# The High School Health and Wellness Program

## Request for Grant Application (RFGA)
**SABG-DSG-17-051717-00**

### DEADLINE
Applications shall be received **ON OR BEFORE 3:00 p.m.** (Arizona time) on **April 4, 2017** by the Governor’s Office of Youth, Faith and Family, 1700 W. Washington, Suite 230, Phoenix, AZ 85007. **TELEFAXED, ELECTRONIC OR LATE APPLICATIONS WILL NOT BE ACCEPTED.** Please submit one (1) original document marked “ORIGINAL” with seven (7) copies and one thumb or flash drive containing the entire application package. The application materials on the thumb or flash drive should appear in MSWord and/or PDF.

### PRE-APPLICATION CONFERENCE
Prospective Applicants are encouraged to attend a pre-application conference on February 21, 2017 at 10:00 a.m. (Arizona time) at the State Health Laboratory Building, 250 N. 17th Avenue, First Floor Conference Room, Phoenix, Arizona 85007. The purpose of the conference is to discuss and clarify this Request for Grant Application (“RFGA”).

### PROCUREMENT GUIDELINES
In accordance with A.R.S. §41-2701, competitive sealed grant applications for the services specified within this document will be received by the Governor’s Office of Youth, Faith and Family (“GOYFF”) at the above specified location until the time and date cited. Grant applications received by the correct time and date will be opened and the name of each Applicant will be publicly read.

Grant applications must be submitted in a sealed envelope with the Grant Application Number and the applicant’s name and address clearly indicated on the envelope. Additional instructions for preparing a grant application are included within this document.

Applicants are strongly encouraged to carefully read the entire Request for Grant Application document.

### CONTRACT INFORMATION, IF AWARDED

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<td>Cost Reimbursement Sub-Grant</td>
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### CONTACT INFORMATION
Sarah Bean  
Governor’s Accounting Office  
Procurement Manager  
Fax: (602) 542-1329  
Email: sbean@az.gov

### AMENDMENTS
It is the sole responsibility of Applicants to check the Governor’s website for any changes to this RFGA at [http://substanceabuse.az.gov/substance-abuse/grants](http://substanceabuse.az.gov/substance-abuse/grants). Changes to the RFGA may be made at any time in the sole discretion of the Governor’s Office of Youth, Faith and Family.
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OFFER AND ACCEPTANCE FORM (SPO FORM 203)

TO THE GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY:
The Undersigned hereby agrees, if awarded a grant, to all terms, conditions, requirements, and amendments in this Request for Grant Application ("RFGA") solicitation and any written exceptions, as accepted by the Governor's Office of Youth, Faith and Family, in the Application.

Arizona Transaction (Sales) Privilege Tax License No.: Name of Point of Contact Concerning this Application:

__________________________________________

Name: ___________________________________

Federal Employer Identification No.: Phone: _______________ Fax: _______________

__________________________________________

E-Mail: ___________________________________

By signature in this Offer section, the Applicant certifies:
1. The submission of the Application did not involve collusion or other anti-competitive practices.
2. The Applicant shall not discriminate against any employee or Applicant for employment in violation of Federal Executive Order 11246, State Executive Order 2009-9 or A.R.S. §§ 41-1461 through 1465.
3. The Applicant has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.

__________________________________________

Signature of Person Authorized to Sign Offer

__________________________________________

Name of Applicant Organization

__________________________________________

Address

City State Zip

__________________________________________

Printed Name

__________________________________________

Title

CERTIFICATION

ACCEPTANCE OF APPLICATION
The Application is hereby accepted.
The Applicant is now bound to perform as stated in the attached grant Application, and based upon the RFGA Solicitation, including all terms, conditions, requirements, amendments, etc., and the Applicant’s grant Application as accepted by the State.

This grant shall henceforth be referred to as Grant No. ____________________________________________.

The effective date of the contract is _______________________________________________________________________.
The Applicant has been cautioned not to commence any billable work or to provide any material or service under this contract until Applicant receives a purchase order, contract release document, or written notice to proceed.

State of Arizona
Awarded this ______ day of __________________ 20____

Sarah Bean, Procurement Manager
I  BACKGROUND INFORMATION

a) What is Governor’s Office of Youth, Faith and Family?

The Governor’s Office of Youth, Faith and Family (“GOYFF”) provides direct funding, promotes citizen engagement, and leads innovative projects to strengthen and empower families and communities. To achieve the Governor’s vision for healthy communities, the office is organized into several areas: Children, Community and Youth Development, Substance Abuse Policy and Treatment, and Women. Experienced and knowledgeable professionals with expertise in their particular areas staff each area and act as resources to our funded partners.

The GOYFF acts as a catalyst for community systems improvements. The GOYFF convenes numerous commissions, councils, and task forces which include: the Arizona Parents Commission on Drug Education and Prevention, the Arizona Substance Abuse Partnership, the Arizona Juvenile Justice Commission, the Arizona Human Trafficking Council, the Governor’s Commission to Prevent Violence Against Women, the Governor’s Commission on Service and Volunteerism, the Governor’s Youth Commission, and the Council on Child Safety and Family Empowerment. Each commission, council, and workgroup has been seated with individuals selected to include diversity, expertise, professionals, geographic areas, and interests. Our commissions advise and monitor initiatives and grant programs. Together, all staff, groups, individuals, grants, and funded partners work together collaboratively to improve the lives of youth and families in Arizona.

b) What is the High School Health and Wellness Program?

The High School Health and Wellness (“HSHW”) Program is a primary prevention substance abuse program designed to implement strategies to prevent substance abuse among our Arizona youth in accordance with the Substance Abuse Prevention and Treatment Block Grant (“SABG”). The intent of the program is to provide programs and services for high school students that prevent the onset of the use of alcohol, marijuana, and prescription drugs by youth and to foster the development of social and physical environments that promote healthy and drug-free lifestyles. Primary prevention programs, practices, and strategies are directed at individuals who have not been determined to require treatment for substance abuse. The program must target both the general population and sub-groups that are at high risk for substance abuse. The federal requirements for the SABG can be found at: http://www.samhsa.gov/grants/block-grants/sabg.

II  FUNDING INFORMATION

The SABG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service under Title 45 C.F.R. 96, Section 121 (42 U.S.C. 300x-21 to 300x-35 and 300x-51 to 300x-64. The funding is administered by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Funding for primary prevention programs is made available through Award No. YH17-0006 provided by the Arizona Health Care Cost Containment System. The C.F.D.A. number for this SABG grant is 93.959.

The funds awarded under this Request for Grant Application are Federal funds. The Successful Applicants who are selected for award shall be subject to the applicable code of federal regulations and Uniform Guidance 2 C.F.R. 200 for determining allowable costs, which may be referenced at: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
a) **Who is Eligible to Apply for this Funding Opportunity?**

The following Arizona entities are eligible to apply for the HSHW Program:

- Arizona High Schools (public and charter), serving 9-12 grade levels.
- Schools must have an Arizona address. A post office box may be used when the proposal is submitted, but the applicants must conduct business at a physical location in Arizona.

b) **What is the Total Amount of Available Funds?**

It is anticipated (but not guaranteed) that total funds available will be approximately $3,600,000 for the initial contract year. Anticipated awards for this funding will be for one (1) twelve-month period, with up to two (2) additional twelve month renewal options, conditional upon the availability of federal appropriations and in the sole discretion of the GOYFF. Consideration for renewal will also be based on compliance with terms and conditions, programmatic and financial performance, results of program and fiscal monitoring and the submission of a renewal application. The number of awards will depend on the number and quality of applications received. It is anticipated that qualifying applicants (school sites) will be awarded between $50,000 and $150,000 for the first term. The award amount shall be contingent on the total 9th grade student enrollment population. The threshold is as follows:

- 1 – 200 9th grade students; $50,000
- 201 – 500 9th grade students; $100,000
- 501 – or more 9th grade students; $150,000

Applicants may propose to implement the program with a partnering school(s) through a joint application with a maximum of three (3) schools. The total 9th grade student enrollment population of the joint application will determine the funding threshold. Joint applicants shall designate one lead school for the purposes of this grant. Joint applicants shall also establish a signed cooperative agreement to demonstrate a cohesive program design by thoroughly addressing all sections of the grant application. Joint applications will receive one score.

The funds will be distributed sixty (60) percent to schools in the urban area and forty (40) percent to schools in the rural area. The allocation may change among these two categories in order to ensure the best overall mix of schools that will most appropriately serve the State of Arizona. The final distribution will be based upon the number and quality of applications received as determined by the GOYFF and in the sole discretion of the GOYFF.

Urban – Urban is defined as a target area with a population of more than 75,000.

Rural – Rural is defined as a target area with a population of 75,000 or fewer.

c) **What Will This Request for Grant Application Fund?**

The HSHW Program seeks to support schools and communities in creating a healthy and drug-free learning environment. The program aims to advance the provision of integrated resources for prevention and early intervention services for high school youth by supporting effective prevention and evidence-based practices. Primary prevention programs, practices, and strategies are directed at individuals who have not been determined to require treatment for substance abuse. The program must target both the general population and sub-groups that are at high risk for substance abuse.

This solicitation invites schools to develop and implement a comprehensive primary prevention
program that includes activities and services provided in a variety of settings. Applicants are encouraged to evaluate the school’s culture, capacity, and readiness to implement the HSHW Program as well as the needs of the students, their families, and the community. The intent is for Applicants to implement the program during the full twelve (12) month period but exceptions can be made to accommodate for the limited capacity to operate the program year round.

Prevention strategies can be categorized by Universal, Selective, and Indicated, which classifies preventive interventions by targeted population. The definitions for these population classifications are as follows:

- Universal: The general public or a whole population group that has not been identified on the basis of individual risk
- Selective: Individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average
- Indicated: Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels

Applicants shall develop a comprehensive primary prevention program that includes ALL six (6) strategies outlined below. Successful Applicants who are selected for award shall monitor and maintain records to demonstrate evidence of implementation for each of the strategies. Records may be requested and reviewed by GOYFF, e.g., agenda, attendance sheet, meeting minutes, activity log, print and media presentation, etc. The following six (6) primary prevention strategies must be implemented during the grant period:

1. **Information Dissemination** provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the information source to the audience, with limited contact between the two. Successful Applicants who are selected for award shall employ a universal approach to deliver the information dissemination strategy which will enable all enrolled high school students to receive the information. Examples of activities conducted and methods used for this strategy include the following:

- Kick-off event for the HSHW Program
- Media campaigns: visit the GOYFF website at http://goyff.az.gov/ for public service announcement videos on the “I’ve Got Something Better” and “Overcome Awkward” campaigns
- Free national and state clearinghouse information, resources, hotlines and GOYFF resource locator at: www.substanceabuse.az.gov
- Drug/Alcohol Fact Sheets and/or brochures dissemination: go home with report cards, email blast, “Take One” displays in the school library, cafeteria, buses, nurse’s office, guidance counselor’s office, etc.
- Assemblies: drug and alcohol call to action or theme of the month
- Video that plays in the office for students/parents who are waiting for an appointment or to pick up the students
- Daily audio/video announcements during homeroom whereby 10 second “Did you know?” facts on drug and alcohol and prescription misuse are presented
- School and partner websites
- Informational tables and booths set-up at school assemblies, carnivals, school dances, health fairs/health promotion, lunch time, holiday festivities, etc.
2. **Education** builds skills through structured learning processes. This include lessons that are provided to individuals or subgroups over a period of time (repeated contact) that are intended to inform, educate, develop skills, alter risk behaviors, or deliver services. The education strategy should convey information about trend, risk and perception of harm relating to alcohol, marijuana and prescription drug use. It should incorporate resistance strategies to promote healthy and drug-free lifestyles. There is more interaction between facilitators and participants than there is for information dissemination. There are two categories for the education strategy, **General Education** and **Evidence-Based and Evidenced-Informed Education**.

Successful Applicants who are selected for award shall offer the **General Education** sessions through a universal approach to all enrolled high school students. Examples of a structured learning exercise used for General Education include the following:

- Health or physical educational classes
- Classroom and/or small group sessions
- Parenting and family management classes
- Peer leadership programs
- Peer to peer support groups
- Education programs for youth groups

**Evidence-Based and Evidence-Informed Education.** Research has identified a number of evidence-based and evidence-informed programs and practices that are relevant to the prevention of substance use and abuse. Successful Applicants who are selected for award shall also implement the prevention education strategy using one (1) or more evidence-based and evidence-informed curricula to high school students. The curricula must be implemented by trained and qualified school personnel and/or contracted employees of the school or by subcontracting with a qualified community agency(ies) to deliver the service in the school. See Attachment E for a list of GOYFF-approved evidence-based and evidence-informed curricula. Successful Applicants who are selected for award shall apply a selective or indicated approach to identify high school students, grades 9th through 12th through the Problem Identification and Referral strategy. Successful Applicants who are selected for award shall enroll a minimum of twenty-five (25) percent of the 9th grade student population for this strategy. Parental consents will be collected to demonstrate adherence.

