



Request for Applications

RFA # A386

North Carolina Rape Prevention and Education Program: Community Approaches to Preventing Sexual Violence

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Chronic Disease and Injury Section
Injury and Violence Prevention Branch

ISSUE DATE: August 4, 2021

DEADLINE DATE: September 13, 2021

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

Deena Fulton

deena.fulton@dhhs.nc.gov

Applications will be received until 5:00pm on Monday, September 13, 2021.

Send all electronic applications directly to the funding agency address as indicated below:

Email Address: deena.fulton@dhhs.nc.gov.

Only electronic applications will be accepted via email attachment (.pdf, .xls, .xlsx, formats), including all required attachments.

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I. INTRODUCTION

Sexual violence takes a large toll on health and well-being. According to the CDC's National Intimate Partner and Sexual Violence Survey, in the United States, 1 in 5 women and 1 in 14 men have experienced rape or attempted rape at least once in their lifetimes.¹ Many more experience some other form of sexual violence, such as harassment, peeping, threats, and other behaviors. The 73 rape crisis centers across North Carolina received 22,404 crisis calls and served 10,696 victims/survivors of sexual assault in July 2019-June 2020.² The prevalence of sexual violence and the consequences to victims/survivors, their families and friends, and society make sexual violence a serious public health problem in North Carolina. The overarching purpose of this program is to prevent sexual violence perpetration and victimization by implementing primary prevention strategies.

There are inequitable differences in the rates and risk of sexual violence victimization, as well as in the health consequences of experiencing sexual violence. In North Carolina, women are almost five times as likely to report having experienced sexual violence as men.³ Gender inequity is also a key dynamic in many risk factors for sexual violence perpetration, such as adherence to traditional gender norms, harmful norms around masculinity and femininity, and weak laws and policies related to gender equity.^{4,5} Gender is not the only dimension of inequity in sexual violence victimization. Race, ethnicity, economic status, sexual orientation, disability, geographic location, and many other individual and community characteristics intersect to make some people more vulnerable to experiencing sexual violence. In North Carolina, people who are lesbian, gay, bisexual, transgender, queer/questioning, and have additional gender identities and sexual orientations (LGBTQ+) experience higher rates of sexual violence than their non-LGBTQ+ counterparts.⁶ Nationally, people with disabilities were three to four times as likely to experience sexual violence as people without a disability.⁷ Approximately 3.5 in 10 white, non-Hispanic/Latinx women reported victimization in their lifetime; whereas the rate is higher for Native American/American Indian, Black/African American, and Hispanic/Latinx women (4 in 10), and for women who identified as multiracial (5 in 10).⁸ Over half of Native American/American Indian and Alaska Native women had experienced sexual violence.⁹

¹ Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). [The National Intimate Partner and Sexual Violence Survey \(NISVS\): 2015 Data Brief – Updated Release](#). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

² Council for Women and Youth Involvement, North Carolina Department of Administration. (2020). [2019-2020 Statistical Brief](#).

³ State Center for Health Statistics, Division of Public Health, North Carolina Department of Health and Human Services. (2020). [Calendar Year 2019 Results: Behavioral Risk Factor Surveillance System \(BRFSS\)](#).

⁴ National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2021). [Risk and Protective Factors](#).

⁵ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Kleven, J. (2014). [Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence](#). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

⁶ State Center for Health Statistics, Division of Public Health, North Carolina Department of Health and Human Services. (2020). [Calendar Year 2019 Results: Behavioral Risk Factor Surveillance System \(BRFSS\)](#).

⁷ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). [The National Intimate Partner and Sexual Violence Survey \(NISVS\): 2010 Summary Report](#). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁸ Ibid.

⁹ Ibid.

The COVID-19 pandemic has exacerbated risk factors, threatened protective factors, and increased inequities related to sexual violence. Economic instability and unemployment rates, which are risk factors for sexual violence, increased substantially as a result of the pandemic in North Carolina, and Black/African American and Hispanic/Latinx households lost income at higher rates than white households.¹⁰ Women, particularly women of color and low-income women, have disproportionately borne the burden of unemployment during the pandemic.^{11,12} Women tend to take on significantly higher rates of caretaking responsibilities than men, and the pandemic has increased demands for child care and decreased availability of affordable child care.¹³ These shifts have led parenting women to leave the workforce or consider leaving or downshifting their careers at significantly higher rates than men.^{14,15} Furthermore, mental health challenges such as trauma, anxiety, and depression, which are also risk factors for sexual violence, have increased during COVID-19. While mental health challenges were widespread, risk factors for poor mental health have disproportionately affected historically marginalized populations.¹⁶ Simultaneously, the need to physically distance to curb the COVID-19 pandemic has made several protective factors, such as community connectedness and connection to school, more difficult to access. Sexual violence prevention efforts must be responsive to the ways the pandemic has shaped North Carolina.

The North Carolina Injury and Violence Prevention Branch (IVPB) receives and administers federal funds from the Centers for Disease Control and Prevention (CDC) for the NC Rape Prevention and Education (RPE) Program. CDC expects all RPE Programs at both the state and local levels to use a public health approach. This means all RPE Programs should undertake planning, including a comprehensive assessment of community needs and assets; participate in program evaluation; and focus on primary prevention – preventing first-time sexual violence perpetration and victimization. The CDC encourages RPE programs to increase their focus on community and societal-level approaches to sexual violence prevention as compared to individual and relationship-level approaches. Finally, the CDC requires RPE programs to align with the focus areas described in the STOP SV Technical Package, also available at <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>).

The goal of the NC RPE program is to reduce risk factors and increase protective factors for sexual violence perpetration, with the intended long-term impact of reducing the incidence of rape and sexual violence in the state. The means to achieve this goal include providing a broad array of primary prevention strategies that address multiple avenues of influence on behavior. This RFA's objectives in support of this goal are to:

¹⁰ Thompson, L., McDowell, C., Spinner, A., Gingles, C., & Parker, P. (2020). [Exploiting Inequity: A Pandemic's Gendered and Racial Toll on the Women and Families of North Carolina](#). Raleigh, NC: Council for Women & Youth Involvement, North Carolina Department of Administration.

¹¹ Ibid.

¹² Bateman, N. & Ross, M. (2020). [Why has COVID-19 been Especially Harmful for Working Women?](#) Brookings.

¹³ McKinsey & Company. (2021). [Seven charts that show COVID-19's impact on women's employment](#).

¹⁴ Ibid.

¹⁵ Ranji, U., Frederiksen, B., Salganicoff, A., & Long, M. (2021). [Women, Work, and Family During COVID-19: Findings from the KFF Women's Health Survey](#). Kaiser Family Foundation.

¹⁶ Gordon, J. (2021). [One Year In: COVID-19 and Mental Health](#). National Institute of Mental Health.

1. Implement local sexual violence primary prevention strategies and activities that are aligned with community needs and strengths and the best available evidence about sexual violence primary prevention;
2. Increase local efforts focused on community and societal-level approaches to sexual violence primary prevention;
3. Increase coordination among organizations and community groups in support of violence prevention;
4. Increase the integration of health equity strategies in sexual violence primary prevention activities and partnerships; and
5. Increase process and outcome evaluation of primary prevention efforts.

The NC RPE Program is committed to promoting health equity in North Carolina. Health equity is when all people, regardless of their identities or circumstances, have full, fair, and just opportunity to attain their highest level of health. Building toward health equity requires working to end health disparities, or preventable differences in health outcomes. To achieve health equity, we must address the root causes of health disparities, such as poverty, racism, sexism, and ableism. *“The route to achieving health equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances”* (- Paula Dresser, Race Matters Institute).

The NC RPE Program encourages applicants to explicitly and intentionally redress health inequities in sexual violence victimization and in the distribution of risk and protective factors in their communities. This may include prioritizing work led by and with historically marginalized populations, such as LGBTQ+ populations, communities of color, homeless populations, people with disabilities, migrant workers, or with communities who have disproportionately high rates of sexual violence. It may also include strategies to decrease existing disparities in the distribution of risk and protective factors directly, for example by strengthening economic supports for women and families or strengthening leadership opportunities for girls.

Applicants are also encouraged to consider collaborating with stakeholders invested in the primary prevention of forms of violence other than sexual violence to address risk and protective factors that influence multiple forms of violence. Several risk and protective factors that influence sexual violence also influence child maltreatment, teen dating violence, intimate partner violence, youth violence, bullying, suicide, and elder maltreatment (see **Appendix B: Connecting the Dots**, also available at https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf). Collaboration with stakeholders working to prevent these related forms of violence can help maximize violence prevention with limited resources in North Carolina.

This RFA is being released to recruit qualified agencies and organizations to carry out formative assessment and planning activities, implementation of comprehensive primary prevention programs, and evaluation as part of the NC Rape Prevention and Education Program. The purpose of this funding is for agencies to implement comprehensive primary prevention programming in their communities. The RFA is open to organizations and agencies that can provide this service. This grant may be awarded to public or local governmental agencies and non-profit organizations with a current 501(c)(3) status, excluding colleges and universities, to complete activities outlined starting on page 17 in Section III: Scope of Services.

ELIGIBILITY

Funding is open to private, non-profit 501(c)(3) organizations and public or local governmental agencies, excluding colleges and universities, in North Carolina that can clearly demonstrate a commitment to the primary prevention of sexual violence. Although North Carolina colleges and universities are ineligible to apply for this cycle of Rape Prevention and Education funding, the NC RPE Program is committed to the continued support of North Carolina's colleges and universities through training and technical assistance provided by the North Carolina Coalition Against Sexual Assault (NCCASA) and the NC Campus Consortium.

This opportunity is open to organizations that do not have addressing sexual violence as their primary mission, provided they have the capacity to complete the requirements of the Request for Applications.

Private non-profit organizations and public or local governmental agencies may also apply as a lead organization and fiscal sponsor of a multi-organization coalition that includes grassroots community organizations. While all applicants are required to partner with community stakeholders, applicants who apply as lead organizations and fiscal sponsors should be engaged in intensive collaboration. This includes shared decision-making, as well as shared resources, staffing, and/or funding via sub-contract(s) with other organizations in the coalition. Multi-organization coalition applicants should be able to demonstrate previous collaborative community-level work.

