disbursement beyond the stated award period, the awardee is required to reapply each award year.

**PROGRAM REQUIREMENTS**

All organizations that are awarded LYFE’s Positive Youth Development Education grant will be required to comply with the following:

1. Grantee shall submit monthly documentation to support the organization’s in-kind contribution in keeping with Federal & State Guidelines.
2. Grantee shall submit quarterly participant data report to LYFE.
3. Grantee shall be available for routine monitoring, which will be conducted by LYFE staff or a representative thereof (with notice).
4. Grantee shall not use funds outside of the guidelines set forth in this application. The incurrence of prohibited costs will result in immediate termination of the grant agreement.

*Below you will find a detailed explanation for each of the above listed Program Requirements:*

**(1) In-Kind Contribution Reporting**

LYFE utilizes in-kind match to contribute toward a portion of the state’s obligation in accordance with Title V of the Social Security Act. If awarded this grant, it is vital that community based organizations also maximize their in-kind contribution in order to help sustain funding. A monthly report shall be submitted to LYFE that consists of a detailed expense report and time sheets to support the organization’s in-kind contribution.Failure to submit required documentation in a timely manner will result in loss of funding. **LYFE will provide technical assistance and guidance to aid the organization in the reporting process.**

Grantees will also be required to sign a Memorandum of Understanding (MOU) with LYFE that will emphasize the requirement of the organization to operate in keeping with the guidelines for Abstinence Education programs. These requirements are derived from the A-H components of Section 510 (b)(2) of the Social Security Act, which are as follows:

1. has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
2. teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
3. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted infections, and other associated health problems;
4. teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
5. teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
6. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
7. teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
8. teaches the importance of attaining self-sufficiency before engaging in sexual activity.

**(2) Participant Data Reporting**

Each organization shall submit a participant data reporting form to LYFE on a quarterly basis, which will includes the following data:

* Number of participants,
* Number of parents,
* Race of both parents & participants, and
* Age of both parents & participants
* Baseline data (derived from pre- & post-tests)

Louisiana Revised Statutes 17:281 prohibits the surveying of youth in public schools regarding their sexual behavior. To obtain baseline data, each awardee will be required to conduct pre-tests and post-tests for youth on a quarterly basis. **LYFE will provide technical assistance and guidance to aid the organization in the reporting process.**

**Please be advised that per law, Title V funding CANNOT be utilized for comprehensive sexual education. Only abstinence-based implementations are allowed under the Title V Abstinence Education Grant. Any expansion of the information presented to youth that includes demonstration or advocacy of a specific contraception would have to be funded by the organization with separate/additional sources of funding.**

**(3) Monitoring**

LYFE staff, or a representative thereof, will conduct routine site visits in order to observe the function of the organization, gain feedback from youth, collect or review evaluation data for completeness and accuracy, and provide feedback and technical support, if needed. Reasonable notice of each site visit will be given to the organization being monitored.

**(4) Prohibited Costs**

The following are costs specifically prohibited by the terms of this RFA. Such costs include, but are not limited to:

* Use of cash or cash alternatives (gift cards/certificates, etc.) as an incentive for participation in programmatic events,
* Fundraising activities,
* Contributions and donations,
* Rent,
* Operating supplies,
* Indirect costs (Including, but not limited to: Salaries, Utilities, Rent, Consulting fees, etc.)
* Facility maintenance bills,
* Furniture, and
* Equipment

**APPLICATION INSTRUCTIONS & CHECK LIST**

**Completed applications with all supporting documentation must be received by July 14, 2017 at 5:00 p.m. CST at:**

**Louisiana Youth For Excellence**

Attn: Sarah Parker

P.O. Box 94004

Baton Rouge, LA 70804-9004

[Sarah.Parker@la.gov](mailto:Sarah.Parker@la.gov)

To be considered for this funding opportunity, all applicants must be a legally established organization in the State of Louisiana and **provide two proofs of non-profit status:**

1. Letter of Exemption from I.R.S., and
2. Copy of charter from Secretary of State of LA (Full charter is not needed, only the charter page).