3. **Alternatives** provide opportunities for high school students to participate in healthy activities that discourage the use of Alcohol and Other Drugs (“AOD”). All AOD alternative activities must include an educational goal and objective to prevent or reduce substance use/abuse. The AOD alternative activities must create awareness of the health consequences of substance use/abuse. The AOD alternative activities must be substance-free and age-appropriate, and teach and/or reinforce skills that promote a healthy and substance-free lifestyle. Facilitators must dedicate a minimum of thirty (30) minutes to an interactive learning activity when conducting an AOD alternative activity. Successful Applicants who are selected for award shall use a universal approach to deliver the alternative strategy to high school students. Examples of activities conducted and methods used for this strategy that can be tailored to focus on alcohol and other drug prevention include the following:

- Red Ribbon Week
- Orientation night for incoming students
- Open House
- Homecoming events/parades
- National Drug Facts Week
National Alcohol Awareness Month
National Recovery Month
Prom and graduation events
Parent conference days
Community sports events
School clubs- AOD poster contest
Arts and crafts activities
Music activities
Drug free pledge campaign
Walk/run events i.e. “Run Drugs Out of Town”
Presentations by partnering agencies, coalitions, law enforcement, etc.
Activity periods where educational presentations can be made
Mock trial scripts written in English or communication classes that contain drug/alcohol facts/myths
Town hall meetings to reduce underage drinking and drug use
Cultural awareness activities designed to increase knowledge of heritage and/or other cultures

4. **Problem Identification and Referral** aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment. Once identification is made, the student is linked to other prevention strategies. In instances where the student is identified to be high-risk or in need of intervention and/or treatment services, the Successful Applicants who are selected for award shall provide resources and refer the student to a community provider. Examples of methods used for this strategy include the following:

- Identification through referrals by school resource officer, counselor, teacher, administrative staff, or parents
- Self-report by student or students with an interest in the curricula programming
- Student Assistance Programs

5. **Community-based Process** provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning. In this strategy, Applicants should demonstrate strong collaborative relationships among a variety of existing and new partners, using resources present in the community to meet the needs of students and families. Unmet needs should be identified and explored for solutions. Successful Applicants who are selected for award shall establish Community Agreements or Memoranda of Understanding with local public mental-health authorities, anti-drug coalitions, and/or community stakeholders that work together to create healthy and drug-free schools. Successful Applicants who are selected for award shall engage and participate in coalitions/community meetings a minimum of once per quarter. See Attachment F for a list of Arizona Coalitions and Community Partners. Examples of activities conducted and methods used for this strategy include the following:

- Multi-agency coordination and collaboration/coalition meeting with the intent of building on each other’s prevention efforts
- Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/official trainings
- Community team-building
- Accessing services and funding
- Partnering with agencies on prevention of substance abuse education/services
- Conferences: Dept. of Health and Human Service, law enforcement, faith community, anti-drug coalitions, etc.
- Sponsoring legislative breakfasts focusing on key drug issues
- Business partnerships (tent cards placed in licensed establishments, restaurants alcohol outlets; standing inserts in employee paychecks reminding parents not to serve alcohol to minors and risk of drug use and abuse)
- Reporting procedures (such as hotlines to report underage drinking, example: 1-888-under 21) and distributed through pizza box tops at pizza stores and magnets on refrigerators
- Print media advocacy (billboard, counter-advertising) newspaper, TV, radio partnerships, University partnerships

6. **Environmental** strategy establishes or changes written and unwritten community standards, codes, and attitudes. Its intent is to influence the incidence and prevalence of substance abuse in the general population. Examples of activities conducted and methods used for this strategy include the following:

- Promote the establishment or review of alcohol and drug use policies in schools
- Support educational training on local social host ordinance by the Department of Liquor Licensing
- Research best practices on alternative approaches and interventions to address student substance use
- Offer education as a preventive disciplinary response to first time drug abuse offenders
- Subcontract with local law enforcement agency to conduct party patrols

**General Guidance Pertaining to Prevention Strategies**

Prevention strategies should also be consistent with the Institute of Medicine Report on Preventing Mental Emotional and Behavioral Disorders\(^1\), the Surgeon General's Call to Action to Prevent and Reduce Underage Drinking\(^2\), the National Registry of Evidenced-based Programs and Practices\(^3\), and/or other materials documenting their effectiveness. These strategies include:

- Strategies that engage schools, workplaces, and communities to establish programs and policies to improve knowledge about alcohol and other drug problems, denote effective ways to address the problems, and enhance resiliency
- Strategies that address underage drinking based in science and encompass a range of connected activities including policy and regulation, enforcement, and normative/behavior change initiatives and programs
- Strategies that implement evidence-based and cost effective models to prevent substance abuse in young people in a variety of community settings, e.g., families, schools, workplaces, and faith-based institutions, consistent with the current science
- Strategies that follow the Surgeon General's Call to Action to Prevention and Reduce Underage Drinking, that focus on policy and environmental programming to


\(^{3}\) [http://www.samhsa.gov/nrepp](http://www.samhsa.gov/nrepp)
change the community’s norms around, and parental acceptance of, underage alcohol use

- Strategies that address harder to reach racial/ethnic minority and LGBT communities that experience a cluster of risk factors that make them especially vulnerable to substance use and related problems

**Additional Requirements**

1. Applicants should budget for all staff and/or subcontracts to participate in approximately four (4) trainings per year in Phoenix, arranged by GOYFF. Successful Applicants who are selected for award will ensure all staff receives the applicable curricula training/certification in order to implement the primary prevention strategies with fidelity.

2. Successful Applicants who are selected for award shall contribute to the statewide evaluation of the HSHW Program and will be required to participate in the collection of data to meet federal reporting requirements. An external program evaluation team will provide technical assistance to individual sites and conduct a cross-site evaluation of the grant program.

Successful Applicants who are selected for award shall participate in the school-wide administration of the Arizona Youth Survey (“AYS”) and must share school-level results with the GOYFF evaluation contractor. Administered by the Arizona Criminal Justice Commission, the AYS assesses and monitors (i) the attitudes of students regarding substance use and anti-social behavior, and (ii) the prevalence of substance use and anti-social behavior among students in the 8th, 10th, and 12th grades. Data is also rolled up to the county and state-levels so schools have comparable reports. Please refer to the AYS website for additional information: [http://www.azcjc.gov/acjc.web/sac/AYS.aspx](http://www.azcjc.gov/acjc.web/sac/AYS.aspx).

Successful Applicants who are selected for award shall also participate in a Pre and Post Primary Prevention Survey to 9th grade students during each grant year and a Post Primary Prevention Survey to 11th grade students in 2019-2020. Results shall be provided to GOYFF and contracted evaluation team. Successful Applicants who are selected for award must plan to obtain active parental consents to enable the students’ participation in accordance with Arizona law.

A web-based system will be established to collect monthly process and output data and annual data on prevention performance measures. Successful Applicants who are selected for award will be required to enter information on a regular basis in the web portal by each strategy and targeted population (Universal, Selective, and Indicated). This will also include reporting on monthly expenditures per strategy. The web portal will have the capacity to generate key reports identified as necessary by GOYFF staff as well as provide the opportunity for Applicants to print hard copies of their monthly reports. The web portal will also contain a standard fidelity survey form for the evidence-based and evidence informed curricula that shall be completed by the facilitator at the closing of every session. Successful Applicants who are selected for award will be trained on the portal during the initial orientation session. Successful Applicants who are selected for award shall collaborate with the evaluation team to ensure a full and accurate quarterly report is submitted to GOYFF. See Attachment G for output and outcome data to be collected.

3. Implementation Requirements and Timeline: The first four (4) months of the funding period can be dedicated to program design and a collaborative planning process with the goal of implementing the HSHW Program that fulfills the requirements of the RFGA. Applicants shall propose key activities and timeline for the planning term, which may include, but are not limited to, the following activities:
• Recruit and hire qualified personnel
• Schedule staff orientation
• Arrange evidence-based/evidence-informed curricula training(s)
• Secure office space for staff and facility/space to deliver program activities
• Develop methods of conducting all six (6) primary prevention program strategies
• Establish agreements with community agencies
• Organize kick-off event for the HSHW Program

4. Successful Applicants who are selected for award shall select one (1) or two (2) qualified school staff or contracted employees (with appropriate fingerprint clearance) as the Prevention Coach to lead the following activities:

- Support and communicate the HSHW Program philosophy to all staff, parents, and all high school students on campus
- Oversee implementation of all six (6) primary prevention program strategies
- Establish agreements with community resources to support students and families including participation in coalitions/community meetings a minimum of once per quarter
- Connect students and parents to appropriate community resources throughout the year including the resource locator at: www.substanceabuse.az.gov
- Manage a system for data collection and survey distribution
- Oversee the completion of required financial and programmatic reports for the grant
- Participate in mandatory GOYFF training
- Serve as liaison between the school’s primary prevention grant and GOYFF (staff and statewide evaluation contractor)

III Special Instructions to Applicants

Authority
In accordance with A.R.S. §41-2701, competitive sealed grant applications to support the HSHW Program will be received by the GOYFF. Contracts will be issued for use by the GOYFF.

Application Opening
All grant applications must be in the actual physical possession of the GOYFF, in Suite 230, **ON OR PRIOR TO 3:00 p.m.** (Arizona local time) on **April 4, 2017** for consideration at the bid opening. Applications received by the due date and time will be opened and the name of each Applicant will be publicly read. Applications will not be subject to public inspection until after contract award.

Applicants are cautioned not to rely on next day U.S. Postal mail services. Mail sent to the GOYFF is filtered through the Arizona Department of Administration.

The GOYFF is not responsible for packages delivered to locations other than Suite 230. All applications will be date stamped using the time clock in Suite 230 only.

Telefaxed, electronic or late grant applications will not be accepted.

Grant applications must be submitted in a SEALED package with the grant application number and the Applicant’s name and address clearly indicated on the package.
Duty to Examine
It is the responsibility of each Applicant to examine the entire solicitation, seek clarification in writing (inquiries), and examine its application for accuracy before submitting the application. Lack of care in preparing an application shall not be grounds for modifying or withdrawing the application after the application due date and time, nor shall it give rise to any contract claim.

Applicants will be required to submit the documents and exhibits as outlined in this RFGA. Follow the instructions and guidelines found in each of the document sections.

Responses should be typed, single-spaced with one-inch margins or wider with a twelve point font used.

Applications should be single sided, NOT duplexed.

Number all pages and include a table of contents that follows the checklist presented on pages 22-23. The table of contents shall reference page numbers. Page numbers may be labeled or handwritten, especially on forms not contained in the exhibit section (e.g. IRS 501(c)(3) tax exempt letter, solicitation amendments, etc.).

Refer to the Checklist on pages 22-23 to verify inclusion of all required documentation and format the application package to assemble application materials following the listing in the checklist.

Additional materials beyond the grant application requirements, such as promotional brochures, should not be added to the application package.

Applications are NOT to be bound in spiral binders or in 3-ring notebooks. Submit the original application unstapled using a binder clip. The photocopied applications may be stapled in the upper left-hand corner or use a binder clip.

The original copy of your application should be clearly marked “ORIGINAL”. Submit one (1) original document marked “ORIGINAL” with seven (7) copies and one thumb/flash drive containing the entire application package. Please note, the application on the thumb/flash drive should appear in MSWord 7 or lower and/or PDF format or lower version. Submit only one (1) copy of your financial audit at the end of the original application package. Photocopies of the financial audit are not required. The RFGA Number SABG-DSG-17-051717-00 and the organization’s name must be clearly marked on the outside of the SEALED package. Open packages will not be accepted.

Solicitation Contact Person
Any inquiry related to a solicitation, including any requests for or inquiries regarding standards referenced in the solicitation shall be directed solely to the Procurement Manager. Direct questions to:

Sarah Bean
Procurement Manager
E-mail: sbean@az.gov
Fax: (602) 542-1329

Applicants shall not contact the employees of the GOYFF regarding this procurement activity while the formal solicitation process is underway.

Submission of Inquiries
The Procurement Manager, as the contact for inquiries except at the Pre-Application Conference, requires that an inquiry be submitted in writing. Any inquiry related to a solicitation shall refer to the
Applicants are prohibited from contacting any State of Arizona employee other than the Procurement Manager concerning the procurement while the solicitation and evaluation are in process.

**Timeliness**
Any inquiry or exception to the solicitation shall be submitted as soon as possible and should be submitted at least seven days before the solicitation due date and time for review and determination by the State of Arizona. Failure to do so may result in the inquiry not being considered for a Solicitation Amendment.

**No Right to Rely on Verbal or Electronic Mail Responses**
An Applicant shall not rely on verbal or electronic mail responses to inquiries. A verbal or electronic mail reply to an inquiry does not constitute a modification of the solicitation.

**Pre-Application Conference**
Attend, if necessary, the Pre-Application Conference on February 21, 2017 at 10:00 a.m. (Arizona time) at the State Health Laboratory Building, First Floor Conference Room, Phoenix, Arizona 85007. Applicants should raise any questions about the solicitation or procurement at that time. An Applicant may not rely on any verbal responses to questions at the conference. Material issues raised at the conference that result in changes to the solicitation shall be answered solely through a written solicitation amendment. Attendance at the Pre-Application Conference is encouraged, but not mandatory.

**Persons with Disabilities**
Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the Procurement Manager. Requests shall be made as early as possible to allow time to arrange the accommodation.

**Application Preparation**
Forms: No Facsimile, Telegraphic or Electronic Mail Applications
The application is presented in both MS Word and PDF format. Applicants are responsible for clearly identifying any and all changes or modifications to any solicitation documents upon posting to the GOYFF website at http://substanceabuse.az.gov/substance-abuse/grants. Any unidentified alteration or modification to any solicitation, attachments, exhibits, forms, charts or illustrations contained herein shall be null and void. A facsimile, telegraphic, mailgram or electronic mail application shall be rejected if submitted in response to a RFGA.