FUNDING

The Rape Prevention Education RFA has been funded by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement CDC-RFA-CE19-1902 and the American Rescue Plan. The Notice of Award for CDC-RFA-CE19-1902 federal grant years 1-3 (February 1, 2019 - January 21, 2022) have been received. Funds for federal grant years 4-5 (February 1, 2022 – January 31, 2024) have not yet been awarded. It is anticipated that the CDC will release a new non-competitive Rape Prevention Education funding opportunity to begin February 1, 2024 that will fund the final year of this RFA. Additional funds from the American Rescue Plan to expand rape prevention efforts in North Carolina are anticipated to support the first two years of this RFA.

Award Information:	CFDA# 93.136, Injury Prevention and Control Research and State and Community Based Programs	Health and Wellness Promotion, American Rescue Plan
Title of Project:	NC Rape Prevention and Education Program	Assisting Individuals and Families Hardest Hit
Agency Name:	Centers for Disease Control and Prevention	

The estimated amount of the subaward funded by CDC-RFA-CE19-1902 for Injury Prevention and Control and State and Community Based Programs and the American Rescue Plan for FFY 2022-24 is as follows:

CDC Funding Year	CDC-RFA-CE19-1902 Funding Estimate	American Rescue Plan Funding Estimate
4	\$691,350	\$163,650
5	\$691,350	\$163,650
1 – New Notice of Funding Opportunity	\$855,000	N/A

Funds for the final year of this RFA will be contingent upon the release an award of a new CDC RPE funding opportunity to begin February 1, 2024. This funding opportunity is anticipated to be based on a population formula and issued to all states and territories upon meritorious application submissions.

This funding is anticipated to be available for 36 months from February 1, 2022 to January 31, 2025.

Applicants may request up to \$210,000 for the entire project period if applying for Category A funding, or up to \$261,000 for the entire project period if applying for Category B funding. It is anticipated that up to eleven applicants will be awarded through this application, including up to five Category B applicants. Cost sharing or matching funds are not required.

Contract Year:	Dates:	Category A Maximum Award:	Category B Maximum Award:
2022-2023	February 1, 2022 – January 31, 2023	\$70,000	\$87,000
2023-2024	February 1, 2023 – January 31, 2024	\$70,000	\$87,000
2024-2025	February 1, 2024 – January 31, 2025	\$70,000	\$87,000

The actual funding amount will be determined by the Division of Public Health (DPH) based on the proposed execution of the project and the utilization of funds as outlined in the applications submitted. **Funds are distributed on a reimbursement after expenditure basis, meaning organizations must be financially able to fund expenses up front and then request reimbursements. Project expenses will be reimbursed on a monthly basis for approved expenses incurred during the prior month. Invoice submission will be required within ten (10) days of the month-end. All expenditures must be reasonable, documented and necessary for the performance of the grant. No advance/startup funds are provided to programs.**

Prior to issuing Letters of Award, DPH will conduct a risk assessment on all applicants with top scores. Risk categories are low, moderate and high using the NC DHHS Risk Assessment Form (see **Appendix A**). Applicants who are assessed in the ‘High’ risk categories may not be funded.

Funding restrictions: Funds awarded through this RFA may only be used to support the strategies outlined starting on page 17 in **Section III: Scope of Services** and will **not** be allowed for:

1. Any type of research;
2. Any type of clinical care;
3. Fundraising: Any cost of fundraising is ineligible for funding. The cost of organized fundraising (including bingo, financial campaigns, endowment drives, solicitation of gifts and bequests) incurred solely to raise capital or obtain contributions may not be charged to these funds. Likewise, the salary (or portion thereof) of persons engaged in such activities and indirect costs associated with those efforts are ineligible.
4. Food/Refreshments: Federal rules do not allow RPE funds to be used for food expenses, except on a per diem reimbursement basis during staff travel, therefore these expenses are disallowed. **Food for meetings and other events MAY NOT be purchased using RPE funds.**
5. Incentives: Cash incentives are not allowed;
6. Reimbursement of pre-award costs;
7. Lobbying (publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body, whether conducted directly or indirectly);
8. Capital expenses, new construction or renovation of facilities, or furniture/equipment;
9. Victim Services/Response: These funds may not be used for direct victim service activities. This includes crisis lines or hotlines, crisis intervention, case management, advocacy, counseling, support groups, and community outreach efforts in support of direct client services. The only exception is the Prevention Coordinator handling disclosures during prevention activities or **on rare occasions** handling a crisis call when no other staff is available. RPE funds are dedicated to primary prevention, not victim response;
10. Offender Treatment: These funds may not support offender treatment programs. The focus of RPE will be prevention of first-time perpetration, NOT on offender treatment;
11. Victim Response Training: These funds **may not be used** for training that focuses on how service providers should respond to victims of sexual violence (e.g., advocates, Sexual Assault Nurse Examiner (SANE) programs, law enforcement or judicial response, etc.). EXCEPTION: if the Prevention Coordinator has not received previous training in victim response, funds may be used to cover the expenses related to providing such training upon hiring the Prevention Coordinator so that they may appropriately respond to a disclosure that might arise during prevention activities. Funds may not be used for such victim response training in an ongoing manner after the initial training of the Prevention Coordinator, and funds may not be used to support victim response training for any other agency staff member;
12. Media or awareness campaigns that exclusively promote awareness of where to receive victim services;
13. “No-Go-Tell” type Child Sexual Abuse Prevention Programs: These funds may not be used for programs that teach children about sexual abuse in ways that make them responsible for preventing their own abuse (e.g., teaching “touching rules” and encouraging children to say “no” and report abuses). The RPE Program is working to prevent perpetration from initially occurring and shift the onus of sexual violence prevention to the community; and/or
14. Victim Compensation: These funds may not be used to pay for costs that would otherwise be eligible for local or federal Victim Compensation reimbursement.

While funds from this award may not be used to supplant other funds, strategies developed to accomplish stated activities *may* build from other current programming and/or activities.

For more information on allowable costs and funding restrictions, see **Section VI: Project Budget** on page 31 of this RFA.

II. BACKGROUND

The mission of the North Carolina Injury and Violence Prevention Branch (IVPB) is to define and address the major statewide issues of injury and violence prevention. The desired impact of the IVPB is to reduce morbidity and mortality caused by injury and violence, and the ultimate vision of the Branch is a North Carolina free from injuries and violence where people can live to their full potential.

Rape Prevention and Education (RPE) Program funds are awarded through the Centers for Disease Control and Prevention (CDC) to all 50 states, Washington DC, Puerto Rico, and six territories according to a population-based formula. At the Federal level, the CDC project is delineated in five-year time periods, and this RFA is seeking applications for the final two years of the five-year project period which began February 1, 2019 and the first year of the anticipated next five-year time period to begin on February 1, 2024. Federal legislation specifies the major areas of activities for preventing rape and sexual assault allowed under this grant and the CDC has set program priorities and provided guidance to all states and territories for implementing the program.

North Carolina recognizes sexual violence as a serious public health problem. The Division of Public Health's Injury and Violence Prevention Branch (IVPB) is a leader in statewide efforts to prevent sexual violence with a long history of addressing all forms of violence against women. The IVPB manages the NC RPE Program and has been administering funds for many years to provide prevention and education activities in communities across the state. Funds are awarded to local agencies and organizations to implement sexual violence primary prevention activities in local communities. Funds are also awarded to the North Carolina Coalition Against Sexual Assault (NCCASA) to provide training, technical assistance, and tools to support local agencies/organizations in their prevention activities.

The following are key frameworks, approaches, and terms that are used throughout this RFA:

1. **The public health approach:** The public health approach is population-based, rather than focusing on the individual. It uses data-informed, evidence-based practices to the greatest extent possible to inform program planning. It also includes evaluations to ensure program improvement and success. The public health approach emphasizes collaborative activities and strives for cultural competence, relevance, and humility. Finally, the public health approach focuses on primary prevention. For more information, please visit: https://www.cdc.gov/violenceprevention/pdf/PH_App_Violence-a.pdf.
2. **Primary prevention:** Primary prevention means using approaches that aim to stop sexual violence before it starts. Primary prevention is achieved by changing risk and protective factors that lead to violence. This is distinct from secondary prevention and tertiary prevention, which aim to reduce the harms of violence after it has occurred. For more information, please visit: <https://vetoviolenace.cdc.gov/sites/vetoviolenace.cdc.gov/files/pdf/ViolencePreventionFundamentals.pdf>.
3. **Social ecological model:** The social ecological model maps different kinds of influences on people's behaviors. These influences can be targets for change to support prevention. The levels of influence are: individual, interpersonal relationships, the community, and society. The RPE Program uses the social ecological model to ensure prevention strategies have as broad an impact on communities as possible. For more information about the social ecological model, please visit:

<https://vetoviolence.cdc.gov/sites/vetoviolence.cdc.gov/files/pdf/ViolencePreventionFundamentals.pdf>.