*LYFE recognizes community based organizations that are incorporated in the state of Louisiana and have attained a Non-Profit 501c3 status.*

**Please complete the following check list prior to submitting the application:**

* **Completed Grant Application** (*2 mailed copies & 1 emailed copy*)
* **Two (2) Proofs of non-profit status**:
  + Letter of Exemption from I.R.S., and
  + Copy of charter from Secretary of State of LA (Full charter is not needed, only the charter page).
* **Two (2) or more Letters of Support**
* **Completed and signed Application Signature Page**
* I certify that above items have been completed and accompany this checklist.

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*Signature of Applicant Date*

Applications will be **immediately disqualified** from review if any of the following occur:

* + Application is submitted after the deadline (July 14, 2017 at 5:00 p.m. CST)
  + Application does not have each of the required accompanying materials
  + Application is not entirely complete (signatures included)
  + Application provides misleading or inaccurate information
  + Application does not fully adhere to the instructions provided in this RFA

**LYFE has the right to: 1) reject, in whole or in part, any or all applications, 2) advertise for new applications, and 3) cancel this RFA and the Positive Youth Development Grant program if it is in the best interest of LYFE.**

**GRANT TIMELINE**

|  |  |
| --- | --- |
| **DATES** | **BENCHMARKS** |
|  |  |
| **June 20, 2017**..………………...….. | **RFA Release Date**: The RFA will be made available to the public on the LYFE web page. <http://gov.louisiana.gov/page/lyfe> |
| **July 14, 2017**….…………………… | **Submission Deadline**: Grant applications must be received, via mail by 5:00 p.m. CST.  Mail applications to:  **LYFE**  Attn: Sarah Parker  P.O. Box 94004  Baton Rouge, LA 70804-9004  Email applications to:  [Sarah.Parker@la.gov](mailto:Sarah.Parker@la.gov) |
| **July 17 – 28, 2017**.……..……….... | **Review Process**: Applications will undergo a Technical Review followed by a Committee Review. |
| **July 31, 2017**.……….………...…... | **Award Notification**: Applicants will be notified of funding decisions via email, and Contracts will be sent to awarded organizations. |
| **August 7, 2017**……...……….……. | **Grant Agreement Signing Deadline**: Grant agreements must be signed and returned to the Louisiana Youth For Excellence. |
| **August 15, 2017**….……….………. | **Grant Period Begins**: Funds will be disbursed in monthly increments. |

**SELECTION PROCESS**

Beginning July 17, 2017 all submitted applications will first undergo a Technical Review, which is to be conducted by LYFE Staff. Once the Technical Review is complete, all remaining qualifying applications will be reviewed by a Committee Review Panel, which will be selected by LYFE. Reviewers will sign a conflict of interest statement and will recuse themselves from reviewing those submissions from applicants with whom they have a working relationship. Reviewers are also prohibited from applying for the Positive Youth Development Grant during grant period for which they are serving on the Review Committee. Applications will be reviewed electronically with a standardized scoring sheet to reduce the potential for reviewer bias. All review shall be completed no later than July 28, 2017, and applicants will be notified of funding decisions by July 31, 2017.

|  |  |
| --- | --- |
| UNIQUE APPLICATION CODE # |  |

*[To be completed by LYFE Staff only]*

**PROGRAM GRANT APPLICATION**

THIS PAGE MUST BE THE COVER SHEET (FIRST PAGE) OF GRANT APPLICATION

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Applicant Organization* | *Type of Organization* | *Federal ID Number* |
|  |  |  |
|  |  |  |
| *Contact Person* | *Physical Address* | *Phone Number* |
|  |  |  |
|  |  |  |
| *Email Address* | *Parish(es) Grant Will Serve* | *Total Amount Requested* |
|  |  |  |

***Section 1: PROGRAM DESCRIPTION***

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| Provide a summary of the proposed project and include the following key points in your description: 1) Title of the program, 2) the overall goal of the program, 3) the specific services that will be provided to meet the overall goal, 4) a brief description of the target population including the proposed number of individuals that will be served, (Priority will be given to applicants who serve our target populations and are located in our target parishes), and 5) a brief statement of how the program will aid in the empowerment of youth, health education and promotion, and advocacy of abstinence. *(possible 30 points)* |
|  |

***Section 2: TIMELINE***

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| Provide a clear and feasible timeline that considers the logistics and scheduling required to complete the required activities as described in the Program Requirements of this RFA. *(possible 10 points)* |
|  |