**Offer and Acceptance and Evidence of Intent to be Bound**
The Offer and Acceptance form within the solicitation shall be submitted with the application and shall include a signature by a person authorized to sign the application. The signature shall signify the Applicant's intent to be bound by the application and the terms of the solicitation and that the information provided is true, accurate and complete. Failure to submit verifiable evidence of an intent to be bound, such as a signature, shall result in rejection of the application. Failure to return an Offer and Acceptance form may result in rejection of the Application.

**Exceptions to Terms and Conditions**
All exceptions included with the application shall be submitted in a clearly identified separate section of the application in which the Applicant clearly identifies the specific paragraphs of the solicitation where the exceptions occur. Any exceptions not included in such a section shall be without force and effect in any resulting contract unless such exception is specifically accepted by the Procurement Manager in a written statement. The applicant's preprinted or standard terms will not be considered by the State as a part of any resulting contract, if any.
All exceptions that are contained in the application may negatively impact an Applicant’s susceptibility for award. An application that takes exception to any material requirement of the solicitation may be rejected.

**Subcontracts**
The Applicant shall clearly list any proposed subcontractors and the subcontractor’s proposed responsibilities in the application.

**Costs of Application Preparation**
The State of Arizona will not reimburse any Applicant the cost of responding to a solicitation.

**Submission of Application**
Sealed Package. Each application shall be submitted to the submittal location identified in this solicitation. Applications shall be submitted in a sealed package. The package should be clearly identified with the name of the Applicant and solicitation number. The State may open packages to identify contents if the envelope or container is not clearly identified.

**Application Submission, Due Date and Time**
Applications shall be received before the due date and time stated in the solicitation. Applications submitted after the due date and time shall be rejected.

**Solicitation Amendments**
The Solicitation may be amended at any time before the application due date in the sole discretion of the GOYFF. The Solicitation shall only be modified by a solicitation amendment.

Each solicitation amendment shall be signed with an original signature by the person signing the application, and shall be submitted no later than the application due date and time in a sealed package. Failure to return a signed solicitation amendment may result in rejection of the application. It is the sole responsibility of applicants to check the GOYFF website for any changes to this RFGA [http://substanceabuse.az.gov/substance-abuse/grants](http://substanceabuse.az.gov/substance-abuse/grants).

**Application Amendment**
An application may not be amended after the Application due date and time except as otherwise provided under applicable law.

**Confidential Information**
If an Applicant believes that any portion of an Application, protest, or correspondence contains a trade secret or other proprietary information, the Applicant shall clearly designate the trade secret and other proprietary information, using the term “confidential.” An Applicant shall provide a statement detailing the reasons why the information should not be disclosed including the specific harm or prejudice that may arise upon disclosure. The Procurement Manager shall review all requests for confidentiality and provide a written determination. Until a written determination is made, a Procurement Manager shall not disclose information designated as confidential except to those individuals deemed to have a legitimate State of Arizona interest. In the event the Procurement Manager denies the request for confidentiality, the Applicant may appeal the determination to the Director of the Arizona Department of Administration within the time specified in the written determination. Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information.

**Public Record**
All applications submitted and opened are public records and must be retained by the State of Arizona for six years. Applications shall be open to public inspection after contract award, except for any portion of such applications that is deemed to be confidential by the State.
Non-collusion, Employment, and Services
By signing the Offer and Acceptance Form or other official contract form, the Applicant certifies that:

- The Applicant did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of its application, and
- The Applicant does not discriminate against any employee or Applicant for employment or person to whom it provides services because of race, age, color, religion, sex, national origin, or disability, and that it complies with an applicable federal, state and local laws and executive orders regarding employment.

Late Applications
An application submitted after the exact application due date and time shall be disqualified and rejected.

Disqualifications
An Applicant (including each of its principals) who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall have its application rejected.

Application Acceptance Period
An Applicant submitting an application under this solicitation shall hold its offer open for the number of days from the application due date that is stated in the solicitation. If the Solicitation does not specifically state a number of days for Application acceptance, the number of days shall be one hundred twenty (120). If a best and final offer is requested pursuant to the RFGA, an Applicant shall hold its offer open for 120 days from the best and final offer due date.

Waiver and Rejection Rights
Notwithstanding any other provision of the solicitation, the State of Arizona reserves the right to:

A. Waive any minor informality;
B. Reject any and all applications or portions thereof;
C. Amend the solicitation; or
D. Cancel the solicitation.

Award
The State of Arizona reserves the right to make multiple awards or to award a contract by individual line items or alternatives, by group of line items or alternatives, or to make an aggregate award, or regional awards, whichever is most advantageous to the State in its sole discretion.

In the event that the available source of grant funds for distribution should incrementally decrease or increase, the GOYFF reserves the option to adjust the budgets of the Applicants individually or collectively, based upon score rankings and in its sole discretion. In the event that the volume of applications received exceeds the available amount of funding, the GOYFF reserves the option to adjust the budgets of the Applicants individually or collectively, based upon score rankings. Based upon evaluation results, the GOYFF reserves the right to award contracts for less than the proposed amount based upon past programmatic or financial performance with previous grants, unallowable costs, applications that have exceeded the requested funding range limits in the solicitation, or for other reasons in its sole discretion. In these circumstances, revised budget documents will be required.

Contract Inception
An application does not constitute a contract nor does it confer any rights on the Applicant to the award of a contract. A contract is not created until the application is accepted in writing by the
Procurement Manager’s signature on the Offer and Acceptance Form. The intent to award shall not constitute acceptance of the application.

**Effective Date**

The effective date of a contract, if any, shall be the date that the Procurement Manager signs the Offer and Acceptance form or other official contract form, unless another date is specifically stated in the contract.

**Application Records**

Keep a copy of this solicitation and the submitted grant application. If awarded, the Applicant shall be bound to the services listed by the grant application and based upon the solicitation, including all terms, conditions, specifications, amendments, clarification responses, etc.

**Solicitation Results**

All Applicants will be notified in writing, whether or not selected for award, prior to the anticipated contract start date. Pursuant to A.R.S. §41-2702 (E), all applications shall not be open for public inspection until after grants are awarded. A.R.S. §41-2702 (G) also states the evaluator assessments shall be made available for public inspection no later than thirty (30) days after a formal award is made.

**Mandatory Subgrantee Orientation**

Each Successful Applicant who is selected for award will be required to attend a mandatory Subgrantee Orientation. The time and location for this meeting will be provided by the GOYFF Program Administrator after awards are made. A fiscal representative AND a program representative will be required to attend.

### IV EVALUATION CRITERIA

Applications will be reviewed initially for compliance with technical requirements. A review committee will evaluate applications and select those applications deemed susceptible for an award, in accordance with A.R.S. §41-2702(G), based upon complete detailed narratives and exhibits on the following criteria.

**Evaluation Criteria**

- Needs Assessment: 100 points
- Program Design and Organizational Capacity: 200 points
- Strategies and Approaches: 200 points
- Problem Statements, Goals, Objectives and Performance Measures: 200 points
- Resources and Budget: 200 points
- Evaluation: 100 points

**Note:** An additional 50 bonus points will be applied for Applicants who identify and address outreach efforts to high risk/high need population. Applications must meet a threshold score of 700 points to be considered for funding.

### V APPLICATION PROGRAM NARRATIVE REQUIREMENTS

This section describes what an application is expected to include and sets out a number of components. Applicants should anticipate that failure to submit an application that contains all of the specified elements may negatively affect the review of the application.
a) Executive Summary

Provide a one-page narrative overview of the program that includes a brief summary of the need, program objectives, and prevention strategies to be used to achieve program goals (one (1) page maximum).

1. State the name of the proposed program, needs of the target population to receive program services, strategies, outcomes, and potential community partners.

2. Clearly indicate whether the school is in the public or charter category and the total school population.

3. A description of the key personnel and/or collaborative partners to be involved in the implementation of the program (either existing or planned).

b) Needs Assessment


Provide a narrative response to each of the following questions (two (2) pages maximum, not including exhibits and attachments):

1. Provide an analysis of the alcohol and drug problem among the student population as well as gaps and weakness in prevention and early intervention resources available to the school.

2. Identify and address outreach efforts to high risk/high need population. An additional 50 bonus points will be given for a thorough assessment.

3. Describe how your data supports the need for program implementation with high school students at your school.

4. Identify what resources (federal, state, and local) in your community and/or within your school district are currently being directed toward the stated need/problem? Describe how the prevention strategies will support those efforts or enhance current efforts. Other prevention funding to be used to support the proposed program should be included on Exhibit E, Disclosure of Other Funding Sources.

c) Program Design and Organizational Capacity

This component focuses on the detailed description of what Applicants propose to do and how they intend to do it. Applicants should demonstrate that their proposed implementation plan is achievable within the designated timeframe and resources available, and that their program design is both cost-efficient and effective.
Provide a narrative response to each of the following questions (three (3) pages maximum, not including exhibits and attachments):

1. Describe your school’s capacity to implement and administer the HSHW program throughout the duration of the funding period. Provide examples of experience in implementing and administering related programs and the outcomes of those programs. NOTE: Past performance on any grants from the Governor’s Office of Youth, Faith and Family will be taken into consideration in the evaluation of an Applicant’s application.

2. Describe the key activities and timeline for the program design and planning term. Refer to the “Implementation Requirements and Timeline” section.

3. Describe how you will build the non-cash incentives into the program design.

4. Describe how you will ensure that the program design, content, communications, and materials are culturally, linguistically, and developmentally appropriate to the eligible population.

5. Describe the roles and responsibilities of program staff and explain the program’s organizational structure and operations - both programmatic and fiscal. List how much time each person will commit on the program. In addition, attach resumes for key individuals involved in the program or job descriptions for positions to be filled. Provide an organization chart for the program. (Complete Exhibit F, Staff Overview)

6. Complete Exhibit G- Applicant’s Proposed Subcontractor(s). In addition, provide a description on the communication process between the Applicant and proposed subcontractor(s) and identify responsibilities, as applicable.


9. Read and sign Exhibit J- ASSURANCES for Non-Construction Programs.

**d) Strategies and Approaches**

This component identifies and describes the specific strategies that will be used to implement the proposed program.

Provide a narrative response to each of the following questions (two (2) pages maximum, not including exhibits and attachments):

1. Describe how you will implement all six (6) primary prevention program strategies.

2. Describe the evidence-based or evidence-informed curriculum selected and the approaches used to ensure it is implemented to high school students with fidelity.

3. Describe how you will establish and maintain working linkages with community coalitions/partners to meet the needs of the youth and/or families and address the gaps in services. Successful Applicants who are selected for award will submit copies of Community Agreements and/or Memoranda of Understandings with a resource network of community and social services agencies to GOYFF upon request.
e) **Problem Statements, Goals, Objectives, and Performance Measures**

This component should include problem statements that describes the issues that need to be addressed, broad statements of intent (goals), measurable, time-specific outcomes (objectives), and outline how the effectiveness of the implementation will be measured (performance measures). The objectives and performance measures are used to validate that the effort delivered an outcome that solves the identified problem statements.

**Complete Exhibit K, no narrative.**

Review the Problem Statements, Goals, and Objectives. For each objective, select four (4) to six (6) primary prevention strategies to be implemented and list the activities that will be delivered with specific timeframe. Clearly indicate the person responsible for the leading the project. In the final column, outline how the effectiveness of the implementation will be measured (e.g. number of participants attending/completing, participant satisfaction, adequacy of resources, timely completion of activities, etc.). Exhibit K is a fluid document that should be used by the prevention coach and school administrator to monitor program implementation and provide continuous improvement throughout the school year. Successful Applicants who are selected for award shall submit an updated Exhibit K to GOYFF once a quarter for review.

f) **Resources and Budget**

Funding shall be limited to those items specifically listed in the proposed budget that support the scope of work. Total funding may not be modified following award of the contract. After award, requests for line item modifications that do not change the total program funding and/or scope of work must be requested in writing, and in a timely manner. If approval of the change is granted, written authorization from the GOYFF will be provided. Any unspecified line items or deviation from the approved budget without GOYFF written approval will not be honored. Successful Applicants who are selected for award will be responsible for any unapproved expenses incurred.

Non-cash incentives to participants in prevention programs are essential to retain students and to encourage attendance and attainment of prevention goals. Applicants must build all the non-cash incentives into the program design, and they should be of minimal cash value. Under no circumstance should the total incentive per participant exceed $30 during the grant year. Examples include food, prizes, and small gifts. Gift cards are not an allowable purchase item. All tangible items shall have “High School Health and Wellness Program” printed to the extent possible.

Successful applicants awarded a contract shall obtain prior approval from the GOYFF Program Administrator for any and all potential food costs related to workshops and meetings throughout the entire contract term. Justification for the food costs at meetings and trainings shall be submitted for approval. Costs for food or incentives are not allowable unless explicitly identified and approved in the budget (Exhibit C).

**Complete Exhibit B, C, D, E and financial documents, no narrative.**

1. List all resources that will be needed to hire appropriate staff, conduct and attend training, and implement/administer the strategies/approaches as applicable. These resources may be financial as well as involve personnel, training, curriculum, supplies, space, etc.

2. Successful Applicants who are selected for award will be required to attend a mandatory Grantee Orientation and training on the statewide evaluation data collection process. The time and location for these trainings will be detailed in the award letter. A fiscal
Applicants should budget for all staff and/or subcontractor to participate in approximately four (4) trainings per year. Include costs of travel, hotel and per diem to the Phoenix area for the mandatory training. Travel costs are according to the Applicant’s written policy, but limited to rates allowable for State of Arizona employees per the State’s travel policy located at: https://gao.az.gov/sites/default/files/5095%20Reimbursement%20Rates%2020160328.pdf. The State of Arizona rates can be found on the General Accounting Office website (GAO) at https://gao.az.gov/travel/welcome-gao-travel.