4. **Risk and protective factors:** Risk factors are influences that increase the risk of perpetrating or experiencing violence. Protective factors are influences that create a buffer against risk. The RPE Program requires applicants to identify priority risk and protective factors in their communities. Applicants must then design interventions to change those risk and protective factors. The RPE Program prioritizes strengths-based prevention approaches that seek to increase protective factors and reduce risk factors. For more information and lists of risk and protective factors to be addressed by the RPE Program, please see **Appendix C: CDC Sexual Violence Risk and Protective Factors**, also available at <https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>, and **Appendix B: [Connecting the Dots](#)**.
5. **Community level change:** According to the CDC, community level change means influencing “the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur.” Community level sexual violence prevention involves changing community level risk and/or protective factors. Strategies for community level change often include improving organizational policies, institutionalizing sustainable prevention activities, changing the physical environment, and increasing community connectedness. It is important to note that reaching most or all individuals in a community with strategies for changing *individual* or *relationship level* risk and/or protective factors is *not* enough on its own to constitute community level change. For more information, see: <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>.
6. **Societal level change:** Societal level change involves improving societal level risk and/or protective factors for sexual violence. Strategies often include changing public policies and social and cultural norms. These strategies aim to contribute to a climate that prevents, rather than encourages, sexual violence. For more information, see: <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>.
7. **Best available evidence:** Per the public health approach, programs should use evidence-based strategies whenever possible. Thus, applicants need to have a working knowledge of evidence-based primary prevention strategies, as well as how to use different kinds of evidence to inform their work. Because a robust research evidence base is still being developed in the sexual violence prevention field, contextual and experiential evidence should also be considered.
 - a. Research evidence is available from the CDC and other scientific sources, including the [STOP SV Technical Package](#).
 - b. Contextual evidence refers to measurable factors in the community that may impact the success of a prevention strategy. It may describe factors such as community history, organizational capacity, or social norms.
 - c. Experiential evidence is “the collective experience and expertise of those who have practiced or lived in a particular setting. It also includes the knowledge of subject matter experts,” according to the CDC’s “The Evidence Project Overview.”
 - d. Research, contextual, and experiential evidence are all valid for supporting RPE proposals. For more information about understanding research, contextual, and

experiential evidence, see **Appendix D: The Evidence Project Overview**, also available online at https://www.cdc.gov/violenceprevention/pdf/Evidence_Project_Overview2013-a.pdf.

8. **Principles of Effective Prevention:** The nine principles of effective prevention come from a systematic review of programs aiming to prevent various health risk behaviors. The principles are: comprehensive, varied teaching methods, sufficient dosage, theory driven, positive relationships, appropriately timed, socio-culturally relevant, well-trained staff, and outcome evaluation. For a brief summary of the principles, please see **Appendix E: Principles of Effective Prevention**, also available online at <https://wiki.preventconnect.org/nine-principles-of-effective-prevention-programs>. For more information and the original article, please visit: http://www.ncdsv.org/images/AmPsy_WhatWorksInPrevention_6-7-2003.pdf.
9. **Health equity:** Health equity is when all people, regardless of their identities or circumstances, have full, fair, and just opportunity to attain their highest level of health. Building toward health equity requires working to end health disparities, or preventable differences in health outcomes. To achieve health equity, we must address the root causes of health disparities, such as poverty, racism, sexism, and ableism. “The route to achieving health equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances” (Paula Dresser, Race Matters Institute). For more information, please see the Prevention Institute’s “Health Equity and Prevention Primer,” available online at: <https://www.preventioninstitute.org/tools/tools-general/health-equity-toolkit>.
10. **Historically marginalized populations:** According to NC Department of Health and Human Services, historically marginalized populations are defined as “individuals, groups and communities that have historically and systematically been denied access to services, resources and power relationships across economic, political and cultural dimensions as a result of systemic, durable and persistent racism, discrimination and other forms of oppression. Historically marginalized populations are often identified based on their race (Black/African American, Native American/American Indian), ethnicity (Hispanic/Latinx), social economic status, geography (rural), religion, language, sexual orientation or gender identity (LGBTQ+), and disability status. Working together with historically marginalized populations on prevention is critical to reducing health disparities and working towards societal level change. Ideally, prevention work should have leadership from individuals who identify as part of the historically marginalized population(s) the work focuses on.
11. **Spectrum of Public Participation:** This is a spectrum that describes the level of community members’ engagement in program processes and decision-making. The spectrum can be applied to program planning, implementation, and evaluation processes. The NC RPE Program prioritizes efforts that, according to the spectrum model, involve, collaborate with, and/or place final decision-making in the hands of community members. To review the spectrum in its entirety, please see **Appendix F: IAP2 Spectrum of Public Participation**, also available online at https://cdn.yww.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdmaws.com/wf.
12. **Shared risk and protection for multiple forms of violence:** Shared risk and protective factors are certain influences that have been identified through research to affect the likelihood of

multiple forms of violence, including sexual violence. As a result of these shared risk and protective factors, multiple forms of violence often co-occur in the same communities and settings. The NC RPE Program is specifically focused on preventing sexual violence. However, IVPB recognizes the potential for increased impact of focusing on shared risk and protective factors. For more information and lists of shared risk and protective factors, please visit: <https://vetoviolenace.cdc.gov/apps/connecting-the-dots/> and the [Connecting the Dots](#) report (**Appendix B**).

APPLICANT REQUIREMENTS

All applicants considered for funding must demonstrate throughout their application:

1. A commitment to the primary prevention of violence and the development of healthy communities, as evidenced by:
 - a. Examples of ongoing or completed activities focused on violence prevention;
 - b. Examples demonstrating an understanding of sexual violence and its causes; and
 - c. Examples of ways the agency/organization/multi-organization collaborative functions as a leader in the field of primary prevention of violence and/or community development in the area it serves.
2. Capacity to achieve community-level change in support of primary prevention of violence, as evidenced by examples of ongoing or completed community engagement processes and community-level change activities.
3. The ability and willingness to engage the community using culturally responsive and linguistically accessible prevention strategies and to center health equity in program design, implementation, and evaluation.
4. A clear ability to respond to sexual violence disclosures or requests for help that might be made by participants during prevention activities. RPE funding will not provide any support (direct or in-kind) to services or crisis response; however, it is vital that awardees have crisis response mechanisms in place. This will allow participants in need of services to receive assistance that is sensitive and appropriate. This may be accomplished either in-house (by a different staff person with non-RPE funding) or through a demonstrated relationship with the local rape crisis center in that community (demonstrated via a memorandum of understanding with the rape crisis center).
5. Participation in a sexual violence primary prevention task force, advisory council, or community coalition, or multi-organization collaborative (hereinafter referred to as “task force”) that consists of stakeholders engaged in work that is related to the proposed project. The task force may be developed specifically for the proposed project, or it may be a pre-existing group that is well aligned with the proposed project with respect to its membership, goals, and activities. For those agencies applying as lead agencies and fiscal sponsors of a multi-organization collaborative, that collaborative will qualify as the task force; an additional task force is not necessary.
6. A history of working with community partners and all necessary stakeholders and willingness to continue to do so throughout this project period. Applicants are expected to build relationships with both traditional and non-traditional partners on all aspects of their RPE efforts.
7. A commitment to engage the proposed program’s intended community/participants in the work in manners that involve, collaborate with, and/or place final decision-making in the hands of community members, according to the spectrum model the [IAP2 Spectrum of Public Participation](#) (**Appendix F**).

8. The ability to use data in the form of the best available research, assessment and evaluation findings, and contextual and experiential evidence to inform program decision making.
9. A willingness to engage in and apply training and technical assistance to improve program quality. Training topics will include using the public health approach, using data to inform decision-making processes, incorporating the [Principles of Effective Prevention \(Appendix E\)](#), utilizing the social ecological model, and creating recommendations for future primary prevention programming based on identified needs.
10. A commitment to develop capacity not only of the Prevention Coordinator, but also within the organization, including the program supervisor, Executive Director, and Board of Directors. Development of capacity in the service community through the sexual violence primary prevention task force should also be addressed. Capacity development should include sexual violence primary prevention skills as well as applying health equity concepts to program design, implementation, and evaluation.

Additionally:

1. Applicants must meet all the requirements described in the Request for Application.
2. Awardees must work with IVPB and the NC Coalition Against Sexual Assault (NCCASA) to develop and implement evaluation activities.
3. Awardees must participate in process and outcome evaluations for all program planning and implementation activities.
4. Awardees must report and monitor RPE-funded staff time under two charge objects: “RPE - individual/relationship level strategies”, and “RPE - community/societal level strategies”. RPE programs that do not engage in individual/relationship level strategies will report 0% of their staff time on the “RPE - individual/relationship level strategies” charge object.
5. Awardees may not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity or expression, age, or national origin in their staffing policies, use of volunteers, or provision of services.

FUNDING PRIORITIES

In addition to the program requirements, the North Carolina RPE Program will prioritize programs that:

1. **Seek to support health equity through prioritizing marginalized communities**, such as LGBTQ+ communities, communities of color, homeless populations, and migrant workers; with strong interest in applications from groups that are led by individuals who self-identify with one or more historically marginalized populations.
2. **Demonstrate strong community relationships and partnerships that have previously achieved community-level change.**
3. **Propose activities based on the best available evidence to support their chosen strategy or strategies.** Recognizing that there is not a robust evidence base in the field, programs are not restricted from selecting activities with little research evidence, but a strong argument for using that activity, including connecting the intervention to the priority risk and protective factors identified by that community, should be made. A list of CDC effective and promising programs and activities can be found in the [STOP SV Technical Package](#). Programs can adapt

interventions from other fields, but adaptation should be done appropriately, and technical assistance will be provided for programs interested in adaptation.

4. **Prioritize shared risk and protective factors for multiple forms of violence, particularly community and societal level factors.** This involves partnering with community organizations and stakeholders that aim to prevent forms of violence other than sexual violence. This approach can help applicants prevent multiple forms of violence at the same time, maximizing limited violence prevention resources. It can also help applicants develop and sustain new partnerships and better align with the needs and strengths of their communities. This may be especially true in communities that experience high rates of multiple forms of violence. For more information on shared risk and protective factors for multiple forms of violence, please see the [Connecting the Dots](#) report (**Appendix B**) and www.preventviolencenc.org.
5. **Place a significant focus on developing the sustainability of the partnerships and relationships that support their violence prevention programming.** Should RPE funding cease to exist, programs applying for RPE funding should detail their ability and potential efforts to sustain their commitments to partners and communities.

III. SCOPE OF SERVICES

This funding opportunity is open to private, non-profit 501(c)(3) organizations and public or local governmental agencies, excluding colleges and universities, in North Carolina that can clearly demonstrate a commitment to the primary prevention of sexual violence. Funding is anticipated to be available for 36 months from February 1, 2022 to January 31, 2025. Applicants may request up to \$210,000 for the entire project period if applying for Category A funding, or up to \$261,000 for the entire project period if applying for Category B funding. It is anticipated that up to eleven applicants will be awarded through this RFA, including up to five Category B applicants. Cost sharing or matching funds are not required.

