

## **Teen Pregnancy Prevention Program**

### **Performance Measures**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 0.9 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

## Questions at Grantee-Level

### Grantee Details

#### Program Model

<i>Select the evidence-based program model(s) being replicated (tier 1) or type the name of the program model(s) being tested (tier 2) as part of the project.</i>
Aban Aya Youth Project
Adult Identity Mentoring (Project AIM)
All4You!
Assisting in Rehabilitating Kids (ARK)
Be Proud! Be Responsible!
Be Proud! Be Responsible! Be Protective!
Becoming a Responsible Teen (BART)
Children's Aid Society (CAS)—Carrera Programs
¡Cuidate!
Draw the Line/Respect the Line
Families Talking Together (FTT)
FOCUS
Health Improvement Projects for Teens (HIP Teens)
Heritage Keepers Abstinence Education
HORIZONS
It's Your Game: Keep it Real (IYG)
Making a Difference!
Making Proud Choices!
Project IMAGE
Project TALC
Promoting Health Among Teens! Abstinence-Only Intervention
Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention
Raising Healthy Children (formerly known as the Seattle Social Development Project)
Reducing the Risk
Respeto/Proteger
Rikers Health Advocacy Program (RHAP)
Safer Choices
Safer Sex
SiHLE
Sexual Health and Adolescent Risk Prevention (SHARP) (formerly known as HIV Risk Reduction Among Detained Adolescents)
Sisters Saving Sisters
STRIVE
Teen Health Project
Teen Outreach Program (TOP)
Seventeen Days

## State

*Select the state(s) served by the TPP grant*

Alabama	Louisiana	Ohio
Alaska	Maine	Oklahoma
Arizona	Maryland	Oregon
Arkansas	Massachusetts	Pennsylvania
California	Michigan	Rhode Island
Colorado	Minnesota	South Carolina
Connecticut	Mississippi	South Dakota
Delaware	Missouri	Tennessee
Florida	Montana	Texas
Georgia	Nebraska	Utah
Hawaii	Nevada	Vermont
Idaho	New Hampshire	Virginia
Illinois	New Jersey	Washington
Indiana	New Mexico	West Virginia
Iowa	New York	Wisconsin
Kansas	North Carolina	Wyoming
Kentucky	North Dakota	

## Setting

<i>Select the setting(s) served by the TPP grant</i>
Out-of-School Time and Community-Based Programs
In school, Elementary School
In school, Middle School
In school, High School, traditional
In school, High school, alternative
Out of Home Care
Runaway and Homeless Youth
Youth in Juvenile Justice
Clinic-based
Faith-based organizations
Institutions of Higher Education

## Urbanicity

<i>Select the urbanities served by the TPP grant</i> <i>(<a href="http://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf">http://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf</a>—a list of U.S. counties and county-equivalent entities and their urbanization levels starts on page 32)</i>
Large central metro
Large fringe metro
Medium metro
Small metro
Micropolitan
Non-core

## Partners

Formal partners are organizations (e.g., schools) with a written agreement, such as signed MOU, contract, or Letter of Commitment, and who cooperate and collaborate with the grantee to implement the program by sharing resources and working together to enhance each other's capacity.

- How many formal partners were involved in implementing the program during the reporting period?
- Of all the project's formal partners that were engaged at the beginning of the program year, how many were still engaged at the end of the program year?

Informal partners are organizations that support the implementation of the program informally through networking and coordinating activities; there is no written agreement between the grantee and an informal partner.

- How many informal partners were involved in implementing the program during the reporting period?
- Of all the project's informal partners that were engaged at the beginning of the program year, how many were still engaged at the end of the program year?

(Asked only in the final data collection) How many partners described firm plans to continue implementation of the program after the end of OAH grant funding?

## Training

- In the reporting period, how many new intervention facilitators (including teachers) have you or one of our partners trained? Please include only training provided to new facilitators.
- In the reporting period, how many intervention facilitators (including teachers) have you or one of your partners given supplemental training?

## Dissemination

- How many manuscripts have you had accepted for publication in the reporting period (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published. \_\_\_\_\_
- Please list the references for any published manuscripts published in the reporting period.
- During the reporting period, indicate the number of times each approach was used to communicate information and raise awareness about the TPP-funded program:
  - Brochure/Newsletter/E-Newsletter \_\_\_\_\_
  - Press Release \_\_\_\_\_
  - Radio/TV advertisement \_\_\_\_\_
  - Newspaper/Magazine article \_\_\_\_\_
  - Peer Reviewed Publication \_\_\_\_\_
    - Please list the references for any peer reviewed publication
  - Other (explain) \_\_\_\_\_
- How many presentations have you made at each of the following levels in the reporting period:
  - National or regional? \_\_\_\_\_  
Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)
  - State? \_\_\_\_\_  
Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)

## Costs

### Part 1: Personnel Costs

Indicate the total personnel costs, including salary, payroll taxes, and benefits, paid during this reporting period by each organization or implementation partner supported by the grant:

«name of grantee organization»

\$

«name of partner organization #1»

\$

«name of partner organization #2»

\$

«name of partner organization #3»

\$

«name of partner organization #4»

\$

For each organization or implementation partner supported by the grant, estimate the proportion of personnel costs used to support each of the following activities during this reporting period:

	<b>General Admin.</b>	<b>Participant recruitment or retention</b>	<b>Staff training &amp; technical assistance</b>	<b>Providing program services</b>	<b>Fidelity monitoring</b>	<b>Evaluation</b>
«grantee»	%	%	%	%	%	%
«partner #1»	%	%	%	%	%	%
«partner #2»	%	%	%	%	%	%
«partner #3»	%	%	%	%	%	%
«partner #4»	%	%	%	%	%	%

## Part 2: Office Space and Facilities

Indicate the category that best describes the cost of office space and facilities used by the grantee and any implementation partners (check one):

- ☐ All office space and facilities are used free of charge to the grantee and implementation partners
- ☐ Some office space and facilities are used free of charge and others require payment
- ☐ All office space and facilities require payment

If some or all of the office space and facilities require payment, indicate the total amount paid by the grantee and any implementation partners during this reporting period:

\$
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## Part 3: Financial Diversification and Sustainability

For each of the following resource categories, indicate the amount of funding outside of the grant received during this reporting period to assist with ongoing and future program activities:

Fund raising or cash (donations, fee for service, etc.)

\$
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Other grants

\$
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Internal agency funding

\$
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In-kind contributions (estimate value)

\$
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Other specify: \_\_\_\_\_

\$
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## Questions at Implementing Organization-Level

### Reach Demographics

- For each section, how many youth participated in your program for at least one activity in the reporting period?
  - Gender—Male, Female, Transgender, Do not identify as male, female or transgender, Unknown/unreported
  - Age—10 or younger, 11–12, 13–14, 15–16, 17–18, 19 or older, Unknown/unreported
  - Grade—6 or less, 7–8, 9–10, 11–12, GED program, college/technical, Not currently in school, Unknown/unreported
  - Race/ethnicity—

Race	Ethnicity		
	Hispanic/Latino	Non-Hispanic/Latino	Unknown Ethnicity
White			
Black			
Asian			
American Indian/Alaska Native			
Native Hawaiian/Other Pacific Islander			
More than one race			
Other Race			
Race unknown/not reported			

### Dosage of Services Received by Participants

- For each section, what is the total number of participants that participated in your program for at least one activity in the reporting period?
- For each section during the reporting period, what was the average attendance for every scheduled class/session?
- For each section during the reporting period, how many participants attended 75% or more of the program classes/sessions?

### Fidelity

#### Facilitator reported fidelity

- For each section, what is the number of activities planned and what is the number of activities completed?

#### Observer reported fidelity

- For each section, how many classes/sessions were actually observed by an independent observer?
- For each section, what was the average observed adherence (average number of activities completed across sessions as observed)?

Observer reported quality (see **observation form**)

- For each section, how many classes/sessions were actually observed by an independent observer?
- What was the average quality rating across sections for the following areas:
  - Explanation of activities
  - Track of time
  - Presentation rushed
  - Participants understand
  - Active participation
  - Knowledge
  - Enthusiasm
  - Poise
  - Rapport
  - Addressed concerns
  - Overall quality

### **Linkages to Youth-Friendly Health Care**

- In the reporting period, how many referrals were made by program staff to youth-friendly off-site providers or SBHCs for ANY of the following health services: Reproductive Health Care; Mental Health Services; Primary Health Care; Educational Services; Vocational Education/Workforce Development; Intimate Partner Violence Prevention; Healthy Relationships Training. (Collect # of each)

### **Costs**

#### **Part 1: Payments to Program Developer or Distributor**

Indicate the total amount of any payments made to a program developer or distributor during this reporting period by either the grantee or any implementation partners:

\$
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What types of materials, supports, and/or services were covered by these payments during this reporting period (check all that apply)?

- |   |                          |
|---|--------------------------|
| Curriculum or other program materials and supplies  | <input type="checkbox"/> |
| Licensing fees                                      | <input type="checkbox"/> |
| Fidelity monitoring or quality improvement services | <input type="checkbox"/> |
| Evaluation  | <input type="checkbox"/> |
| Other specify: _____                                | <input type="checkbox"/> |



**Part 2: Other Direct Costs to Support Program Implementation**

Apart from any payments made to a program developer or distributor, indicate the total amount paid during this reporting period by the grantee or any implementation partner for each of the following:

Other program materials and supplies from an outside provider

\$

Monetary incentives, including gift cards, for program enrollment or participation

\$

Non-monetary incentives for program enrollment or participation (t-shirts, etc.)

\$

Program supports (meals, transportation, etc.)

\$

Program recruitment materials

\$

Media campaigns

\$