3. List all other sources of funding currently received from GOYFF, other State or public agencies, Federal agencies, non-profit organizations and any other sources that contribute and support prevention programs in your organization.

4. Attach one copy of the audited financial statements at the end of the completed original application.

NOTE: There is no match requirement for this program. Should you choose to include match in your proposed budget, those funds or in-kind services will be subject to monitoring by the Governor’s Office of Youth, Faith and Family.

**g) Evaluation**

This section addresses how the program is working and what can be done to make the program more effective. The process evaluation should measure program fidelity by assessing which activities were implemented and the quality, strengths, and weaknesses. The outcome evaluation should determine the extent the program has accomplished the stated goals and outcome objectives. NOTE: Successful Applicants who are selected for award will be expected to maintain timely data and may receive requests to demonstrate the impact of the program between formal reporting periods.

*Provide a narrative response to the each of the following questions (one (1) pages maximum, not including exhibits and attachments):*

1. Who will have overall responsibility and the resources needed to cooperate with the program’s data collection and evaluation?

2. Describe your plan for obtaining parental consent and the administration of the Pre and Post Primary Prevention Survey to 9th grade students during each grant year and a Post Primary Prevention Survey to 11th grade students in 2019-2020.

3. Indicate whether or not your school has participated in the AYS administration previously or if this will be a new endeavor for your school. Describe your plan for ensuring the administration AYS.
Exhibits and Attachments:

- Exhibit A: Checklist
- Exhibit B: Funds Requested Page
- Exhibit C: Line Item Budget
- Exhibit D: Budget Narrative
- Exhibit E: Disclosure Form of Other Funding Sources
- Exhibit F: Staff Overview
- Exhibit G: Applicant’s Proposed Subcontractor(s)
- Exhibit H: GOYFF Standard Data Collection Form
- Exhibit I: GOYFF Financial Systems Survey
- Exhibit J: Assurances for Non-Construction Programs
- Exhibit K: Problem Statements, Goals, Objectives and Performance Measures
- Attachment A: Federal Flow Down Terms and Conditions
- Attachment B: Indemnification and Insurance Provisions
- Attachment C: Sample Certificate of Insurance
- Attachment D: Evidence Based and Evidence Informed Matrix
- Attachment E: Arizona Coalitions and Community Partners
- Attachment F: Outcome Data to be Collected
EXHIBIT A
Checklist

The High School Health and Wellness Program  
RFGA No. SABG-DSG-17-051717-00

Name of Organization: _______________________________________________________

Checklist:
Use the following list to make sure your Grant Application for the High School Health and Wellness Program is complete and meets the requirements specified in this request for grant applications. Please assemble your application in the order listed below.

- One (1) original document marked “ORIGINAL”, with seven (7) photocopies and one thumb or flash drive containing the entire application package. The application materials on the thumb or flash drive should appear in MS Word and/or PDF.

- Completed and signed Offer and Acceptance Form (SPO form 203).

- Exhibit A – Checklist. Signed and attached.

- Solicitation Amendment(s). Signed and submitted, if issued.

- Proof of current registration in the System for Award Management

- Executive Summary.

- Application Program Narrative.

- Exhibit B – Funds Requested Page. Completed and attached.

- Exhibit C - Line Item Budget. Completed and attached.

- Exhibit D - Budget Narrative. Completed and attached.

- Exhibit E - Disclosure Form of Other Funding Sources. Completed and attached.

- Exhibit F - Staff Overview. Completed and attached.

- Resumes and/or job descriptions and Organization Chart attached.

- Exhibit G – Applicant’s Proposed Subcontractor(s). Completed and attached.

- Exhibit H – GOYFF Standard Data Collection Form. Completed and attached.


- Exhibit J – Assurances for Non-Construction Programs. Signed and dated.

- Exhibit K – Problem Statements, Goals, Objectives and Performance Measures. Completed and attached.
Provide an audit report or financial statements as required by 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This CFR can be found online at http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

Page numbers are included on all pages, in sequence and a table of contents is included with page numbers referenced.

Applications should be in twelve point font or larger, single-spaced, with one inch margins or wider and single sided, NOT duplexed.

The original application set with documents requiring signatures must have ORIGINAL signatures.

Do NOT bind your application in spiral binders or in 3-ring notebooks. Please submit your original application unstapled and use a binder clip in the upper left hand corner. Photocopies may be stapled or secured with a binder clip.

When submitting your application, ensure your school name and the Request for Grant Application Number SABG-DSG-17-051717-00 is CLEARLY marked on the outside of the SEALED envelope/package.

All applications are date stamped by the time clock in the Governor’s Office of Youth, Faith and Family, 1700 W. Washington, Suite 230, Phoenix, AZ 85007, ON OR BEFORE 3:00 P.M., April 4, 2017.

- It is the responsibility of each Applicant to ensure their application is delivered to the Governor’s Office of Youth, Faith and Family by the due date and time. Allow for such contingencies as heavy traffic, weather, directions, parking, security, etc. Verify that your express delivery service provider delivers packages directly into Suite 230.

- Applicants are cautioned not to rely on next day U.S. Postal mail services. Mail sent to the Governor’s Office of Youth, Faith and Family is filtered through the Arizona Department of Administration. The Governor’s Office of Youth, Faith and Family is not responsible for packages delivered to locations other than the Governor’s Office of Youth, Faith and Family, 1700 W. Washington, Suite 230, Phoenix, AZ 85007.

The point of contact concerning this application is referenced on the Offer and Acceptance Form.

______________________________________________________________________________

Signature by the Point of Contact for Application

______________________________________________________________________________

Job Title __________________________________________

GOYFF Staff Use Only

| Name: __________________________________________ | Date __________ |
| Job Title __________________________________________ |              |

Governor’s Office of Youth, Faith and Family       RFGA No.  SABG-DSG-17-051717-00       Page 23 of 59
EXHIBIT B
Funds Requested Page

1. The Applicant must state a firm, fixed total guaranteed not-to-exceed amount of funds requested for The High School Health and Wellness Program.

   Total Funds Requested: $ _________________

2. How many students are included in the target population for you proposed program?

   2017 Total Student Enrollment: ____________
   9th Grade Enrollment: ____________ 10th Grade Enrollment: ____________
   11th Grade Enrollment: ____________ 12th Grade Enrollment: ____________

3. Are you submitting this application for your proposed program under the public or charter school category?

   □ Public School  □ Charter School

4. Are you submitting this application for the Urban or Rural population?

   □ Urban  □ Rural

5. Is your proposed program an expansion and/or enhancement to an established program?

   □ Expansion  □ Enhancement  □ Both

Authorized Signature ____________________________ Date___________________

Job Title _________________________________
This exhibit is provided as an example only. While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. Limit your budget line items to the following categories: Personnel, Fringe Benefits, Contracted-Professional Services, Travel (In-State/Out of State), Pass-Thru, Other Operating Expenses and Administrative/Indirect Costs. **Please round budget category totals to the nearest dollar.**

**Budget period: May 17, 2017 – May 16, 2018**

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Line Item</th>
<th>Requested Funds</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>FTE Prevention Coach, 100%</td>
<td>$45,000</td>
<td>$45,000</td>
</tr>
<tr>
<td></td>
<td>1 PT Project Staff, 50%</td>
<td>$17,500</td>
<td>$17,500</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>Agency Rate (30%) - Budget narrative should provide calculation of how agency rate was determined. (62,500 x .30)</td>
<td>$18,750</td>
<td>$18,750</td>
</tr>
<tr>
<td>Contracted/Professional Services</td>
<td>Evidence Based Program Curriculum Training and Materials</td>
<td>$13,000</td>
<td>$13,000</td>
</tr>
<tr>
<td></td>
<td>2 Professional Trainer/Speaker</td>
<td>$2,815</td>
<td>$2,815</td>
</tr>
<tr>
<td>In-State Travel</td>
<td>2 staff to attend program and fiscal orientation in Phoenix (2 staff x 400 miles x .445/mile)</td>
<td>$356</td>
<td>$356</td>
</tr>
<tr>
<td></td>
<td>Lodging and Meal Per diem for program and fiscal orientation in Phoenix ((2 staff x $49 meals) + (2 staff x $118 lodging))</td>
<td>$334</td>
<td>$334</td>
</tr>
<tr>
<td></td>
<td>Prevention Coach and program staff to attend up to 4 GOYFF trainings in Phoenix (2 staff x 400 miles x .445/mile x 4 trainings)</td>
<td>$1,424</td>
<td>$1,424</td>
</tr>
<tr>
<td></td>
<td>Lodging and Meal Per diem for program and fiscal orientation in Phoenix ((2 staff x $49 meals) + (2 staff x $118 lodging) x 4 training)</td>
<td>$1,336</td>
<td>$1,336</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>Printing and Postage</td>
<td>$2,400</td>
<td>$2,400</td>
</tr>
<tr>
<td></td>
<td>• 5000 brochures&amp; drug fact flyers/ 5 posters</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 2000 ATOD rack cards/1000 door hangers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 2 program banners</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supplies for Prevention Strategies</td>
<td>$6,450</td>
<td>$6,450</td>
</tr>
<tr>
<td></td>
<td>• 2 display booth covers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 2500 pens &amp; stress balls for event tabling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 100 safe storage for alcohol &amp; drugs</td>
<td>$13,350</td>
<td>$13,350</td>
</tr>
<tr>
<td></td>
<td>Non-Cash Incentives</td>
<td>$3,650</td>
<td>$3,650</td>
</tr>
<tr>
<td></td>
<td>• 2500 x $1 lanyards, 1000 x $10 T-shirts, 850 x $1 wristbands</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Snacks/refreshments for 400 students/parents during program kick-off</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td></td>
<td>• Scratch Card Prizes</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Administrative/Indirect Costs</td>
<td>10% of Direct Expenses</td>
<td>$13,635</td>
<td>$13,635</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$150,000</strong></td>
<td><strong>$150,000</strong></td>
</tr>
</tbody>
</table>

*As shown, a line item budget justification for each component MUST be included in the proposal that describes the procedure for determining the cost of budget categories. Detail in the line item budget narrative strengthens proposals. See the following page for budget narrative format.*
EXHIBIT D
SAMPLE Budget Narrative

The purpose of the budget narrative is to provide greater detail on the budget line items and the requested amounts. The budget narrative should explain the criteria used to compute the budget figures on the budget form. Please verify that the narrative and budget form correspond and the calculations and totals are accurate.

**Personnel:** Include information such as position title(s), name of employee (if known), annual salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. If you need additional fiscal personnel to manage this grant, include those costs also. Provide the calculation used to determine the requested funding amount for each individual (i.e. Bob Williams $45000 Annual Salary x .90 FTE = $40,500).

All organizations are required to maintain appropriate documentation to support salaries and wages per the 2 CFR Part 200 (Personal Activity Reports, Time and Effort Reports, Certifications, etc.). All organizations will be monitored to assure compliance with this requirement.

**Fringe Benefits:** Provide a list of the fringe benefit costs and their respective percent of salary (See example below). Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined.

Example list:

<table>
<thead>
<tr>
<th>Fringe Benefit</th>
<th>Percent of Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Tax</td>
<td>.094</td>
</tr>
<tr>
<td>Worker's Comp</td>
<td>.020</td>
</tr>
<tr>
<td>Medical and Dental Insurance</td>
<td>.066</td>
</tr>
<tr>
<td><strong>Total Fringe Benefit Rate</strong></td>
<td>.18</td>
</tr>
</tbody>
</table>

**Contracted Services/Professional Services:** If contracted services/professional services are proposed in the budget, define how the costs for these services were determined and provide justification for the services related to the project. This category includes Evaluation Services. Information for Evaluation Professional Services should include who will be performing the evaluation, the type of work to be performed, and a listing of all applicable rates. Provide the units x rate calculation to show how the requested funding amount was determined (i.e. 20 Hours x $50/hr = $1,000). Explain how all contracts will be procured. The Sub-grantee will be required to submit a copy of the executed contract before any related costs will be reimbursed.

**Travel:** Travel costs are according to the Applicant’s written policy, but limited to rates allowable for State of Arizona employees per the State’s travel policy located at: [https://gao.az.gov/sites/default/files/5095%20Reimbursement%20Rates%20160328.pdf](https://gao.az.gov/sites/default/files/5095%20Reimbursement%20Rates%20160328.pdf). Food costs related to travel are allowable at the rates listed in your policy, but limited to the State travel policy. Include a detailed breakdown of the travel costs (i.e. lodging, mileage, per diem, etc.) Indicate the location(s) of travel, the justification for travel as it relates to the program, and how many employees will attend.

**Pass Through/Sub-grants:** In the event that this application represents a collaboration and the Applicant will be utilizing other Sub-grantees to perform various components of the program, include the Sub-grantee name, the work the Sub-grantee will perform, the dollar limit of the sub-grant and how it was determined, and the term of the sub-grant). Also include monitoring policies that will be utilized to assure compliance. Successful Applicants who are selected for award will submit copies of Community
Agreements and/or Memoranda of Understandings with a resource network of community and social services agencies to GOYFF upon request.