This RFA is being released to recruit qualified agencies and organizations to identify community assets and needs, plan activities, implement an effective primary prevention program, and evaluate their efforts as part of the NC Rape Prevention and Education Program. The purpose of this funding is for agencies to implement effective sexual violence primary prevention programming in their communities.

To achieve this purpose, applicants may apply to implement strategies selected from the list of community, societal, and individual/relationship level strategies outlined in **Table 1: NC RPE Program Strategies and Activities** on pages 19-21. These strategies and their example activities are based on the CDC's [STOP SV Technical Package](#).

For each proposed strategy, applicants must also outline the corresponding activities they plan to implement. Applicants may select activities outlined in **Table 1** or propose their own activities, as long as they are evidence-based or evidence-informed and demonstrate a clear theory of change supporting sexual violence primary prevention. Applicants who propose activities not listed in **Table 1** are strongly encouraged to consult the CDC's [STOP SV Technical Package](#) for additional guidance on the allowable strategies.

Category Selection:

Applicants must use a minimum of either 35% or 75% of their budgeted staff time to work on community or societal level strategies, depending on the funding Category they select. The remainder of staff time may be spent on individual/relationship level strategies.

1. Applicants demonstrating a minimum of 35% time spent on community or societal strategies will be eligible to receive \$70,000 per year. These applicants will be applying under **Category A**.
2. All applicants demonstrating a minimum of 75% time spent on community or societal level change will be eligible to receive \$87,000 per year. These applicants will be applying under **Category B**.

Any staff time spent on the implementation, evaluation, and/or planning of activities within the “teaching skills to prevent sexual violence” or “increasing uptake of economic supports for women and families” strategies is considered time spent on an individual/relationship level strategy. Applicants who apply to Category B but are not selected may be considered for Category A; those applicants will be required to work with IVPB to adjust their proposed projects. Each Category’s application will have the same page limits and submission instructions as detailed in Section V: Application Procurement Process and Application Review on page 26.

Health Equity:

All proposals are expected to include specific plans to integrate health equity into their work, regardless of which Category, strategy or strategies, and activities are chosen. Proposals should clearly describe specific plans to incorporate equity throughout the program, such as selecting strategies specifically to support health equity, prioritizing reducing risk factors and/or increasing protective factors for sexual violence among historically marginalized populations, or proposing programs that will be led by individual(s) who are part of the prioritized historically marginalized population. All applications will be scored on the demonstration of cultural humility and participation of impacted and/or marginalized populations in the planning, implementation, and evaluation process of the proposed programs.

Shared Risk and Protection:

Proposals that describe plans for intensive collaboration with organizations and groups working to prevent forms of violence other than sexual violence and/or to improve intersecting issues related to shared risk and protective factors for multiple forms of violence (e.g. neighborhood poverty, child care access) will be given priority through additional point allocation in application scoring. This intensive collaboration should include the community assessment and engagement, strategy and activity selection, and where possible, activity implementation. Risk and protective factors that influence multiple forms of violence and a brief overview of collaborative approaches for shared risk and protection are outlined in the CDC's [Connecting the Dots](#) report (**Appendix B**).

Allowable Strategies and Activities

Applicants for both Category A and Category B must propose up to three of the *strategies* outlined in **Table 1**.

All applicants **must** choose at least one of the following community or societal level strategies:

1. Improving safety and monitoring in schools/communities
2. Establishing and consistently applying workplace policies
3. Addressing community-level risks through built environment approaches
4. Mobilizing community to support protective social norms
5. Strengthening economic supports for women and families

All applicants **may** choose up to two of the following individual/relationship level strategies:

1. Teaching skills to prevent sexual violence
2. Increasing uptake of economic supports for women and families

Except as necessary to meet RFA requirements, selecting more than one of the following strategies does not increase the likelihood that the application will score higher than those who select only one strategy. Projects proposed should be focused, realistic, well-planned, detailed, and appropriate for the prioritized population(s).

Table 1. NC RPE Program Strategies and Activities

Social Ecological Model level	Strategies - choose one to three	Activities (examples - other activities are allowable) - <i>choose one or more per selected strategy</i>
Community	Improving safety and monitoring in schools/communities	<p>Institutionalizing hot spot mapping: Work with key partners in schools and/or communities to adopt in a sustainable and ongoing manner:</p> <ol style="list-style-type: none"> 1. Hot spot mapping by youths and/or community members; and 2. Implementation of safety and monitoring policies and practices responsive to hot spot mapping findings. <p>Institutionalizing key policies and trainings for school staff:</p> <ol style="list-style-type: none"> 1. Increase access to existing safe space, such as schools, for the broader community through the development of shared use agreements; and 2. Work with community stakeholders and school or school district decision makers to strengthen anti-harassment and bullying policies. <p>Institutionalizing delivery of sexual violence prevention-related curricula, such as those described in the “teaching skills to prevent sexual violence” strategy, across schools or school districts:</p> <ol style="list-style-type: none"> 1. Work with schools or school districts to adopt policies requiring delivery of sexual violence prevention-related curricula; 2. Train school staff to implement sexual violence prevention-related curricula; 3. Provide technical assistance and support to schools, school systems; and school staff to ensure high-quality delivery and evaluation of curricula.
	Establishing and consistently applying workplace policies	<p>Trauma-informed and equitable school/organizational policies and practices</p> <p>Institutionalizing protective/preventive policies and social norms in bar settings</p> <ol style="list-style-type: none"> 1. For bar staff 2. For patrons
	Addressing community-level risks	Building community support to implement changes identified in community

	through built environment approaches	assessments (e.g. increasing lighting, managing accessibility to buildings and public spaces, street cleaning, increasing security, and abandoned building and vacant lot remediation.)
	Mobilizing community to support protective social norms	<p>Community-wide mobilization efforts to promote:</p> <ol style="list-style-type: none"> 1. Bystander intervention against violence 2. Norms supporting gender equity <p>Programs that create community-level leadership opportunities for girls and/or gender-nonconforming youths, e.g. Powerful Voices</p> <ol style="list-style-type: none"> 1. Must involve girls or gender non-conforming youths as leaders in planning, development, implementation; and 2. Must support family involvement and provide opportunities to connect with cultural and community identities.
Societal	Strengthening economic supports for women and families	<p>Increasing availability and accessibility of economic supports for women and families, such as:</p> <ol style="list-style-type: none"> 1. Affordable, quality child care 2. Affordable, quality health care 3. Equitable wages 4. Safe, stable housing <p>Educating organizational and policy decision-makers about the protective effects of policies that support women and families, such as:</p> <ol style="list-style-type: none"> 1. Closing the gender pay gap, as well as the pay gap along additional lines of historical marginalization 2. Paid family and medical leave
Individual/ relationship	Teaching skills to prevent sexual violence	<p>Evidence-based programs:</p> <ol style="list-style-type: none"> 1. Shifting Boundaries, including curriculum delivery, hot spot mapping, and respecting boundaries agreements; 2. Dating Matters, including curriculum delivery, analysis of school or community policies related to teen dating violence, and school or community
Individual/ relationship	Teaching skills to prevent sexual	

	<p>violence</p>	<p>policy recommendations;</p> <ol style="list-style-type: none"> 3. Safe Dates, including curriculum delivery, school play activity, and poster campaign; and 4. Green Dot, including curriculum delivery and community mobilization in support of active bystander intervention norms. <p>Home-grown curriculum must demonstrate the following criteria:</p> <ol style="list-style-type: none"> 1. Focuses on content supporting social-emotional learning; healthy, safe dating and intimate relationship skills; promoting healthy sexuality; and/or empowerment-based training; 2. Is consistent with the Principles of Effective Prevention (Appendix E); 3. Aims to modify risk and/or protective factors for sexual violence among participants; 4. Is responsive and relevant to participants’ culture and context; and 5. Is strengths based: does not victim blame, shame, or reinforce risk factors or health inequity.
	<p>Increasing uptake of economic supports for women and families</p>	<p>Supporting individual/family uptake of existing economic supports, such as:</p> <ol style="list-style-type: none"> 1. WIC/SNAP and Medicaid enrollment; 2. Providing or connecting families to COVID-19 response resources, such as eviction prevention, rental assistance, mutual aid; 3. Health care and doula services for pregnant and postpartum people; and 4. Earned Income Tax Credit education.

Deliverables to be completed by the End of Year 1 (by January 31, 2023), regardless of proposed Category, strategies, or activities:

1. Submit records demonstrating inclusion of key community stakeholders and RPE program participants in the ongoing assessment, planning, implementation and evaluation of the strategies and activities to ensure programming is responsive to community needs and context.
 - a. Applicants are encouraged to consider including non-cash incentives in their budgets for community members who participate in RPE support activities on a volunteer basis, i.e. outside of their paid employment duties.
2. Develop and submit a logic model for the program that includes all sexual violence primary prevention strategies. (A logic model is a pictorial diagram that shows the relationship between program components and activities to desired outcomes.)
3. Develop and submit an RPE Emergency Preparedness Plan that outlines protocols for adapting RPE program delivery in the event of an emergency.
4. Develop and sustain partnerships with community stakeholders and discuss how these partnerships will enhance the role of various community stakeholders in the prevention of sexual violence. This includes, but is not limited to, participating in or convening a sexual violence prevention task force. The task force should consist of appropriate community organizations and individuals to assist with planning, implementation and evaluation of the primary prevention programming. For example, a task force may include child development specialists, teachers, school administrators, health educators, community development advocates and other prevention experts. It is allowable for the Prevention Coordinator to participate on a pre-existing task force that works on multiple community issues. Primary prevention must be included in the work conducted by the task force.
5. Implement a primary prevention program that aligns with the requirements of the RFA, uses best available evidence, and adheres to the [Principles of Effective Prevention](#) (**Appendix E**).
6. Implement and submit results from process and outcome evaluation activities with RPE program participants and community, in accordance with IVPB guidance, to support IVPB’s statewide RPE program evaluation.
7. Attend mandatory “Essentials of Sexual Violence Primary Prevention Training”, Annual Required RPE Leadership Training and a two-day Foundational Anti-Oppression Training for RPE grantees. Locations and dates TBD in Central North Carolina. The Prevention Coordinator, their immediate supervisor, **and** at least one member of agency senior leadership (e.g. Executive Director, Board of Directors member) are **required** to attend these trainings.
8. Collaborate with IVPB-funded projects focused on COVID-19 response and health equity in accordance with forthcoming guidance from the IVPB Rape Prevention and Education Program Manager.
9. Participate in 18 hours of professional development activities. All training must be approved by the North Carolina Coalition Against Sexual Assault (NCCASA) technical assistance provider.