***Section 3: APPLICANT CAPACITY***

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| --- |
| Demonstrate organizational readiness and ability to carry out the required activities.   * Outline our plans to recruit youth and parents and/or engage existing groups for this project. * Describe your experience with youth and parents. Please include information regarding your teaching methods and strategies. * Describe your experience with youth events, including purpose, outcomes, challenges, etc. * Explain how your organization will manage the components of the required activities, including recruiting students, scheduling and/or attending staff and other required meetings, scheduling and/or attending community events and engagement activities, completing reporting and monitoring activities, manage the budget, etc. * Explain how you plan to measure the effectiveness of your efforts. This should include your intentions to participate in the program evaluation and any other measures you will use for evaluation. * Describe what your organization would like to gain from this project at the end of the grant period. * (Optional) Demonstrate how innovative your organization is with utilizing social media.   *(possible 50 points)* |
|  |

***Section 4: PROJECT BUDGET***

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| --- |
| Submit a clear, detailed, and cost-effective budget narrative that reflects appropriate and realistic expenses to accomplish the required activities that **LYFE funds will be used to cover**. Proposed budget should abide by the following guidelines:   * Budget must cover the grant period of October 1, 2017 through September 30, 2018 * Budget must be based on the best available estimates of time and expenses for the year * Budget narrative must clearly & specifically describe all planned expenditures and justify why each line item is necessary to carry out the required activities to fidelity * Budget must include an explanation and documentation for in-kind contributions * **Note: Any administrative costs associated with the implementation of the proposed program should not exceed 10% of the requested LYFE funds.**   *(possible 10 points)* |
|  |

***ASSURANCE AND SIGNATURES***

THIS PAGE MUST BE COMPLETED

In addition to any other requirements imposed by LYFE, each grant shall be subject to the condition that the applicant will comply with the following assurances:

1. The services to be provided by the applicant will be made available primarily to aid in the empowerment of youth, health education and promotion, and the advocacy of abstinence.
2. Neither in the selection, compensation, or other employment practices nor in all portions and services of the entire program of which, or in connection with which, aid is sought shall there be any discrimination because of race, creed, color, sex, national origin, or physical or mental impairments in accordance with Title VI of the Civil Rights Act of 1964 (P.L. 88-352 and Section 106 of P.L. 90-170 as amended.)
3. Grantee shall respect all legal and human rights of clients and potential clients as protected by relevant federal and state laws and regulations.
4. From the date a grant is awarded on the basis of this application, the applicant will take all actions reasonably necessary to initiate all services described in this application with respect to which the award provides assistance, which actions are expected by the applicant to permit the initiation of such services from:

|  |  |
| --- | --- |
| Beginning Date |  |
| Ending Date |  |

1. The program/facility will be maintained and operated in accordance with minimum standards prescribed by the appropriate State and Federal authorities for the maintenance and operation of such program/facility.
2. The applicant will maintain adequate and separate accounting and fiscal records and accounts for all funds provided from any source to pay the cost of the project and permit audit of such records and accounts at any reasonable time by representatives of the Governor’s Office of Programs & Planning and the State of Louisiana.
3. No funds received under the LYFE Abstinence Education grant may be used to lobby for legislation on the federal or state level.

***ASSURANCE AND SIGNATURES (continued)***

THIS PAGE MUST BE COMPLETED AND SIGNED

1. This assurance is given in consideration of and for the purpose of obtaining a LYFE Abstinence Education grant extended after the date hereof to the applicant. The applicant recognizes and agrees that such financial assistance will be extended in reliance on the representations and agreements made in this assurance. The assurance is binding on the applicant, its successors, transferees, and assignees.
2. The applicant accepts, as to any grant awarded, the obligation to comply with regulations in effect at the time of the award.
3. The applicant requests that payments be made and forwarded to:

*(Please type or print all information in this section.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Title |  | | | | |
| Address |  | | | | |
| City |  | State |  | Zip |  |
| Telephone | ( ) | Ext. |  | | |

1. The undersigned hereby certifies that the statements made in this application are correct to the best of its knowledge and belief that all assurances contained in this section will be adhered to, and is authorized to sign this application on behalf of the applicant.

|  |  |
| --- | --- |
| Date |  |
| Legal Name of Applicant |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature of Responsible Officer | |  | | | | |
| Title of Responsible Officer | |  | | | | |
| Address of Responsible Officer | |  | | | | |
| Street Address |  | | | | | |
| City |  | | State |  | Zip |  |