**Supplies and Operating Expenses:** List the supplies and other operating expenses and justify the need for the items. Identify the monthly cost for re-occurring expenses (i.e. rent, utilities, general office supplies, printing, etc.). If building rent is requested, please indicate the method used to allocate the appropriate amount of rent to the program. Provide the item cost for infrequent purchases (i.e. telephone unit, registration fee, training cost, etc.). All purchases should be made according to the Applicant’s written procurement policy, which at a minimum must contain the federal procurement guidelines for federal grants.

**Incentives:**
Non-cash incentives to participants in prevention programs are essential to retain individuals and to encourage attendance and attainment of prevention goals. Applicants must build all the non-cash incentives into the program design, and they should be of minimal cash value. Under no circumstance should the total incentive per participant exceed $30 during the grant year. Examples include food, prizes, and small gifts. Gift cards are not an allowable purchase item. All tangible items shall have “High School Health and Wellness Program” printed to the extent possible.

Successful applicants awarded a contract shall obtain prior approval from the GOYFF Program Administrator for any and all potential food costs related to workshops and meetings throughout the entire contract term. Justification for the food costs at meetings and trainings shall be submitted for approval. Costs for food or incentives are not allowable unless explicitly identified and approved in the budget.

**Administrative/Indirect Costs:** Administrative costs are the general or centralized expenses necessary for the overall administration of an organization. Administrative costs do not include particular project costs. For organizations that have an established federally approved indirect cost rate for Federal awards, indirect costs mean those costs that are included in the organization’s indirect cost rate. Such costs are generally identified with the organization’s overall operation and are further described in the Office of Management and Budget Circulars 2 CFR 200 at [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

For the purposes of this grant, Sub-grantees may be permitted an allocation for administrative costs under one of the following:

**Scenario A: Administrative Costs:** If the Applicant does not have a federally approved indirect cost rate, the Applicant may include an allocation for administrative costs for up to 10% of the total direct funds requested.

If this option is used, please provide a short description and justification of the types of costs to be covered by the requested administrative cost allocation. Please note that each individual cost does not need to be itemized; only a justification for the level of administrative cost allocation should be provided.

**Scenario B: Federally Approved Indirect Costs:** If the Applicant has a federally approved indirect cost rate agreement in place, the Applicant may include an allocation for indirect costs. Applicants must provide a copy of their federally approved indirect cost rate agreement.

Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.
EXHIBIT E  
Disclosure of Other Funding Sources  

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source providing funding for the proposed program*. Use a continuation sheet if necessary. The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

<table>
<thead>
<tr>
<th>Type of Funding (Federal, State, local, other)</th>
<th>Received From</th>
<th>Amount</th>
<th>End Date (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL:**

*This table should include only those funds that will support the program detailed in this application.*
EXHIBIT F
Staff Overview

The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

In addition to this overview, please attach a resume (for current personnel) or a job description (for positions to be hired) for the key individuals involved in the project.

<table>
<thead>
<tr>
<th>STAFF MEMBER</th>
<th>BACKGROUND AND EXPERTISE OF PERSONNEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>What percent of time will be spent on this project:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
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<tr>
<td>What percent of time will be spent on this project:</td>
<td></td>
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<tr>
<td>Name:</td>
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<td>Title:</td>
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<tr>
<td>What percent of time will be spent on this project:</td>
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<td>Name:</td>
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<td>Title:</td>
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<tr>
<td>What percent of time will be spent on this project:</td>
<td></td>
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<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>What percent of time will be spent on this project:</td>
<td></td>
</tr>
</tbody>
</table>
EXHIBIT G
Applicant’s Proposed Subcontractor(s)

Applicant’s Name: ____________________________________________

The Applicant shall indicate all subcontractors that the Applicant will use to perform any portion of this solicitation’s Scope of Work.

If the Applicant will not subcontract any portion of this solicitation’s Scope of Work and will be performing this solicitation’s Scope of Work entirely with its own employees, the Applicant shall clearly indicate this by checking **No** in the section below.

If any subcontractors will be used, the Applicant shall clearly indicate this by checking **Yes** in the section below and follow the instructions contained in the paragraph for identifying all subcontractors.

_____ No    The above Applicant will not subcontract any portion of performance of any resultant contract under this solicitation.

_____ Yes    The above Applicant will use the subcontractor(s) listed below in performance of any resultant contract under this solicitation.

The Applicant shall list below each subcontractor’s name/location, the type of service to be provided, the certifications they possess (copies of all certifications shall be provided as an attachment to the submitted proposal) and the amount of time or effort (as a percent of total contract performance) that the subcontractor will perform in relation to total performance of this solicitation’s requirements. Additional pages may be used if necessary.

The Applicant shall describe the quality assurance measures that the Applicant will use to monitor the subcontractor’s performance as part of the response to Questionnaire Item 1.7.

The State reserves the right to request any additional information deemed necessary about any proposed subcontractors.

### SUBCONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Name/Location</th>
<th>Type of Service</th>
<th>Certifications</th>
<th>Percent of time on Project</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>
A. Fiscal Agent Information:

Agency Name ___________________________________  Contact Person ________________________________

Address ______________________________________  Position ________________________________________

____________________________________________________________________________________________

Email ________________________________________  Phone _____________________

City, State, Zip ______________________________  DUNS Number: __________________________

County ______________________________________

Employer Identification Number: __________________  DUNS Number: __________________________

Agency Classification: _____State Agency _____County Government _____ Local Government _____ Schools _____ Tribal

 _____ Faith Based _____ Non-Profit _____ Other

In which Congressional (Federal) District is your agency? Enter District # ______

http://www.azredistricting.org (click on Final Maps)

In which Legislative (State) District is your agency? Enter District # ______

http://www.azredistricting.org (click on Final Maps)

Have you previously conducted business with the State using this EIN:  Y  N. If NO, please go to the following website, download the State of Arizona Substitute W-9 Form under the ACH & Vendor Forms heading and submit with your application, https://gao.az.gov/publications/forms.

What was the date of your most recent SAM/CCR registration? ____________  * Please attach confirmation of registration.

Preferred method for reimbursements (ACH or mailed check)?  _____ACH  _____Agency Fiscal Address (listed above)

Preferred reimbursement cycle: _____ Monthly _____ Quarterly

B. Contract Signer Information:

Contract Signer_______________________________________  Position ________________________________________

Address ________________________________________  Email ________________________________________

____________________________________________________________________________________________

Phone ______________________

City, State, Zip ______________  County ______________________________________________________

C. Financial Information:

Approximately how much FEDERAL funding will your organization expend in your current fiscal year? $________________________

What is your organization’s fiscal year-end date? ___________________

Accounting Method: _____ Cash  _____Accrual  _____Modified

Is your organization subject to the requirements of an annual independent audit in accordance with OMB Circular A-133?  Y  N

Please provide contact information of the audit firm conducting your audit:

Agency __________________________________________________________

Address __________________________________________________________

Phone Number ______________________

City, State, Zip ______________  County ______________________________________________________
FFATA (Federal Funding Accountability and Transparency Act) Reporting Requirements:

1. Is 80% or more of annual gross revenues from Federal Awards?  Yes _____ No _____
2. Do you receive $25 Million or more annually from Federal Awards? Yes _____ No _____

If you answered YES to both questions, you MUST provide the names and total compensation of the top five (5) paid executives.

1. Name ___________________________ Total Compensation _________________________
2. Name ___________________________ Total Compensation _________________________
3. Name ___________________________ Total Compensation _________________________
4. Name ___________________________ Total Compensation _________________________
5. Name ___________________________ Total Compensation _________________________

D. Program Agency Information:

Agency Name ___________________________ Contact Person ___________________________
Address ________________________________ Position ________________________________
Email _________________________________ Phone ________________ x ________________
City, State, Zip __________________________ Phone ________________________________
County ________________________________

E. Proposed Program Information / Description:

Amount requesting: ________________________________
Service area of proposed program: ________________________________
Target population of proposed program: ________________________________
Number of participants to be served: ________________________________

Authorized Signer __________________________ Date ________________

(To be completed by GOYFF Personnel)

Contract Number: ________________________________ Is the contract FFATA reportable? Yes _____ No _____
Is the Sub-Grantee’s Audit Current? Yes _____ No _____
Funding Index: ___________
Any Special terms and conditions to be included in contract: ____________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Program Administrator __________________________ Date ________________ Grant Auditor __________________________ Date ________________
**EXHIBIT I**

**Governor’s Office of Youth, Faith and Family**

**Financial Systems Survey**

Name of Applicant:____________________________________________________________

Please answer every question by filling in the circle next to the correct answer. Attach materials and document comments as required.

As stewards of federal and state funds, the Governor’s Office of Youth, Faith and Family awards funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

**A. GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your organization received a Federal or State Grant within the last two years?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is your organization subject to the audit requirements of 2 C.F.R. Part 200, Sub-Part F? If so, please include a copy of your audit report, including your Management Letter, Findings and Questioned Costs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If your organization is not subject to the audit requirements of 2 C.F.R. Part 200, Sub-Part F, have your financial statements been audited, reviewed or compiled by an independent Certified Public Accountant within the past two years? If yes, please attach a complete copy of the most recent audited, reviewed or compiled financial statements. If no, attach a copy of the most recently prepared financial statements including a balance sheet, income statement, statement of cash flows and a description of the source of the documents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Please attach a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. Note: If your organization had a Single Audit, a copy of the “Schedule of Expenditures for Federal Awards” can be submitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has your organization received funding from the Governor’s Office of Youth, Faith and Family within the past two years? If yes, specify the grant contract numbers: __________________________________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Has your organization been granted tax-exempt status by the Internal Revenue Service?</td>
<td></td>
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<tr>
<td>8. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?</td>
<td></td>
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</tr>
</tbody>
</table>
## B. FUNDS MANAGEMENT

1. Which of the following describes your organization’s accounting system?  
   - Manual  
   - Automated  
   - Combination

2. How frequently do you post to the General Ledger?  
   - Daily  
   - Weekly  
   - Monthly  
   - Other

3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?  
   - YES  
   - NO

4. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?  
   - YES  
   - NO

5. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee’s time?  
   - YES  
   - NO

6. Is your organization familiar with Federal Cost Principles (i.e. 2 CFR Part 200)?  
   - YES  
   - NO

7. How does your organization plan to charge common/indirect costs to this grant?  
   - Direct Charges  
   - Utilizing an Indirect Cost Allocation Plan or Rate

   **NOTE:** Those organizations using an indirect cost plan/rate need to attach a copy of the methodology and calculations in determining the rate.

## C. INTERNAL CONTROLS

1. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?  
   - YES  
   - NO

2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?  
   - YES  
   - NO

3. Are all accounting entries and payments supported by source documentation?  
   - YES  
   - NO

4. Are cash or in-kind matching funds supported by source documentation?  
   - YES  
   - NO

5. Are employee time sheets supported by appropriately approved/signed documents?  
   - YES  
   - NO

6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?  
   - YES  
   - NO

## D. PROCUREMENT

1. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?  
   - YES  
   - NO

2. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?  
   - YES  
   - NO

3. Does the organization complete some level of cost or price analysis for every major purchase?  
   - YES  
   - NO

4. Does the organization maintain a system of contract administration to ensure Grantee conformance with the terms and conditions of each contract?  
   - YES  
   - NO

5. Does the organization maintain written procurement policies and procedures?  
   - YES  
   - NO
E. CONTACT INFORMATION

Please indicate the following information. In the event that the Governor’s Office of Youth, Faith and Family has questions about this survey, this individual will be contacted.

Prepared By: ________________________________

Job Title: ________________________________

Date: ________________________________

Phone/Fax/Email: ________________________________

F. CERTIFICATION

I certify that this report is complete and accurate, and that the Grantee has accepted the responsibility of maintaining the financial systems.

_____________________________________________
Signature

G. COMMENT AND ATTACHMENTS

Please use the space below to comment on any answers in Sections A – D. Please indicate the Section and Question # next to each comment. Number of Attachments (please number each attachment): _________

COMMENTS:
As the duly authorized representative of the Applicant, I certify that the Applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of the project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting standards in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 C.F.R 900, Subpart F).

6. Will comply with all Federal statues relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibit discrimination on the basis of sex; (c) section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination of the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibit discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to the nondiscrimination in the sale, rental or financing or housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of the Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


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

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


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

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

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

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.

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

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or sub-awards under the award.

<table>
<thead>
<tr>
<th>SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICANT ORGANIZATION</td>
<td>DATE SUBMITTED</td>
</tr>
</tbody>
</table>
EXHIBIT K
The High School Health and Wellness Program

EXHIBIT K- PROBLEM STATEMENTS, GOALS, OBJECTIVES AND PERFORMANCE MEASURES

Please fill-in your school information. Review the Problem Statements, Goals and Objectives. For each objective, select four (4) to six (6) primary prevention strategies to be implemented and list the activities that will be delivered with specific timeframe. Clearly indicate the person responsible for the leading the project. In the final column, outline how the effectiveness of the implementation will be measured (e.g. number of participants attending/completing, participant satisfaction, adequacy of resources, timely completion of activities, etc.). Exhibit K is a fluid document that should be used by the prevention coach and school administrator to monitor program implementation and provide continuous improvement throughout the school year.