NCCASA will be available to funded RPE programs to provide training and technical assistance in support of the deliverables to be completed by the end of year 1.

Please note that a portion of project time should be dedicated to evaluation activities. The RPE Program Manager and NCCASA will provide extensive guidance and tools for participation in IVPB’s statewide RPE program evaluation. All funded sub-recipients will be required to work with the evaluation staff, to

include participating in evaluation activities, completing quarterly reports, and complying with requests for additional data and information.

The intended outcomes of the proposed projects are to:

1. Reduce risk factors and/or increase protective factors related to sexual violence perpetration among sub-recipient prioritized populations;
2. Increase local efforts focused on achieving community and societal-level change in support of sexual violence primary prevention;
3. Increase coordination among organizations and community groups in support of violence prevention;
4. Increase the application of a health equity lens in sexual violence primary prevention strategies activities; and
5. Increase process and outcome evaluation of primary prevention efforts.

The quality of service delivery is defined as evidence-informed, comprehensive, coordinated, collaborative across systems, and exclusively focused on primary prevention. Services must be informed by community engagement and data, culturally and linguistically sensitive, and strengths based. NC RPE funded projects must support the state-level NC RPE Program in demonstrating statewide reach.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and awards will be made to those agencies or organizations whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by October 12, 2021.

2. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

3. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

4. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

5. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

6. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

7. Form of Application

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Performance Agreement (contract).

8. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

9. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

10. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

11. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

12. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

13. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos>.

14. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

15. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

16. Contract

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on August 4, 2021:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may also be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

2. **Distribution of the RFA**

RFAs will be posted on the Program's website

<http://www.injuryfreenc.ncdhhs.gov/About/RPE.htm> and may also be sent via email to interested agencies and organizations beginning August 4, 2021.

3. **Bidder's Conference / Teleconference / Question & Answer Period**

All prospective applicants are encouraged to attend a Bidder's Conference on (Wednesday, August 18, 2021 at 2:00PM) at:

<https://zoom.us/j/93984777623?pwd=eCtLcy81V0psWmRwdmFySTZvMWM5Zz09>, accessible by phone at 9294362866, meeting ID# 93984777623.

Questions concerning the specifications in this Request for Applications may be submitted by email to deena.fulton@dhhs.nc.gov and must be received by 5 pm on August 20, 2021. A summary of all questions and answers will be placed on the following website at:

<http://www.injuryfreenc.ncdhhs.gov/About/RPE.htm> as an addendum to the RFA on August 30, 2021.

4. **Notice of Intent**

Any agency that plans to submit an application is encouraged to submit a Notice of Intent no later than 5pm on August 30, 2021 to Deena Fulton, Rape Prevention and Education (RPE) Program Manager, via email at Deena.fulton@dhhs.nc.gov. Please include the following information in the Notice of Intent:

1. The legal name of the agency.
2. The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.

The Notice of Intent is **not required or binding**.

5. **Applications**

Applicants must submit an electronic copy of the signed application and all attachments to Deena.fulton@dhhs.nc.gov by 5pm on Monday, September 13, 2021. All sections must be submitted as one .pdf file in the order listed in the Application Checklist on page 38, except for the Project Budget, which should be submitted as a separate Excel file. The electronic application must contain signed documents. Faxed applications will not be accepted.

6. Format

The application must be typed, single-side on 8.5” x 11” paper with margins of 1”. Line spacing should be single-spaced. The font should be easy to read and no smaller than a 12-point font.

7. Space Allowance

Page limits are clearly marked in each section of the application. Refer to page 41 in *Section VIII.3 Applicant’s Response* for specifics.

8. Application Deadline

All applications must be received by the date and time on the cover sheet of this RFA. Faxed or mailed applications ***will not*** be accepted in lieu of the required emailed submission. Original signatures are required.

9. Receipt of Applications

Applications from each responding agency and organization will be documented into the system.

10. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

11. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

12. Audit

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency’s status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

13. Assurances

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

14. Additional Documentation to Include with Application

All applicants are required to include documentation of their tax identification number. Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided on page 52 in section *VIII.8 Verification of 501(c)(3) Status.*)

15. Federal Certifications

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

16. System for Award Management Database (SAM)

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database, or be willing to complete the registration process in conjunction with the award (see www.sam.gov). To maintain an active SAM record, the record must be updated no less than annually.

17. Additional Documentation Prior to Contract Execution

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)

- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's SAM record is acceptable.

If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed and signed statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

18. Registration with Secretary of State

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

19. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

20. Iran Divestment Act

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

21. Boycott Israel Divestment Policy

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

22. Application Process Summary Dates

August 4, 2021: Request for Applications released to eligible applicants.

August 18, 2021: Bidder's Conference / Teleconference.

August 20, 2021: End of Q&A period. All questions due in writing by 5pm.

August 30, 2021: Answers to Questions released to all applicants, as an addendum to the RFA.

August 30, 2021: *Optional* Notice of Intent due.

September 13, 2021: Applications due by 5pm.

October 12, 2021: Successful applicants will be notified.

February 1, 2022: Proposed Contract Start Date.

VI. PROJECT BUDGET

All applicants should prepare a budget for the funding period of February 1, 2022 through January 31, 2023 that does not exceed the annual amount of \$70,000 for Category A applicants or \$87,000 for Category B applicants. Requested budget amounts should be realistic, and applicants should be prepared to use ALL the funds awarded within the three-year funding cycle. Budgets for years 2 and 3 will be requested pending availability of funds.

All awardees receiving Rape Prevention and Education funds are **required** to maintain a full-time Prevention Coordinator dedicated at 100% effort (1.0 FTE) to the RPE program throughout the project period. The RPE Program believes that outcomes are of higher quality when one staff member holds the Prevention Coordinator position. Programs may make an argument for dividing the Prevention Coordinator work among two staff people, but supporting arguments should be detailed and strong, and address how using a split staff model will increase the quality of programming. The Prevention Coordinator is expected to carry out a coordination role. Salaries for the RPE Prevention Coordinator should be commensurate to the required competencies of the position. This component will be part of the scoring process to ensure that prevention coordinators are compensated comparable to others with similar qualifications and to increase possible retention of the position.

All applicants **may** choose to support the salary of the Prevention Coordinator's supervisor up to 10% effort (0.1 FTE). Category B applicants **may** also choose to support the salary of an additional staff member working on RPE program implementation up to 25% effort (0.25 FTE).

Awardees must report and monitor RPE-funded staff time under two charge objects: "RPE - individual/relationship level strategies," and "RPE - community/societal level strategies." RPE programs that do not engage in individual/relationship level strategies will report 0% of their staff time on the "RPE - individual/relationship level strategies" charge object.

Both Category A and Category B applicants may also use funds for sub-contracts with key RPE program partner organizations, non-cash incentives for community members, capacity building for staff and partners that directly supports program implementation, or other eligible expenses.

Programs should be able to demonstrate the active and effective use of partners, volunteers and other stakeholders in carrying out the goals and activities of the RPE Program. Applicants are encouraged to consider including non-cash incentives in their budgets for community members who participate in RPE support activities on a volunteer basis, i.e. outside of their paid employment duties.

Eligible Expenses:

RPE funds may be used for the following allowable expenses:

1. Salary to support one full-time Prevention Coordinator dedicated 100% to RPE
2. Fringe Benefits for the full-time Prevention Coordinator
3. Salary for the Prevention Coordinator's supervisor, not to exceed 10% of overall salary
4. Fringe Benefits for the Prevention Coordinator's supervisor, not to exceed 10% of the supervisor's overall fringe benefits
5. Category B applicants only:
 - a. Salary for an additional staff member implementing RPE programming, not to exceed 25% of overall salary

- b. Fringe Benefits for the additional staff member implementing RPE programming, not to exceed 25% of that staff member's overall fringe benefits
- 6. Sub-contracts: sub-contract costs associated with prevention programs and activities
- 7. Travel, which will include the costs of travel for the Prevention Coordinator during each year for the following:
 - a. Any travel associated with the Prevention Coordinator's professional development activities
 - b. For an Annual Grantee Leadership Training to consult with state project staff and/or meet with other awardees. (Both the Prevention Coordinator **and** their supervisor are required to attend the Annual Grantee Meetings.)
 - c. Other travel deemed necessary by the applicant relevant to the grant
- 8. Travel expenses may include mileage, lodging, and subsistence up to the official rate set forth by the State of North Carolina (see the Budget section of the application for current rates). Applicants may choose to reimburse staff at a lower rate, but may not exceed established State rates.
- 9. Professional development for RPE program staff. Professional development activities must be pre-approved by the RPE Program Manager in order to be reimbursed using RPE funds.
- 10. Supplies: supply costs associated with prevention programs and activities
- 11. Postage: postage costs associated with prevention programs and activities
- 12. Equipment: necessary equipment associated with prevention programs and activities (note that requests over \$500 require State pre-approval)
- 13. Incentives: RPE funds may be used to purchase non-cash program participation incentives. Gift cards must be logged and appropriate documentation must be maintained by the awarded agency.
- 14. Other: all other pre-approved operational costs associated with conducting proposed prevention programs and activities
- 15. Indirect cost: If the applicant elects to include indirect cost in their budget, indirect cost may not exceed 5% of the modified total direct cost. No documentation is required. See page 36 for more information.

Ineligible Expenses:

The following are ineligible expenses and should **not** be included in the grant application. These are listed to assist applicants in understanding the focus of the RPE funds.

