

Title V State Abstinence Education Grant Program
Applicant Information

1. Legal name of applicant: _____
2. Federal tax ID Number: _____
3. Is your organization a registered vendor with the State? Yes No
(If No, please contact judy.dengler@tn.gov for registration details)
4. Organization contact information:
Organization's Primary Mailing Address: _____
Telephone Number: _____ FAX Number: _____
5. Primary Contact Person Name and Title: _____
Email Address: _____ Phone Number: _____
6. If awarded a grant, who will be the authorized signor of the resulting contract?
Name and Title: _____
Email Address: _____
Phone Number: _____ FAX Number: _____
8. Do you propose to use subcontractors for any portions of the scope of services?
Yes No
If yes, please provide the name and address of each subcontractor and what specific services each will perform: _____

9. Please check the target populations that will be the focus of your program.
(Check all that apply)
 - Youth in foster care or the child welfare system
 - Runaway and homeless youth
 - Vulnerable youth in high needs areas
 - Youth at a high risk for teen pregnancy
 - Youth at risk for bearing a child out of wedlock
 - Youth at high risk for sexually transmitted infections (STIs)
 - Culturally underrepresented youth
 - Sexually minority youth (LGBTQ)
10. Target population age: Young Adolescents 10-14 Adolescents 15-17
(Check all that apply) Young Adults 18-19

11. Please check the mechanism that will be used to delivery programs or services.
(Check all that apply)

- In-School Education
- After-School Education
- Mentoring and/or Counseling
- Adult Supervised Programs
- Clinical Services

12. County (ies) where services will be provided: _____

13. Anticipated number of participants*: _____

14. Please check ONE of the following as it applies to this application.

- We have reviewed the Sample Contract with legal counsel and can identify no issues with executing this contract in its present form.
- We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract. (Please attach details.) We understand that exceptions to boilerplate contract language may not be approved and may result in the rejection of this application.

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Application

1. Please briefly explain how your proposed abstinence education program addresses a defined need in your area.

2. Please attach a project narrative detailing how you will work to achieve your stated programs goal(s) and objectives. Describe how you propose to implement abstinence education as defined by section 510(b)(2) of the Social Security Act to address the rates of teen pregnancy, STIs and bearing children out of wedlock.
*(Please limit this narrative to 5 pages)**

3. On a separate page, please outline the specific goals and S.M.A.R.T. objectives for the project.

4. Please attach a 1-page timetable which details how your project will progress from start to finish, detailing the who, the what and then when.*

5. What performance measures will be used to evaluate your project and its objectives? How will you demonstrate changes in knowledge, attitudes and behavior of program participants?

6. Please describe what personnel will provide the key expertise for the success of your project.

**Please respect these page limits as evaluators will read only pages up to the stated limit.*

7. What specific plans have you made to partner with other groups or organizations to accomplish your objectives?

8. How will the results of your project be sustained after grant funding expires?

9. Have you previously implemented abstinence education programs? If so, please describe what objectives were met and unmet.

10. Briefly describe how you intend to incorporate Positive Youth Development (PYD) and Trauma Informed Approaches (TIA) into your program.

11. Briefly describe the experience your organization has had serving the target population. How will your project address teen pregnancy, STIs and bearing children out of wedlock in your target population?

12. Briefly describe the experience your organization has had with performing community services learning projects.

13. What barriers has your organization experienced in providing teen pregnancy prevention and/or abstinence education programs in your area? What measures will you take to address these barriers?

14. Please complete the attached 2 budget pages of your project.

The applicant certifies to the best of his/her knowledge and belief that the information in this application has been duly authorized by the governing body of the applicant and that the applicant will comply with the certifications and assurances required of applicants if a grant is awarded. **DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY.**

Name: _____ Title: _____

Signature: _____ Date: _____