<table>
<thead>
<tr>
<th>District:</th>
<th>School(s):</th>
<th>Prevention Coach Name(s):</th>
<th>School Prevention Coach Phone Number/Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Year:</td>
<td>Total student enrollment (9th - 12th graders):</td>
<td>Total 9th grade enrollment:</td>
<td></td>
</tr>
</tbody>
</table>

Problem Statement #1: Underage drinking, marijuana use and misuse and abuse of prescription medication have harmful consequences

Goal #1: Increase youth awareness of risk/harm of underage drinking, marijuana use and misuse and abuse of prescription medication

Objective #1: By May 2018, there will be a 5% increase in youth’s perception of peer disapproval and attitudes of underage drinking, marijuana use and misuse and abuse of prescription medication as measured by the Arizona Youth Survey/Pre and Post Primary Prevention Survey compared to 2017

<table>
<thead>
<tr>
<th>Prevention Strategy</th>
<th>Activities</th>
<th>Person Responsible</th>
<th>Indicates the month(s) activities will be implemented</th>
<th>Performance Measure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun</td>
<td></td>
</tr>
</tbody>
</table>

...
Problem Statement #2: Underage drinking, marijuana use and misuse and abuse of prescription medication effects the students’ social and emotional well-being and their commitment to school

Goal #2: Improve interpersonal relationships and increasing school safety by creating a healthy school climate

Objective #2: By May 2018, there will be a 5% increase in youth who report they are likely to find help at school from a counselor, teacher, or other adult to stop or reduce underage drinking, marijuana use and misuse and abuse of prescription medication as measured by the School Climate survey/ Pre and Post Primary Prevention Survey compared to 2017

<table>
<thead>
<tr>
<th>Prevention Strategy</th>
<th>Activities</th>
<th>Person Responsible</th>
<th>Indicate the month(s) activities will be implemented</th>
<th>Performance Measure(s)</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun</td>
<td></td>
</tr>
</tbody>
</table>

Problem Statement #3: Underage drinking, marijuana use and misuse and abuse of prescription medication have identified public health ramifications

Goal #3: Promote resistance strategies to reduce underage drinking, marijuana use and misuse and abuse of prescription medication among high school youth

Objective #3: By May 2018, there will be a 5% increase in the number of students who have talked to their parents about how to avoid/resist drugs as measured by the Arizona Primary Prevention for Substance Abuse Program Survey/ Pre and Post Primary Prevention Survey compared to 2017

<table>
<thead>
<tr>
<th>Prevention Strategy</th>
<th>Activities</th>
<th>Person Responsible</th>
<th>Indicate the month(s) activities will be implemented</th>
<th>Performance Measure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun</td>
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</tbody>
</table>
EXHIBIT K - SAMPLE
The High School Health and Wellness Program
EXHIBIT K - PROBLEM STATEMENTS, GOALS, OBJECTIVES AND PERFORMANCE MEASURES

Please fill-in your school information. Review the Problem Statements, Goals and Objectives. For each objective, select four (4) to six (6) primary prevention strategies to be implemented and list the activities that will be delivered with specific timeframe. Clearly indicate the person responsible for leading the project. In the final column, outline how the effectiveness of the implementation will be measured (e.g. number of participants attending/completing, participant satisfaction, adequacy of resources, timely completion of activities, etc.). Exhibit K is a fluid document that should be used by the prevention coach and school administrator to monitor program implementation and provide continuous improvement throughout the school year.

<table>
<thead>
<tr>
<th>District: GOYFF Union</th>
<th>School(s): GOYFF High School</th>
<th>Prevention Coach Name(s): Sarah Jones</th>
<th>School Prevention Coach Phone Number/Email: 602-252-6700/ <a href="mailto:sjones@goyffunion.org">sjones@goyffunion.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>School Year: 2016-2017</td>
<td>Total student enrollment (9th - 12th graders): 1000</td>
<td>Total 9th grade enrollment: 250</td>
<td></td>
</tr>
</tbody>
</table>

**Problem Statement #1:** Underage drinking, marijuana use and misuse and abuse of prescription medication have harmful consequences

<table>
<thead>
<tr>
<th>Goal #1:</th>
<th>Increase youth awareness of risk/harm of underage drinking, marijuana use and misuse and abuse of prescription medication</th>
</tr>
</thead>
</table>

| Objective #1: | By May 2018, there will be a 5% increase in youth’s perception of peer disapproval and attitudes of underage drinking, marijuana use and misuse and abuse of prescription medication as measured by the Arizona Youth Survey/ Pre and Post Primary Prevention Survey compared to 2017 |

<table>
<thead>
<tr>
<th>Prevention Strategy</th>
<th>Activities</th>
<th>Person(s) Responsible</th>
<th>Indicate the month(s) activities will be implemented</th>
<th>Performance Measure(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Dissemination</td>
<td>Media Campaigns, PSA presented and drug facts handouts disseminated during school assemblies</td>
<td>Prevention Coach School Principal</td>
<td>Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun</td>
<td>1000/1000 students will view PSA and receive drug facts handout each quarter (direct)</td>
</tr>
<tr>
<td>General Education</td>
<td>Presentations by partnering agencies, coalitions, law enforcement on trend, risk and perception of harm relating marijuana and discuss resistance strategies</td>
<td>Prevention Coach Anti-Drug Coalitions School Resource Officer</td>
<td>X X X X X</td>
<td>100/1000 students will attend each scheduled presentation</td>
</tr>
<tr>
<td>Evidence Based/Evidence Informed Education</td>
<td>Facilitate peer group learning sessions using the Project SUCCESS evidence-based curriculum</td>
<td>Prevention Coach Group Facilitator</td>
<td>X X X X X</td>
<td>11/250- 9th grade students will enroll in each scheduled learning session using an evidence based model</td>
</tr>
<tr>
<td>Alternative</td>
<td>Organize drug prevention messaging activities: AOD poster contest, school dance, art festival, red robin week, homecoming parades and “Take Back the Night event</td>
<td>Prevention Coach Prevention Team Student Clubs &amp; Committees</td>
<td>X X X X X</td>
<td>50/1000 students will actively participate in each planned prevention alternative activity</td>
</tr>
</tbody>
</table>

Governor’s Office of Youth, Faith and Family  RFGA No. SABG-DSG-17-051717-00  Page 40 of 59
<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Identification and Referral</td>
<td>Prevention coach will provide orientation to all teachers and school administrators about the HSHW Program and Problem Identification and Referral process</td>
<td>Prevention Coach/Team</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>100% of students referred by the teachers and administrators will be offered resources and appropriate education strategy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Based Process</td>
<td>Multi-agency coordination and collaboration/coalition meetings with the intent of building on each other’s prevention efforts</td>
<td>Prevention Coach/Program Staff</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>The prevention coach/program staff will engage and follow-up with 5/25 community partners or coalition members during each scheduled quarterly meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td>Review and update alcohol and drug use policies in schools and provide training</td>
<td>Prevention Coach/Assistant Principal</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>1000/1000 students will receive a copy of the updated alcohol and drug use policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ATTACHMENT A
Federal Flow Down Terms and Conditions for Successful Applicants Who Are Selected for Award

I. **Term of Contract**
The term of the Contract, if awarded, shall commence May 17, 2017 and shall remain in effect until May 16, 2018, contingent upon final federal award, unless terminated, canceled or extended as otherwise provided herein. This is a twelve month Contract with up to two (2) additional twelve month renewal options in the sole discretion of the Governor’s Office of Youth, Faith and Family, contingent upon the availability of federal appropriations, compliance with terms and conditions, programmatic and financial performance, results of program and fiscal monitoring and a program sustainability plan, and through the submission of a renewal application.

II. **Contract Renewal**
The Contract shall not bind nor purport to bind the Grantor for any contractual commitment in excess of the original Contract period or amount. The Grantor shall have the right, at its sole and unfettered discretion, whether or not to extend this Contract. If so, the parties must execute a written amendment or a new contract. Consideration for renewal will also be based on results of program and fiscal monitoring.

III. **Amendments**
This Contract is issued under the authority of the authorized Governor’s Office representative who signed this Contract. The Contract may be modified only through a Contract Amendment within the scope of the Contract. Changes to the Contract, including the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by a person who is not specifically authorized by the procurement officer in writing or made unilaterally by the Grantee are violations of the Contract and of applicable law. Such changes, including unauthorized written Contract Amendments shall be void and without effect, and the Grantee shall not be entitled to any claim under this Contract based on those changes.

IV. **Fund Management**
The Grantee must maintain funds received under this Contract in separate ledger accounts and shall not combine these funds with other sources. The Grantee must manage funds according to applicable federal regulations for administrative requirements, cost principles and audits.

The Grantee must maintain adequate business systems to comply with Federal requirements. The business systems that must be maintained are:

- E. Financial Management
- D. Property
- F. Procurement
- E. Travel
- G. Personnel

A system is adequate if it is: 1) **written**; 2) **consistently followed** - it applies in all similar circumstances; and 3) **consistently applied** – it applies to all sources of funds. The Grantor reserves the right to review all business systems policies.

V. **DUNS/CCR**
Each successful recipient who is awarded must provide the following prior to a Contract being executed: (a) Dun and Bradstreet Universal Numbering System (DUNS) number for the fiscal agent; and (b) proof of current registration in the System for Award Management (“SAM”) at [https://www.sam.gov/portal/SAM/#1](https://www.sam.gov/portal/SAM/#1). SAM is the Official U.S. Government system that consolidated the capabilities of Central Contractor Registration (“CCR”), Fed Reg, ORCA and
VI. **FFATA Reporting Requirements**
In compliance with the Federal Funding Accountability and Transparency Act of 2006 Reporting Requirements, (Pub. L. No. 109-282, as amended by Section 6205 (a) of Pub. L. No. 110-252), the Grantee is required to provide information. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website, which is [www.USAspending.gov](http://www.USAspending.gov).

VII. **Organizational Audit Requirements**
The Grantee agrees to comply with the organizational audit requirements of 2 CFR Part 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and further understands and agrees that funds may be withheld, or other related requirements may be imposed, if outstanding audit issues (if any) from their organization’s single audit are not satisfactorily and promptly addressed. This CFR can be found online at [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl) under Title 2 Part 200.

Single Audit: Grant sub-recipients expending $750,000 or more of Federal funds from all sources during the organization’s fiscal year, must have an annual audit conducted in accordance with 2 CFR Part 200.

   a. If your organization is subject to the requirements of 2 CFR Part 200, then attach one copy of your organization’s most recently completed Single Audit with the Management Letter, Findings and Questioned Costs to the completed application.
   
   b. If your organization is not subject to the requirements of 2 CFR Part 200, submit one copy of the most recently completed audit of financial statements.
   
   c. If your organization does not have a recently completed audit, attach one copy of the most recently prepared financial statements including a Balance Sheet, Income Statement, and Statement of Cash Flows along with a description of the source of the documents.

VIII. **Documents Incorporated By Reference**
The State of Arizona’s Uniform Terms and Conditions V9_ (Rev 7-1-2013) are incorporated into this contract as if fully set forth herein. Copies of this document may be accessed at [https://spo.az.gov/sites/default/files/documents/files/Uniform%20Terms%20and%20Conditions%20V9_%28Rev%207-1-2013%29.pdf](https://spo.az.gov/sites/default/files/documents/files/Uniform%20Terms%20and%20Conditions%20V9_%28Rev%207-1-2013%29.pdf). Attachment A, Federal Flow Down Terms and Conditions, is incorporated into this Contract in its entirety. Attachment B, Indemnification and Insurance Provisions, is incorporated into this Contract in its entirety. Attachment C, Sample Certificate of Insurance, is incorporated into this Contract in its entirety. Attachment D, Evidence-Based and Evidenced-Informed Matrix, is incorporated into this Contract in its entirety. Attachment E, Arizona Coalitions and Community Partners, is incorporated into this Contract in its entirety. Attachment F, Outcome Data to be Collected, is incorporated into this Contract in its entirety. The Applicant warrants that it has read and understands the Uniform Terms and Conditions V9_ (Rev 7-1-2013) and Attachments A, B, C, D, E, and F and agrees to be bound by them in their entirety. In the event of any divergence between this RFGA solicitation and the Uniform Terms and Conditions and Attachment A, this RFGA solicitation shall control.

IX. **Reporting Requirements on Cost Reimbursement Contracts**
Successful Applicants that become Grantees shall be paid on a cost-reimbursement basis. The Grantee shall not request reimbursement until the cost has resulted in an actual cash expenditure. The Grantee shall submit reports for all services rendered utilizing funds provided in this Contract as follows:

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EPLS. SAM registration must be maintained for the term of the Contract. The DUNS website is located at http://fedgov.dnb.com/webform.
a. **Financial**

Detailed invoices with expenditure data and backup documentation are due monthly on the 10th of the month for those items submitted and approved in the budget inclusively. GOYFF shall provide the Grantee with the financial reporting template. The final expenditure report at the end of the contract year shall be due no later than the 10th day of the month following the contract end date for expenses incurred prior to the date of contract termination.

All expenses must be incurred and paid prior to the final reimbursement request. Requests for reimbursement received later than the deadline after the contract termination will not be paid. If awarded a contract, your organization must have sufficient funds to meet obligations for up to sixty (60) days while awaiting reimbursements from the Governor’s Office of Youth, Faith and Family. The Grantee shall use the forms provided by the Grantor to submit financial expenditure reports.

b. **Programmatic**

The successful Applicants that become Grantees shall submit quarterly reports using the template provided by the GOYFF. The reports on outreach and participation information shall contain such information as deemed necessary by the GOYFF and are due sixty days after the end of the quarter. The quarterly reports will include information on activities by IOM category from the previous quarter.

In the event the due date for any deliverables falls on a holiday or weekend, the deliverable is due on the business day prior to the holiday or weekend.

Failure to submit timely reports may result in suspension of reimbursement.