- 1. Any type of research;
- 2. Any type of clinical care;
- 3. Fundraising: Any cost of fundraising is ineligible for funding. The cost of organized fundraising (including bingo, financial campaigns, endowment drives, solicitation of gifts and bequests) incurred solely to raise capital or obtain contributions may not be charged to these funds. Likewise, the salary (or portion thereof) of persons engaged in such activities and indirect costs associated with those efforts are ineligible.
- 4. Food/Refreshments: Federal rules do not allow RPE funds to be used for food expenses, except on a per diem reimbursement basis during staff travel, therefore these expenses are disallowed. **Food for meetings and other events MAY NOT be purchased using RPE funds.**
- 5. Incentives: Cash incentives are not allowed;
- 6. Reimbursement of pre-award costs;

7. Lobbying (publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body, whether conducted directly or indirectly);
8. Capital expenses, new construction or renovation of facilities, or furniture/equipment;
9. Victim Services/Response: These funds may not be used for direct victim service activities. This includes crisis lines or hotlines, crisis intervention, case management, advocacy, counseling, support groups, and community outreach efforts in support of direct client services. The only exception is the Prevention Coordinator handling disclosures during prevention activities or **on rare occasions** handling a crisis call when no other staff is available. RPE funds are dedicated to primary prevention, not victim response;
10. Offender Treatment: These funds may not support offender treatment programs. The focus of RPE will be prevention of first-time perpetration, NOT on offender treatment;
11. Victim Response Training: These funds **may not be used** for training that focuses on how service providers should respond to victims of sexual violence (e.g., advocates, Sexual Assault Nurse Examiner (SANE) programs, law enforcement or judicial response, etc.). **EXCEPTION:** if the Prevention Coordinator has not received previous training in victim response, funds may be used to cover the expenses related to providing such training upon hiring the Prevention Coordinator so that they may appropriately respond to a disclosure that might arise during prevention activities. Funds may not be used for such victim response training in an ongoing manner after the initial training of the Prevention Coordinator, and funds may not be used to support victim response training for any other agency staff member;
12. Media or awareness campaigns that exclusively promote awareness of where to receive victim services;
13. “No-Go-Tell” type Child Sexual Abuse Prevention Programs: These funds may not be used for programs that teach children about sexual abuse in ways that make them responsible for preventing their own abuse (e.g., teaching “touching rules” and encouraging children to say “no” and report abuses). The RPE Program is working to prevent perpetration from initially occurring and shift the onus of prevention to the community; and/or
14. Victim Compensation: These funds may not be used to pay for costs that would otherwise be eligible for local or federal Victim Compensation reimbursement.

While funds from this award may not be used to supplant other funds, strategies developed to accomplish stated activities *may* build from other current programming and/or activities.

Budget and Justification

Applicants must submit a budget, which requires a line-item budget for the first year of funding and a narrative justification.

Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project.

1. Personnel (Human Resources)

- a. Include the annual salary for 1 full-time Prevention Coordinator. All applicants **may** also request up to 10% of the Prevention Coordinator’s supervisor’s salary. Category B

applicants **may** also request up to 25% of an additional staff member’s salary for RPE program implementation support.

- i. For each proposed staff member, all applicants must indicate in the narrative justification the percentage of full time equivalence (FTE) that will be allocated to the “RPE - individual/relationship level strategies” charge object and the percentage of FTE that will be allocated to the “RPE - community/societal level strategies” charge object.
 - ii. The total FTE allocated to the “RPE - individual/relationship level strategies” charge object across proposed staff members must not exceed: 65% of the total proposed FTE for the project for Category A; or 25% of the total proposed FTE for the project for Category B.
- b. Include the costs of fringe benefits for the full-time Prevention Coordinator. All applicants may also request up to 10% of the Prevention Coordinator’s supervisor’s fringe benefits. Category B applicants may also request up to 25% of the additional RPE program implementation support staff member’s fringe benefits.
 - c. **Provide staff names (if known)**, position title, and a brief description of the positions that shall be funded with grant funds in the justification narrative section. Human resources includes salary/wages and fringe benefits for all employees of the agency included in the proposed project, including full-time and part-time staff.

2. Travel

- a. Travel (in-state): In consideration of the mandatory 18-hour training requirement, it is highly advised that programs allot adequate travel costs for the Prevention Coordinator to travel to attend 3 all-day trainings. Additionally, include travel costs for the coordinator, the supervisor, and a member of agency leadership to attend the all-day required Annual Grantee Leadership Training and any other required RPE training in Central North Carolina or a surrounding area.
- b. Identify names and titles of staff or Board of Directors members for whom travel is proposed, briefly explain the purpose of the travel and how it relates to the project plan, and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (Note: travel must be computed at rates no higher than the current State regulations). Mileage shall be based on rates located on the North Carolina Office of State Budget and Management’s (OSBM) web page available at: <https://www.osbm.nc.gov/budget/budget-manual#Sect51>.

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Mileage rates fluctuate with the price of fuel; thus, the OSBM shall release a memorandum entitled “Change in IRS Mileage Rate” when there is a change in this rate. Effective January 1, 2021, the business standard mileage rate is 56 cents per mile. For other travel related expenses, please refer to the OSBM’s North Carolina Budget Manual. Current travel rates can be found in this document: <https://www.osbm.nc.gov/budget/budget-manual#Sect51>.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. It is recommended that the applicant visit the North Carolina Budget Manual website to verify rates prior to submission of the application. The Division of Public Health will only reimburse for rates

authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. The Budget Manual is located here: <https://www.osbm.nc.gov/budget/budget-manual>.

Subsistence is an allowance related to lodging and meal costs (including gratuities) (G. S. 138-6). The maximum allowable statutory rate for meals and lodging (subsistence) is \$120.20 for in-state travel and \$137.30 for out-of-state travel.

Meals and Lodging	In-State	Out-of-State
Meals-Breakfast	\$9.00	\$9.00
Meals-Lunch	\$11.80	\$11.80
Meals- Dinner	\$20.50	\$23.30
Meals Total per day	\$41.30	\$44.10
Lodging	\$78.90 (maximum)	\$93.20 (maximum)
Total per day	\$120.20	\$137.30

Allowable Travel Reimbursement Rates:

Travel	Rate	Reimbursement
Transportation by Personal Vehicle	\$0.56 per mile	Per mile.
Transportation by Common Carrier	Actual	Reimbursement for taxi, shuttle, rail, or bus fare is limited to actual coach fare, substantiated by receipt.
Parking fees, tolls, storage fees	Actual	Reimbursable when the required receipts are obtained.

3. Subcontractors: A separate subcontractor budget is required for each subcontractor on the proposed project. Subcontractor budgets shall be completed using the same instructions as the contractor budget instructions. If the project has multiple subcontractors, please provide a separate budget for each subcontractor.
4. Communications: List costs including telephone; internet, e-mail and other communications related to project and associated unit costs.
5. Supplies: List supply needs and associated costs
6. Postage: List postage costs
7. Equipment: List necessary equipment; note that requests over \$500 require State **PRE**-approval. Requests for computer purchase require additional **PRE**-approval)
8. Other: List all other operations costs associated with conducting program activities

Other Restrictions:

Audits

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity’s fiscal year:

- Level 1: Less than \$25,000
- Level 2: At least \$25,000 but less than \$500,000
- Level 3: \$500,000 or more

Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

Indirect Cost

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

This RFA is funded by:

Federal CDC-RFA-CE19-1902 for Injury Prevention and Control and State and Community Based Programs (with Indirect Cost/Administrative Restrictions) and funds from the American Rescue Plan.

Indirect costs are allowed on the NC RPE Program. The funding federal grant limits administrative costs to FIVE (5%) percent.

Applicants may request indirect cost up to 5%, regardless of the applicant’s recognized rate, on the total modified direct cost as defined in their Federally Negotiated Indirect Cost Letter (FNICR) or, if no FNICR, as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*. For applicants with an FNICR, a copy of the FNICR must be included with the application.

Applicants who do not wish to claim any indirect cost should enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

The estimated amount of the subaward funded by CDC-RFA-CE19-1902 for Injury Prevention and Control and State and Community Based Programs and the American Rescue Plan for FFY 2022-24 is as follows:

CDC Funding Year	CDC-RFA-CE19-1902 Funding Estimate	American Rescue Plan Funding Estimate
4	\$691,350	\$163,650
5	\$691,350	\$163,650
1	\$855,000	N/A

Funds for the final year of this RFA will be contingent on the release of a new CDC RPE funding opportunity to begin February 1, 2024. This funding opportunity is anticipated to be based on a population formula and issued to all states and territories upon meritorious application submissions.

VII. EVALUATION CRITERIA

IVPB shall facilitate a comprehensive review process. Each application will undergo an initial screening to determine if all required documents and forms are included and presented in the required formats. Applications which are incomplete will be excluded from further review.

Scoring of Applications:

Applications shall be scored based on the responses to the five application content areas, Letters of Support and Letters of Commitment, and Project Budget and Justification. Applications will be assessed on a scale of 0-100 points. Additionally, there are five bonus points available in the Applicant's Response section for applicants who propose and successfully demonstrate plans for an intensive shared risk and protection approach to their project. Thus, the highest total score possible is 105 points. Agencies scoring below 70, excluding any bonus points awarded, will not be funded.

A selection committee chosen by the Division of Public Health will review each application submitted. Upon review of each application the selection committee will assign a numerical rating to each section based on the following:

Applicant Response (81 points + 5 potential bonus points total):

- **Section I.** Community Description and Context (8 points)
- **Section II.** Description of Organization/Organizational Capacity (25 points)
- **Section III:** Description of Community Mobilization Efforts (8 points)
- **Section IV:** Sexual Violence Primary Prevention Programming (32 points + 5 potential bonus points)
- **Section V:** Program Evaluation (8 points)

Project Budget and Justification (10 points)

Letters of Commitment and Letters of Support (9 points)

For details of expected content and submission instructions, see each section under "Applicant's Response" on page 41, "Project Budget and Justification" on page 47, and "Letters of Commitment and Letters of Support" on page 50.

