# Attachment H: CAPP Project Proposal Form

*{Instructions: Fill out one form for each Bid Proposal. Do NOT delete any of the text on this form.}*

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| --- | --- |
| **Bidder Organization Name:** |  |
| **Proposed Service Area (county or counties):** |  |
| **With an “X” indicate if this Project received CAPP funding in SFY 2022?** | **Yes**   **No, this is a new Project.** |
| **If “Yes,” list the counties served in SFY 2022.** |  |
| **Section 1: Proposal Overview** | |
| **Points = 0 to 4 Weighted = 2.50 Total Points Possible = 10** | |
| **1 A. State the Bidder’s organization mission and executive summary. Briefly review the strengths of the Bidder, organizational history, and key features of their proposed approach to meet the specifications of this RFP and as it relates to Adolescent pregnancy prevention.** | |
| [Enter text here] | |
| **1 B. What percentage of the organization’s total budget is the proposed CAPP budget? If applicable, define the source and percentage of the budget from additional funding streams including funding timelines and/or granting cycle.** | |
| [Enter text here] | |
| **1 C. Describe Project History and Experience.**  **How long has this Project existed, even if funded by sources other than CAPP? Describe experience implementing and sustaining this type of Project. If this is a new Project, describe the planning that has occurred.** | |
| [Enter text here] | |
| **1 D. If this is an already existing Project, further describe how continuation of CAPP services will benefit and strengthen the existing program and impact the Adolescents in the Service Area.** | |
| [Enter text here] | |
| **Section 2: Statement of Problem and Need** | |
| **Points = 0 to 4 Weighted = 3.75 Total Points Possible = 15** | |
| **2 A. Describe concerns and needs that exist in your Service Area as it relates to Adolescent pregnancy prevention, associated Risk Factors, and services to Expectant and Parenting Adolescents. Provide supporting data to demonstrate the need.** | |
| [Enter text here] | |
| **2 B. Describe and explain how the proposed services are culturally relevant and/or meet the unique needs and demographic make-up of the population of the proposed Service Area.** | |
| [Enter text here] | |
| **2 C. Describe the strategies that will be implemented to address the needs and concerns. If serving more than one county in proposed Service Area, explain how differing needs will be met. Identify and address any gaps in service and efforts to avoid service duplications.** | |
| [Enter text here] | |
| **2 D. If the Bidder is applying for Optional Expectant and Parenting program (Activity 5 or 6), describe in detail strategies for implementing the Deliverables.** | |
| [Enter text here] | |
| **Section 3: Community Coalition(s)/Project Advisory Committee**  {Instructions: If your Service Area includes more than one Coalition, respond to questions 3A thru 3D below for each of the different Coalitions in the space provided.} | |
| **Points = 0 to 4 Weighted = 5.00 Total Points Possible =20** | |
| **3 A. Describe the purpose (mission and vision) of the Community Coalition that advises the CAPP program as well as explain the Bidder’s role in the Community Coalition.** | |
| [Enter text here] | |
| **3 B. Describe the Coalition(s)’s effectiveness at supporting Adolescent pregnancy prevention activities and how the group measures and demonstrates success. Provide an example.** | |
| [Enter text here] | |
| **3 C. Clearly identify the number of Coalitions in the Service Area (if more than one) and list each Coalition(s)’s primary service delivery area/s (i.e., county, city, other geographic boundary) and level of involvement?** | |
| [Enter text here] | |
| **3 D. Describe other existing agencies and/or organizations providing services to the targeted population in the geographic area to be served. Describe the collaborative efforts between the Coalition(s) and the Bidder by providing a recent example of these efforts and the resulting outcomes. Explain how duplication of services are avoided.** | |
| [Enter text here] | |
| **Section 4: Project Monitoring & Evaluation** | |
| **Points = 0 to 4 Weighted = 2.50 Total Points Possible = 10** | |
| **4 A. Describe processes and procedures for internal monitoring, reporting, and evaluation (include subcontractors if applicable) to ensure quality and efficient services? If the project has existed prior, how did the organization use the evaluation data to influence and augment programming? Provide examples.** | |
| [Enter text here] | |
| **Section 5: Overall Quality and Impact of Program** | |
| **Points = 0 to 4 Weighted = 2.50 Total Points Possible = 10** | |
| **5 A. Describe the projected impact of the proposed Project in the identified Service Area. If Bidder has received CAPP funding previously, also include description of impact of past efforts in the Service Area.** | |
| [Enter text here] | |
| **5 B. Describe how this Project will adhere to the Evidence-Based, Evidence-Informed requirements, provide models with Fidelity, reach the high-quality program standards as designed in the curricula, and meet Deliverables around Project evaluation.** | |
| [Enter text here] | |
| **5 C. Describe the qualifications of staff (positions in place and/or need to hire) providing training, services, and curricula. Include Subcontractors as appropriate.** | |
| [Enter text here] | |
| **5 D. Describe the proposed impact of projected Programming in the Service Area using Attachment I. Add additional comments below. (Attachment I pages do not count in the 20 page limit)** | |
| [Enter text here] | |
| **Section 6: Future Funding** | |
| **Points = 0 to 4 Weighted = 0.75 Total Points Possible = 3** | |
| **6 A. Explain future funding and financial sustainability opportunities for stated Projects in the proposed Service Area, including plans to increase Match and In-kind at 5% annual growth.** | |
| [Enter text here] | |
| **6 B. Given the possibility that projects may not be awarded at 100% of request, describe anticipated modifications to proposed Activities if not fully funded. At what point is the project no longer viable? (For example, project is no longer feasible if funded at less than 75% of request.)** | |
| [Enter text here] | |
| **Section 7: Legislative Priority** | |
| **Points = 0 to 4 Weighted = 3.75 Total Points Possible = 15** | |
| **7 A. In accordance with House File 891 (appropriations bill), Adolescent pregnancy prevention grants are based on existing models that have demonstrated positive outcomes and include requirements that grant programs must emphasize sexual abstinence and serve areas of the state which demonstrate the highest percentage of unplanned pregnancies. Explain in detail how the proposed Project takes into consideration these legislative priorities.** | |
| [Enter text here] | |