X. **Grant Restrictions on Use of Payments**

Funds under this Grant Program shall not be used to:

1. Provide inpatient hospital services;
2. Make cash payments to intended recipients of health services. (This includes gift cards used as an incentive for participation in activities);
3. Provide acute care or physical health care services, including payment of copays;
4. Purchase or improve land;
5. Purchase, construct, or permanently improve any building or facility except for minor remodeling with written approval from GOYFF and AHCCCS;
6. Purchase major medical equipment;
7. Provide financial assistance to any entity other than a public or non-profit private entity;
8. Satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
9. Provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with HIV/AIDS);
10. Provide financial assistance to any entity other than a public or non-profit private entity;
11. Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; see [https://grants.nih.gov/grants/policy/salcap_summary.htm](https://grants.nih.gov/grants/policy/salcap_summary.htm);
12. Purchase treatment services in penal or correctional institutions in the State of Arizona; and
13. Flex funds purchases.

XI. **Key Personnel**

It is essential that the Grantee train and provide adequate, experienced personnel, capable of and devoted to the successful accomplishment of projects that may be performed under this Contract. The Grantee must agree to assign experienced individuals to project positions.
A. The Grantee agrees that, once assigned to work on a project under this Agreement, key personnel should not be removed or replaced without prior written notice to the GOYFF.

B. If key personnel are not available for work on a specific project, for a continuous period exceeding thirty (30) calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Grantee shall immediately notify the GOYFF Program Administrator and shall, subject to the concurrence of the GOYFF, replace such personnel with personnel of substantially equal ability and qualifications.

C. The Grantee shall assign specific individuals to the key programmatic and fiscal positions and other changes to key personnel, specifically the Grantee’s SABG Coordinator must be reported on or before the effective date of such change to the GOYFF.

XII. **Health Insurance Portability And Accountability Act (“HIPAA”) Of 1996**

A. The Grantee warrants that it is familiar with the requirements of HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH ACT”) of 2009, and accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Agreement. Grantee warrants that it will cooperate with the GOYFF in the course of performance of the Agreement so that both GOYFF and the Grantee will be in compliance with HIPAA, including cooperation and coordination with the Arizona Department of Administration-Arizona Strategic Enterprise Technology (“ADOA-ASET”) Office, the ADOA-ASET Arizona State Chief Information Security Office and HIPAA Coordinator and other compliance officials required by HIPAA and its regulations. The Grantee will sign any documents that are reasonably necessary to keep GOYFF and the Grantee in compliance with HIPAA, including, but not limited to, business associates agreements.

XIII. **Public Health Law Compliance**

The Grantee agrees to comply with all Public Health Law, located at [http://www.samhsa.gov/grants/block-grants/laws-regulations](http://www.samhsa.gov/grants/block-grants/laws-regulations) that includes, but is not limited to:

A. Confidentiality of Alcohol and Drug Patient Records (42 C.F.R. Part 2);
B. Charitable Choice Provisions; Final Rule (42 C.F.R. Part 54 and 54a);
C. Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 C.F.R. 96.45, 96.51, and 96.120-121);
E. Children’s Health Act of 2000 (P.L. 106-310), October 17, 2000;
F. ADAMHA Reorganization Act of 1992 (P.L. 102-321), July 10, 1992; and
G. Public Health Service Act (includes Title V and Title XIX).

XIV. **Sub Recipient Contracts**

Grantees shall ensure that all sub recipient contracts include SABG Block Grant Regulations noted in this Attachment.

XV. **Trafficking Victims Protection Act of 2000**

Grantees are required to abide by the award term that implements Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended 22 U.S.C. 7104). The award term in now located at 2 C.F.R. Part 175.

XVI. **Association of Community Organizations for Reform Now (“ACORN”)**

In accordance with guidance provided by the Department of Health and Human Services, funding prohibitions regarding the Association of Community Organizations for Reform Now and related entities remain in effect pending further litigation as to ACORN’s First Amendment and due process claims. Grantees are required to abide by these prohibitions.
XVII. **Relationship of Parties**
The individuals/parties performing work on behalf of Grantees are not employees, servants, agents, partners, or joint venturers of the State of Arizona or the Governor’s Office of Youth, Faith and Family. The State of Arizona and the Governor’s Office of Youth, Faith and Family retain no control or direction over such individuals/parties or over the detail, manner, or methods of performance of their services, and they do not have the authority to supervise or control their work. The individuals/parties performing work on behalf of Grantees are not entitled to receive benefits that employees of the State of Arizona are entitled to receive, including but not limited to, workers’ compensation, unemployment compensation, health, vision, or dental insurance, retirement benefits, annual leave, and holiday pay.

XVIII. **Other**
Successful applicants that become Grantees have participated fully in the negotiation and preparation of the contract. Any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in interpreting this contract. The parties acknowledge they have been advised by counsel, or have had the opportunity to be advised by counsel, in the negotiation and execution of the contract.
ATTACHMENT B
INDEMNIFICATION AND INSURANCE PROVISIONS

I. INDEMNIFICATION CLAUSE
To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the State of Arizona, the Governor’s Office, and the Governor’s Office of Youth, Faith and Family and all of their departments, agencies, boards, commissions, universities, officers, officials, agents, and employees (hereinafter referred to as “Indemnitee”) from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys’ fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as “Claims”) for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of, or recovered under, the Workers’ Compensation Law or arising out of the failure of such Contractor to conform to any federal, state, or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense, and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, the Governor’s Office, and the Governor’s Office of Youth, Faith and Family, and all of their officers, officials, agents, and employees for losses arising from the work performed by the Contractor for the State of Arizona.

This indemnity shall not apply if the contractor or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

II. INSURANCE REQUIREMENTS
Contractor and subcontractors shall procure and maintain, until all of their obligations have been discharged, including any warranty periods under this Contract, insurance against claims for injury to persons or damage to property arising from, or in connection with, the performance of the work hereunder by the Contractor, its agents, representatives, employees or subcontractors.

The Insurance Requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that arise out of the performance of the work under this Contract by the Contractor, its agents, representatives, employees or subcontractors, and the Contractor is free to purchase additional insurance.

A. Minimum Scope and Limits of Insurance
Contractor shall provide coverage with limits of liability not less than those stated below.

i. Commercial General Liability (CGL) – Occurrence Form

Policy shall include bodily injury, property damage, and broad form contractual liability coverage.

General Aggregate $2,000,000
Products – Completed Operations Aggregate $1,000,000
Personal and Advertising Injury $1,000,000
Damage to Rented Premises $50,000
Each Occurrence $1,000,000

a. The policy shall include coverage for Sexual Abuse and Molestation (SAM). This coverage may be sub-limited to no less than $500,000. The limits may be included within the General Liability limit or provided by separate endorsement with its own limits. If you are unable to obtain SAM coverage under your General Liability because the insurance market will not support it, it should be included with the Professional Liability.

b. Contractor must provide the following statement on their Certificate(s) of Insurance: “Sexual Abuse and Molestation coverage is included” or “Sexual Abuse and Molestation coverage is not excluded.”

c. The policy shall be endorsed, as required by this written agreement, to include the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor.

d. Policy shall contain a waiver of subrogation endorsement, as required by this written agreement, in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

ii. Business Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned automobiles used in the performance of this Contract.

Combined Single Limit (CSL) $1,000,000

a. Policy shall be endorsed, as required by this written agreement, to include the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by, or on behalf of, the Contractor involving automobiles owned, hired and/or non-owned by the Contractor.

b. Policy shall contain a waiver of subrogation endorsement as required by this written agreement in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

iii. Workers’ Compensation and Employers’ Liability

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers’ Compensation</td>
<td>Statutory</td>
</tr>
<tr>
<td>Employers’ Liability</td>
<td></td>
</tr>
<tr>
<td>Each Accident</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Disease – Each Employee</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Disease – Policy Limit</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

a. Policy shall contain a waiver of subrogation endorsement, as required by this written agreement, in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

b. This requirement shall not apply to each Contractor or subcontractor that is exempt under A.R.S. § 23-901, and when such Contractor or subcontractor
executes the appropriate waiver form (Sole Proprietor or Independent Contractor).

iv. Professional Liability (Errors and Omissions Liability)
   Each Claim $2,000,000
   Annual Aggregate $2,000,000

a. If SAM coverage is being provided under this policy then Contractor must provide the following statement on their Certificate(s) of Insurance: “Sexual Abuse and Molestation coverage is included” or “Sexual Abuse and Molestation coverage is not excluded.” This coverage may be sub-limited to no less than $500,000.

b. In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.

c. Policy shall cover professional misconduct or wrongful acts for those positions defined in the Scope of Work of this contract.

III. ADDITIONAL INSURANCE REQUIREMENTS

The policies shall include, or be endorsed to include, as required by this written agreement, the following provisions:

A. The Contractor's policies, as applicable, shall stipulate that the insurance afforded the Contractor shall be primary and that any insurance carried by the Governor's Office of Youth, Faith and Family, its agents, officials, employees or the State of Arizona shall be excess and not contributory insurance, as provided by A.R.S. § 41-621 (E).

B. Insurance provided by the Contractor shall not limit the Contractor's liability assumed under the indemnification provisions of this Contract.

IV. Notice of Cancellation

Applicable to all insurance policies required within the Insurance Requirements of this Contract, Contractor's insurance shall not be permitted to expire, be suspended, be canceled, or be materially changed for any reason without thirty (30) days prior written notice to the State of Arizona. Within two (2) business days of receipt, Contractor must provide notice to the State of Arizona if they receive notice of a policy that has been or will be suspended, canceled, materially changed for any reason, has expired, or will be expiring. Such notice shall be sent directly to the State of Arizona, Governor's Accounting Office, 1700 W. Washington Street, 5th Floor, Phoenix, AZ 85007.

V. Acceptability of Insurers

Contractor’s insurance shall be placed with companies licensed in the State of Arizona or hold approved non-admitted status on the Arizona Department of Insurance List of Qualified Unauthorized Insurers. Insurers shall have an “A.M. Best” rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.

VI. Verification of Coverage

Contractor shall furnish the State of Arizona with certificates of insurance (valid ACORD form or equivalent approved by the State of Arizona) evidencing that Contractor has the insurance as required by this Contract. An authorized representative of the insurer shall sign the certificates.
A. All such certificates of insurance and policy endorsements must be received by the State before work commences. The State’s receipt of any certificates of insurance or policy endorsements that do not comply with this written agreement shall not waive or otherwise affect the requirements of this agreement.

B. Each insurance policy required by this Contract must be in effect at, or prior to, commencement of work under this Contract. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

C. All certificates required by this Contract shall be sent directly to the Department. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete copies of all insurance policies required by this Contract at any time.

D. All certificates required by this Contract shall be sent directly to the Governor’s Accounting Office, 1700 W. Washington, Suite 500, Phoenix, Arizona 85007. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete copies of all insurance policies required by this Contract at any time.

VII. **Subcontractors**
Contractor’s certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall be responsible for ensuring and/or verifying that all subcontractors have valid and collectable insurance as evidenced by the certificates of insurance and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum Insurance Requirements identified above. The Governor’s Office of Youth, Faith and Family reserves the right to require, at any time throughout the life of this contract, proof from the Contractor that its subcontractors have the required coverage.

VIII. **Approval and Modifications**
The Governor’s Office of Youth, Faith and Family, in consultation with State Risk, reserves the right to review or make modifications to the insurance limits, required coverages, or endorsements throughout the life of this contract, as deemed necessary. Such action will not require a formal Contract amendment but may be made by administrative action.

IX. **Exceptions**
In the event the Contractor or subcontractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a certificate of self-insurance. If the Contractor or subcontractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.
Prior to commencing services under this contract, the contractor must furnish the state certification from insurer(s) for coverages in the minimum amounts as stated below. The coverages shall be maintained in full force and effect during the term of this contract and shall not serve to limit any liabilities or any other contractor obligations.

<table>
<thead>
<tr>
<th>LIMITS OF LIABILITY MINIMUM - EACH OCCURRENCE</th>
<th>COMPANY LETTER</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>DATE POLICY EXPIRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodily Injury</td>
<td>A</td>
<td>Comprehensive General Liability Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Person</td>
<td>B</td>
<td>Premises Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each Occurrence</td>
<td></td>
<td>Contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Damage</td>
<td></td>
<td>Independent Contractors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>Products/Completed Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bodily Injury</td>
<td></td>
<td>Hazard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and</td>
<td></td>
<td>Personal Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Damage</td>
<td></td>
<td>Broad Form Property Damage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined</td>
<td></td>
<td>Explosion &amp; Collapse (If Applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Underground Hazard (If Applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same as Above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Necessary if underlying is not above minimum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory Limits</td>
<td></td>
<td>Workmen’s Compensation and Employer’s Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

State of Arizona and the Department named above are added as additional insureds as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.

It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the state without thirty (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company.