For detailed information on scoring criteria and points allocations within each section, see the "2021 RPE Application Scoring Rubric" starting on page 54 in **Appendix A**.

VIII. APPLICATION

Application Checklist

The following items must be included in the application. Please submit all sections as one .pdf file in the order listed below, except for the Project Budget, which should be submitted as a separate Excel file:

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response**
4. ___ **Project Budget**
5. ___ **Indirect Cost Rate Approval Letter** (if applicable)
6. ___ **Letters of Commitment and Letters of Support**
7. ___ *IRS Documentation:*
IRS Letter Documenting Your Organization's Tax Identification Number (public agencies)
or
___ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)
and
8. ___ **Verification of 501(c)(3) Status Form** (private non-profits)

1. Cover Letter

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

1. the legal name of the Applicant agency
2. the RFA number
3. the Applicant agency's federal tax identification number
4. the Applicant agency's DUNS number.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with The Rape Prevention and Education Program, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA #A-386 – *NC Rape Prevention and Education Program: Community Approaches to Preventing Sexual Violence* are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response (81 points + 5 bonus points total)

The application must be typed, on 8.5" x 11" in Portrait page layout with margins of 1". Line spacing shall be single-spaced. The font shall be easy to read and no smaller than 12-point. The pages shall be numbered in the upper right corner. Include section headings listed in the Applicant's Response (project narrative). Some page limitations are specified, otherwise it is important to be concise and only include information pertinent to implementation of *The Rape Prevention and Education Program*.

Applicants are **strongly encouraged** to refer to the "2021 RPE Application Scoring Rubric" in **Appendix A**, on pages 54-57 of the RFA to help guide their responses.

Abstract: Include a 1-page abstract that summarizes each section of your application. You may use no more than 1 page for the abstract. Applications without a proposal summary will be deducted 2 points. These instructions may be deleted to maximize space.

Section I. Community Description and Context (8 points)

You may use no more than 1 page for this section (not including appendices). These instructions and items below may be deleted to maximize space.

1. Describe the *county or area* you will be serving. Include information about the population(s) who live there, the size and geographic diversity of the area, and any other factors that may impact your prevention activities (e.g., urban/rural, historically marginalized populations, transportation, industry and economic conditions, recent events, etc.). Include data on victimization and perpetration of various forms of sexual violence, as well as limitations of the data available.
2. Describe the *population that will participate in your organization's RPE programming* and why you chose to work with this population. If your organization has completed a community-involved readiness assessment and/or needs and strengths assessment with the population discussed within the past three years, please indicate which of the data in your response to this question are findings from that assessment.
 - a. Include data on risk factors for sexual violence, health inequities, social norms you are aware of that may enable sexual violence, and other evidence that demonstrates the need for RPE programming. Data may be based on research, or may be based on the applicant's knowledge of community context and prior experience, per the "best available evidence" definition on page 12 and [The Evidence Project Overview \(Appendix D\)](#).
 - b. Describe the strengths in your community and among the population that will receive RPE programming that may be helpful to your work (e.g., community protective factors, other services, strong collaborations, strong and vocal advocate(s) for the prevention of sexual violence and other violence, things that are happening that indicate people may be ready to address this issue, etc.). How will these strengths support success for the proposed project?
 - c. Discuss any limitations on data as appropriate.
3. Describe any challenges you anticipate as you develop sexual violence primary prevention programming (e.g. resistant community leaders, community attitudes or values that support gender stereotypes, discriminatory policies, etc.).

Section II. Description of Organization/Organizational Capacity (25 points)

You may use no more than 2.5 pages for this section (not including appendices). These instructions and items below may be deleted to maximize space.

4. Describe your agency's leadership. Describe the extent to which your organization is led by people who self-identify as members of a historically marginalized population, particularly any historically marginalized populations that your program is seeking to prioritize. Please include information about your Board of Directors, if applicable, and your leadership staff.
5. Describe how the organization's experience will support successful implementation of the proposed project. Evidence may include, but is not limited to, history and successes with:
 - a. Working with the selected community in culturally responsive ways;
 - b. Effecting community-level change;
 - c. Previously implementing similar violence prevention strategies;
 - d. Using a health equity lens and/or addressing health disparities;
 - e. Developing prevention capacity within the organization, including the Prevention Coordinator, program supervisor, Executive Director, and Board of Directors;
 - f. Being a community leader in sexual violence prevention and response, violence prevention, and/or community mobilization;
 - g. Successfully collaborating with other agencies for sexual violence prevention;
 - h. Providing culturally relevant services to survivors of sexual violence; and/or
 - i. Leading a community task force or group to enhance the effectiveness of the response to sexual violence and/or to victims (e.g., a Sexual Assault Response Team (SART)).
6. Describe the organization's ability to complete the project (program management) as well as its capacity to comply with and monitor the implementation of grant requirements (fiscal compliance).
7. The RPE Prevention Coordinator must participate in a task force that addresses sexual violence as a priority or they may create a community task force. If you are applying as the lead agency of a multi-organization collaborative, please respond to the questions in #4.a. All other applicants, please respond to the questions in #4.b. For more information on applying as a lead agency of a multi-organization collaborative, see page 7.
 - a. For applicants applying as the lead agency of a multi-organization collaborative:
 - i. Please indicate that you are applying as the lead agency of a multi-organization collaborative.
 - ii. Describe the multi-organization coalition. Who are the members?
 - iii. What are each member's roles in the planning, implementation, and administration (including programmatic and fiscal compliance) of the proposed RPE program?
 - iv. How are planning, implementation, and administrative decisions about the RPE program made in the coalition?
 - v. How has the multi-organization coalition previously played a role in community mobilization efforts, particularly to effect community-level change?
 - vi. Please attach partnership agreements between the lead agency and member organizations of the coalition that outline decision making, intended sub-contract relationships, resource sharing, staffing spread, work space sharing, and any other parameters of collaboration.

- b. For all other applicants:
 - i. Please indicate that you are **not** applying as the lead agency of a multi-organization collaborative.
 - ii. Provide a list of current or planned sexual violence prevention task force members (e.g., individuals and the agencies/organizations they represent, if any). Provide a Letter of Commitment from any individual, agency, or organization that serves or will serve on the task force if the project is funded. Applicants are expected to build relationships with both traditional and non-traditional partners in all aspects of their RPE program, including the task force.
 - iii. Describe how your task force has previously played a role in community mobilization efforts, particularly to effect community-level change, if applicable.
 - iv. Describe how you plan for the task force to guide, participate in, and/or support community-level change during the proposed funding period (2022-2025). Include any plans to increase the task force’s capacity to engage in community-level sexual violence prevention.
 - v. Provide examples of ways you plan to increase the representation on your task force of your community, including prioritized historically marginalized populations, by key individuals, agencies, and organizations.
- 8. Describe how your agency responds to disclosures of sexual violence by participants during your proposed prevention activities.
 - a. This may include referring the participant to direct service staff at your agency.
 - b. If the applicant agency/organization does not provide direct services to survivors of sexual violence or does not see clients under the age of 18, the applicant must:

EITHER

- i. Provide a Letter of Specific Commitment in your attachments from a local rape crisis center that has agreed to provide services to the individuals who have disclosed. (The review committee reserves the right to contact the rape crisis center listed in this Letter of Specific Commitment and ask about the history of their working relationship with the applicant).

OR

- ii. Specify in your Letter(s) of Commitment from a key organizational partner how disclosures will be handled.

Section III: Description of Community Mobilization Efforts (8 points)

You may use no more than 1 page for this section. These instructions and items below may be deleted to maximize space.

- 9. Indicate which level(s) of the [IAP2 Spectrum of Public Participation \(Appendix F\)](#) you have previously engaged in *with the population that will participate in your organization’s RPE programming*. Describe the population’s engagement at the indicated level(s). If you have conducted a community-involved readiness assessment and/or strengths and needs assessment

process within the last three years, please include a brief description of the assessment. Describe how the community engagement activities have supported the decision to prioritize this population and the proposed program strategies and/or activities.

10. Explain how young people and broader community members will be engaged and/or lead portions of this project and how this initiative will build their capacity and voice. For example, do they have power in the decision-making process? Will they be involved in defining success and outcomes? What expectations do you have of youth and community members? What expectations do youth and community members have of you?

Section IV: Sexual Violence Primary Prevention Programming (32 points + 5 bonus points)

You may use no more than 4 pages for this section. These instructions and items below may be deleted to maximize space. Text in the table for question 12 may be single-spaced.

Program Structure

11. Identify the category of funding (Category A or Category B, see page 17) you are proposing for this project.
12. Using the table format below, identify the 1-3 *strategies*, their corresponding social ecological model level, and at least one *activity* per strategy that you will implement.

<i>Strategy</i>	<i>Social Ecological Model level</i>	<i>Activity(ies)</i>
<i>(example row -- please delete in your response) Establishing and consistently applying workplace policies</i>	<i>Community</i>	<i>Institutionalizing protective/preventive policies and social norms in bar settings</i> 1. For bar staff 2. For patrons
<i>1. (required)</i>		
<i>2. (optional)</i>		
<i>3. (optional)</i>		

13. If you are proposing a *home-grown curriculum* under the “teaching skills to prevent sexual violence” strategy, please identify the title and intended audience of the curriculum. Describe how that curriculum meets each of the following criteria. (If you did not propose a home-grown curriculum, please write “not applicable” for #3.)
 - a. Focuses on content supporting social-emotional learning; healthy, safe dating and intimate relationship skills; promoting healthy sexuality; and/or empowerment-based training;
 - b. Is consistent with the [Principles of Effective Prevention \(Appendix E\)](#);
 - c. Aims to modify risk and/or protective factors for sexual violence among participants;
 - d. Is responsive and relevant to participants’ culture and context; and
 - e. Strengths based: does not victim blame, shame, or reinforce risk factors or health inequity.