Date Issued: ____________________________

Authorized Representative

Name and Address of Certificate Holder:
## Evidence Based and Evidence Informed Matrix

<table>
<thead>
<tr>
<th>Evidence Based/Evidence Informed</th>
<th>Description</th>
</tr>
</thead>
</table>
| Helping Teens Overcome Problems with Alcohol, Marijuana and Other Drugs (Insight)  
http://www.communityintervention.org/sec7.html | Insight is a nine-session curriculum for teens in grades 6-12 who are in trouble because of their alcohol, marijuana, or other drug use. Through interactive group meetings, teens look at their drug use, consider the consequences of their use and make a decision about continued use. Participants learn about how mood-altering substances affect their mental and physical health. |
| LifeSkills Training (LST)  
http://www.lifeskillstraining.com/  
LifeSkills Training (LST).pdf | LifeSkills Training is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. |
| Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)  
http://www.sascorp.org/  
Project SUCCESS.pdf | Project SUCCESS is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. |
| Project Towards No Drug Abuse (Project TND)  
http://tnd.usc.edu/  
Project Towards No Drug Abuse.pdf | Project Towards No Drug Abuse is a drug use prevention program for high school youth. The current version of the curriculum is designed to help students develop self-control and communication skills, acquire resources that help them resist drug use, improve decision making strategies, and develop the motivation to not use drugs. |
| Lead and Seed  
https://www.alutiiq.com/capabilities/lead-seed/  
Lead & Seed.pdf | Lead & Seed is an intervention for middle and high school youth designed to increase their knowledge and problem-solving skills for preventing and reducing alcohol, tobacco, and other drug (ATOD) use; guide them in developing strategic prevention plans for use in their schools and communities; and help them implement these plans. |
| SPORT Prevention Plus Wellness  
http://preventionpluswellness.com/  
SPORT Prevention Plus Wellness.pdf | SPORT Prevention Plus Wellness, a motivational intervention designed for use by all adolescents, integrates substance abuse prevention with health promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-enhancing habits, including eating well and getting adequate sleep. |
| Too Good for Drugs  
http://www.toogoodprograms.org/too-good-for-drugs-violence-high-school.html  
Too Good for Drugs.pdf | Too Good for Drugs is designed to mitigate risk factors and develop protective factors, the interactive lessons provide practical guidance for understanding dating and relationships, violence and conflict resolution, underage drinking, substance abuse, and building healthy friendships. The program also builds skills for responsible decision-making, effective communication, media literacy, and conflict resolution. |
ATTACHMENT E
Arizona Coalitions and Community Partners
(Note: this is not an exhaustive list)

Southern Arizona

Pima County:
4R Communities Alliance Community@ourfamilyservices.org
Ajo HOPE – Norma Gomez – Norma@azyp.org
Amistades Substance Abuse Coalition – rmjasso@amistadesinc.org
Community Prevention Coalition (CPC) of Pima County - Amy Bass Abass@ppep.org
Arizona Youth Partnership - lorim@azyp.org Rebekah@azyp.org
East Tucson Substance Abuse Prevention Coalition – Susie@HealthyYouth.com
Pima Prevention Partnership – darroyo@thepartnership.us
La Frontera – ichapelle@lafrontera.org
Liberty Partnership Kino Neighborhoods Council – lpknc1@gmail.com
Luz Southside Coalition – mornelas@luzsocialservices.org
notMykid – Kristen@notmykid.org
Northwest Regional Coalition – coalition.northwestregional@gmail.com
Pima County-Tucson Commission on Addiction Prevention and Treatment – roy@grmtucson.com
South Tucson Prevention Coalition – morduna@gmail.com

Cochise County:
Arizona Youth Partnership - lorim@azyp.org Rebekah@azyp.org
IMPACT Sierra Vista - IMPACTSierraVista@gmail.com
Sierra Vista Community Coalition - Melodi Polach svcommcoal@gmail.com
Wilcox Against Substance Abuse (WASA) Coalition – wasawillcox@yahoo.com

Santa Cruz County:
Arizona Youth Partnership - lorim@azyp.org Rebekah@azyp.org
Santa Cruz County LDSHIP Coalition – infor@circlesofpeace.us
Santa Cruz Community Action Coalition - aromero@cenpatico.com
Santa Cruz County Drug Free Communities – Sonia Sanchez  520-205-4780
Douglas Community Coalition - Alexandra Boneo ntdouglas@gmail.com

Northern Arizona

Apache County:
Apache County Drug Free Alliance – dryan@lcbhc.org
Arizona Youth Partnership - lorim@azyp.org Rebekah@azyp.org
Apache County Youth Council – Matrese Avila - avila_acyc@frontier.com

Navajo County:
Navajo County Drug Project – navajocountydrugproject@gmail.com  ncdp@ncdp.rocks
Arizona Youth Partnership – Lakeside - lorim@azyp.org Rebekah@azyp.org

Coconino County:
Coconino County Alliance Against Drugs – director@flagcasa.org
Sunnyside Neighborhood Association –928-213- 5900
Page Anti-Drug Alliance – vida@cityofpage.org
Williams Alliance – joneill@tgcaz.org
Winslow Coalition for Strong Families – dtraylor@coconino.az.gov
Graham and Greenlee Counties:
Graham County Substance Abuse Coalition – Kathy_Grimes@seabhssolutions.org
Greenlee County Substance Abuse Coalition - Kathy_Grimes@seabhssolutions.org

Yavapai County:
MATFORCE - matforce@cableone.net
Yavapais Against Substance Abuse – Ft. McDowell Yavapai Nation – rpilcher@ftmcddowell.org

Central Arizona

Gila County:
Payson Senior Prevention Coalition - Holly Crump at (928) 474-3472
Copper Basin Coalition – nrutherford@gilacountyaz.gov – cturney@gilacountyaz.gov
San Carlos Suicide Prevention Task Force – mary.casoos@scoxwellness.net

Pinal County:
San Tan Valley Coalition – stvcoaltion@santanvalley.com
Apache Junction Drug Prevention – bplante46@yahoo.com
Casa Grande Alliance – cgadirector@gmail.com
Coolidge Youth Coalition - cyshoreonboyd@gmail.com
Maricopa Youth Coalition – Priscilla Behnke - pbehnke@gmail.com
notMykid – Kristen@notmykid.org
Eloy Governor’s Alliance Against Drugs (EGAAD) – tcrutz@pinalhispaniccouncil.org
Fact Finders – Ak-Chin Indian Community – Hilary@eotb.org

Maricopa County:
Capital Neighborhoods Coalition – Shannon@capitolmall.org
Chandler Coalition on Youth Substance Abuse – melissa@icanaz.org
Chicanos Por La Causa – jose.malvido@cplc.org
Child and Family Resources – lmedina@cfraz.org
COPE Coalition – Torre.Valentine@terros.org barbg@terros.org
Fountain Hills Youth Substance Abuse Prevention – fhcoaltion@me.com
Gila River Prevention Coalition – Gila River Indian Community – 480-326-7999
Guadalupe Prevention Partnership – Maria.R.Paisano@pascuayaqui-nsn.gov
HEAL – lorengrizzard@t Pocket.org
Isaac Community Coalition – frank.saverino@touchstonebh.org
notMykid – Kristen@notmykid.org
Maricopa County Urban Indian Coalition – pattih@phxindcenter.org
MEBHAC Coalition – Heidi.donniaquo@aaaphx.org
NOPAL – North Phoenix Prevention Alliance – vickeyE@valledelsol.com
Scottsdale Neighborhoods in Action – metinsley@spiaz.org
South Mountain Works Coalition – smworksinfo@gmail.com
Tempe Coalition – valerie_Truilo@tempe.gov
Way Out West – carriem@sbhservices.org
Teen Lifeline/Arizona Suicide Prevention Coalition – Nikki@teenlifeline.org
TERROS/Maricopa LGBTQ Consortium – barbg@terros.org
Touchstone/CARE Coalition – Erica.chavez@touchstonebh.org

Western Arizona

Mohave County:
MSAT – Kingman - Dr. Sarah Knievel sknievel@azkrmc.com Chief Robert DeVries 928-753-2191
rdevries@cityofkingman.gov
Arizona Youth Partnership - trish@azyp.org
Youth Adult Development Association of Havasu – trish@azyp.org
Coalition for Successful Youth Development – www.coalitionforsuccessfulyouth@yahoo.com
Mohave Area Partnership Promoting Educated Decisions - Karole Finkelstein, mapped2014@yahoo.com

La Paz County:
Parker Area Alliance for Community Empowerment – Duce Minor  duce@paace.org
Quartzsite Substance Abuse Prevention Coalition – Tracy Richardson  Trichardson4575@gmail.com

Yuma County:
Yuma County Anti-Drug (YCAD) Coalition – hilda.nordell@local.unitedway.org
South County Yuma Anti-Drug Coalition - hilda.nordell@local.unitedway.org
Yuma Coalition for Activism and Progress – Ycap.tucson@gmail.com

Statewide

Arizona Youth Partnership -  trish@azyp.org  Rebekah@azyp.org
notMykid -  Kristen@notmykid.org
Urban Indian Coalition of Arizona – Jo Lewis  602-264-6768
# ATTACHMENT F
Outcome Data To Be Collected

<table>
<thead>
<tr>
<th>Demographic Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output Data by each strategy</td>
</tr>
<tr>
<td>• Number of individual directly served</td>
</tr>
<tr>
<td>• Number of individual indirectly impacted</td>
</tr>
</tbody>
</table>

## Domain: Reduced Morbidity Abstinence from Drug Use/Alcohol Use

<table>
<thead>
<tr>
<th>Measure 30-Day Use</th>
<th>Measure Calculation</th>
<th>Data Collection Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day Use: Alcohol</td>
<td># and % who reported having used alcohol during the past 30 days</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>30-Day Use: Cigarette</td>
<td># and % who reported having smoked a cigarette during the past 30 days</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>30-Day Use: Other Tobacco Products</td>
<td># and % who reported having used other tobacco products during the past 30 days</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>30-Day Use: Marijuana</td>
<td># and % who reported having used marijuana or hashish during the past 30 days</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>30-Day Use: Other Illegal drugs</td>
<td># and % who reported having used other illegal drugs during the past 30 days</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
</tbody>
</table>

## Measure Perception of Risk/Harm

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Calculation</th>
<th>Data Collection Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td># and % reporting moderate or great risk</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Cigarettes</td>
<td># and % reporting moderate or great risk</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Marijuana</td>
<td># and % reporting moderate or great risk</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
</tbody>
</table>

## Measure Age of First Use

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Calculation</th>
<th>Data Collection Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Average age of first use</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>Average age of first use</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Other Tobacco Products</td>
<td>Average age of first use</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Marijuana</td>
<td>Average age of first use</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Other Illegal drugs</td>
<td>Average age of first use</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Measure Perception of Disapproval/ Attitudes</td>
<td>Measure Calculation</td>
<td>Data Collection Tools</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Disapproval of Cigarettes</td>
<td># and % somewhat or strongly disapproving</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Perception of Peer Disapproval of Cigarettes</td>
<td># and % reporting their friends would somewhat or strongly disapprove</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Disapproval of Using Marijuana Experimentally</td>
<td># and % somewhat or strongly disapproving</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Disapproval of Using Marijuana Regularly</td>
<td># and % somewhat or strongly disapproving</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Disapproval of Alcohol</td>
<td># and % somewhat or strongly disapproving</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
</tbody>
</table>

**Domain: Employment/Education**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Calculation</th>
<th>Data Collection Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception of Workplace Policy</td>
<td># and % reporting that they would be more likely to work for an employer conducting random drug and alcohol tests</td>
<td>School Climate surveys will be administered at baseline and then annually thereafter to youth participating in primary prevention programs / activities.</td>
</tr>
<tr>
<td>Average Daily School Attendance Rate</td>
<td>ADA divided by total enrollment and multiplied by 100</td>
<td>Monthly Report of Average Daily School Attendance</td>
</tr>
</tbody>
</table>

**Domain: Crime and Criminal Justice**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Calculation</th>
<th>Data Collection Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Related Traffic Fatalities (ARTF)</td>
<td>Number of ARTF divided by total # of traffic fatalities and multiplied by 100</td>
<td>US Department of Transportation, National Highway Traffic Safety Administration Data</td>
</tr>
<tr>
<td>Alcohol and Drug Related Arrests (ADRA)</td>
<td># of ADRA divided by total # of arrests and multiplied by 100</td>
<td>Bureau of Justice Statistics</td>
</tr>
</tbody>
</table>

**Domain: Social Connectedness**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Calculation</th>
<th>Data Collection Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Communications around Drug and Alcohol Use (Youth)</td>
<td># and % of youth reporting having talked with a parent</td>
<td>Arizona Youth Survey / Primary Prevention Survey</td>
</tr>
<tr>
<td>Family Communications around Drug and Alcohol Use (Parents of Youth)</td>
<td># and % of parents reporting they have talked to their youth</td>
<td>Parent Survey</td>
</tr>
<tr>
<td>Domain: Retention</td>
<td>Measure Calculation</td>
<td>Data Collection Tools</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Exposure to Prevention Messages</td>
<td># and % of youth reporting having been exposed to prevention message.</td>
<td>Primary Prevention Survey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain: School Climate</th>
<th>Measure Calculation</th>
<th>Data Collection Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception of School Climate – Youth</td>
<td># and % of youth reporting how well each of the school climate items describes their school.</td>
<td>School Climate surveys will be administered at baseline and then annually thereafter to youth participating in primary prevention programs / activities.</td>
</tr>
<tr>
<td>Perception of School Climate – School Staff</td>
<td># and % of school staff reporting how well each of the school climate items describes their school.</td>
<td>School Climate surveys will be administered at baseline and then annually thereafter to school staff</td>
</tr>
<tr>
<td>Perception of School Climate – Parent</td>
<td># and % of parents reporting how well each of the school climate items describes the youth’s school.</td>
<td>School Climate surveys will be administered at baseline and then annually thereafter to parents of youth participating in primary prevention programs / activities.</td>
</tr>
</tbody>
</table>
END OF SOLICITATION