14. If you are proposing an *activity* other than those listed in **Table 1**, please answer the following questions for **each** activity not listed in the table. (If you **only** proposed activities that are listed in **Table 1**, please write “not applicable” for #4.)
- Which risk and/or protective factors for sexual violence from CDC’s [Sexual Violence Risk and Protective Factors \(Appendix C\)](#) and/or [Connecting the Dots \(Appendix B\)](#) does the proposed activity seek to change? Describe how this activity will lead to change in the identified risk and/or protective factor(s).
 - Describe how the proposed activity is evidence-based or evidence-informed. Evidence may be based on research, or may be based on the applicant’s knowledge of community context and prior experience, per the “best available evidence” definition on page 12 and [The Evidence Project Overview \(Appendix D\)](#).
 - Describe how the proposed activity supports the *strategy* with which it is associated.

Project Narrative:

15. Provide a narrative description of how you will implement the proposed activities with your selected population(s).
- Include any details that specify what the proposed activities will look like in your community, e.g. what kinds of economic supports you plan to increase, what kinds of trainings and policy support you will provide, how you will structure community mobilization processes, etc.
 - Describe the goals of each activity. How will you know if each activity has been successful? Goals should be relevant to the activity’s corresponding strategy and to risk and protective factors for sexual violence.
 - If you are applying to Category B and selected the “teaching skills to prevent sexual violence” strategy, describe how you will ensure that no more than 25% of staff time is spent planning, implementing, and evaluating the proposed curriculum.
16. Discuss why you selected the proposed strategy(ies) and activity(ies). How do they meet identified needs and leverage identified strengths in your community? How do they account for your community’s changing needs given the COVID-19 pandemic and recovery? Describe how the selected strategy(ies) and activities will address the identified issues. You are encouraged to cite research, contextual, and/or experiential evidence to support your answer.
17. What inputs or resources are needed for this project to succeed, and what steps will you put in place from the beginning to ensure these needs are acquired?
18. Describe how you will center health equity promotion and work toward reducing health disparities across proposed strategies and activities. How do you plan to make your proposed project culturally relevant and linguistically accessible for the intended participants? Please include any additional information about community leadership and engagement in your project that will help demonstrate a consistent focus on health equity in your project.
19. Describe how you will sustain the partnerships and relationships that support your sexual violence prevention work, including meeting your commitments to partners, should RPE funding cease to exist.
20. If you are proposing a project that uses a shared risk and protective factor approach, describe how your project will be driven by intensive collaboration and/or coordination across proposed strategies and activities with organizations and groups working to prevent forms of violence other than sexual violence and/or groups working to improve intersecting issues related to shared risk and protective factors. See CDC’s [Connecting the Dots](#) report (**Appendix B**) for information

on shared risk and protective factors. If you are not proposing to use this approach, please write “not applicable.”

Section V: Program Evaluation (8 points)

You may use no more than 0.5 pages for this section. These instructions and items below may be deleted to maximize space.

21. Describe how your agency uses monitoring and data, including data from evaluation, community context, and project staff experience, to make programmatic decisions. How will you involve community members in using monitoring and data to make decisions about the project?
22. How will community members be involved in identifying data priorities? How will project results and outcomes be communicated to partners, including back to your community?

4. Project Budget and Justification (10 points)

You **must** utilize the budget form and narrative format provided. These instructions and items below may be deleted to maximize space. **These guidelines are applicable to all applicants for this grant.**

This RFA requires a line item budget and justification for the initial funding period of February 1, 2022 through January 31, 2023. *This should be a project specific budget, NOT the budget for your entire organization.*

Budgets for year 2 and 3 of the project will be developed during the contract development period for each respective year in accordance with program progress.

Applicants must use the following link to access the Injury and Violence Prevention website and locate the Open Window Budget Worksheet and instructions 'How to fill out the Open Window Budget Form' at: <http://www.injuryfreenc.ncdhhs.gov/About/RPE.htm>. In-kind or matching funds are not required for this program.

The budget must be submitted as an Excel document on the electronic copy of the proposal documents. Do not remove any of the formulas in the Excel document. The document should be named using the following naming convention, "ApplicantName_A386_ProjectBudget".

Clearly state the total amount requested. The total maximum allowed for the first year is \$70,000 for Category A applicants or \$87,000 for Category B applicants. Refer to **Section VI. Project Budget** starting on page 31 for all eligible and ineligible expenses as well as state permitted travel costs and per diem.

1. **Salary and Fringe Detail** – All salary and fringe information for the proposed project should be entered into the "Salary and Fringe" tab. For each of the employees who will work on the proposed project, please provide the title/role and name (or TBD) in column A. Provide the hourly rate or annual salary and number of months and percentage of time they will be working on the project and the table will auto-populate the total amount to be charged to this project budget. Enter the corresponding fringe amount for each employee receiving fringe benefits in the Fringe section. In the narrative (pink section) provide a description of the work they'll be doing on the project. When estimating the FTE% allocation for new positions, it is important to consider the typical time lag between the start date of the grant and the new person actually being in place.
 - a. For each proposed staff member, all applicants must indicate in the narrative (pink section) the percentage of FTE that will be allocated to the "RPE - individual/relationship level strategies" charge object and the percentage of FTE that will be allocated to the "RPE - community/societal level strategies" charge object.
 - b. The total FTE allocated to the "RPE - individual/relationship level strategies" charge object across proposed staff members must not exceed: 65% of the total proposed FTE for the project for Category A; or 25% of the total proposed FTE for the project for Category B.
2. **Operational Expenses** – All operational expense information for the proposed project should be entered into the "OperationalExpenses_Detail" tab. For each of the line items in Operational

Expenses, please provide the name of the expense in column A. Provide the number of units and the unit price and the table will auto-populate the total amount to be charged to this project budget. In the narrative provide the breakdown of unit cost, number of units, and a description of the items. Please refer to **Section VI. Project Budget** starting on page 31 for all state travel reimbursement rates. Any rate above the state allowable reimbursement rate will not be honored.

3. ***Subcontracting Expenses*** – A separate subcontractor budget is required for each subcontractor on the proposed project. Subcontractor budgets shall be completed in the using the same instructions as the above outlined contractor budget instructions, except using the tabs that begin with “Subcontract_”. If the project has multiple subcontractors, please provide a separate budget for each subcontractor. You can duplicate the subcontractor budget tabs by right clicking on them and selecting duplicate. If additional subcontractor budget tabs are added, please contact MegAnn Smith at MegAnn.Smith@dhhs.nc.gov to walk through changing the "ContractorBudget" tab formula to calculate subcontractor expenses.

5. Indirect Cost Rate Approval Letter (if applicable)

Applicants may request indirect cost up to 5%, regardless of the applicant's recognized rate, on the total modified direct cost as defined in their Federally Negotiated Indirect Cost Letter (FNICR). Applicants who have an FNICR must submit a copy of the FNICR.

If the applicant does not have an FNICR, no documentation is required for this section. Applicants without an FNICR may use a 5% indirect cost rate (known as the de minimis rate) on the total, modified direct cost as defined in 2 CFR 200.68, Modified Total Direct Cost (MTDC), with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof.

6. Letters of Support and Letters of Commitment (9 points)

Provide at least three Letters of Support from community agencies/organizations/leaders and at least one Letter of Commitment with key project partner(s), including those who will provide resources or access to program participants, such as schools. Letters of Support and Letters of Commitment should be individualized and should speak to the unique relationship the author and/or their agency has with the applicant. Both types of letters should show community trust in the applicant organization, strong support for the proposed project, and/or verification of the applicant's capacity for sexual violence primary prevention. Letters should also demonstrate ongoing support of and involvement with the applicant agency.

Letters of Commitment must outline how the key project partner plans to support the RPE project, should funding be awarded. These plans must align with the applicant's description of the key project partner's involvement in the Applicant's Response section.

Letters must be current, dated no more than 6 months before the application deadline.

Applicants are **strongly encouraged** to refer to the "2021 RPE Application Scoring Rubric" in **Appendix A**, starting on page 54 of the RFA to ensure their Letters of Support and Letters of Commitment appropriately support the application.

7. IRS Letter

Public Agencies:

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

Private Non-profits:

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

8. Verification of 501(c)(3) Status Form

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of _____
(Printed Name) (Title)
_____ ("Organization"), and by that authority duly given
(Legal Name of Organization)

and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

(Signature)

Appendix A: Forms for Reference

Do **NOT** complete these documents at this time **nor return them** with the RFA response.
They are for reference only.

2021 RPE APPLICATION SCORING RUBRIC

2021 RPE Application Scoring Rubric

For each criterion, please use column E to rate the application on a scale of 0-3:

- 0: Red flag(s) present or insufficient evidence to assess criterion
- 1: Needs improvement
- 2: Adequate
- 3: Exemplary

Scores will be weighted, i.e. multiplied by the number in the “weight” column, and then added to give total scores. Criteria with higher numbers in the “weight” column will have more impact on the overall score.

Question(s) to consider:	Criterion:	Points possible	Description of Exemplary Response	Score (0-3)	Weight
Section I					
#1-3	Uses data in the form of the best available research, assessment and evaluation findings, and contextual and experiential evidence to inform program decision making.	4	Data presented is relevant to sexual violence prevention and specific to the community. The response demonstrates clear evidence of deep engagement with and knowledge of the community as a whole, including key community strengths and how they will help mitigate challenges and reduce risk factors. Selection of priority population(s) is appropriate given overall community demographics or characteristics and will support successful prevention programming.	3	1.333333
#1-3	With respect to the community the applicant serves, the selection of priority population(s) supports health equity and strengths-based approaches to violence prevention.	4	Types and detail level of data presented demonstrate deep engagement specifically with priority population(s), which include significant or primary focus on underserved communities and/or historically marginalized populations. Discussion of community strengths indicates strong understanding of how strengths-based approach will support program success and health equity. If underserved communities and/or historically marginalized population(s) are represented among community, the prioritized population(s) do not exclude or ignore these populations. There is not excessive focus on community deficits without meaningful recognition of community strengths.	3	1.333333
Section II					
#4-7	Capacity to plan and implement efforts that are culturally responsive, community-driven, and that promote health equity.	6	Agency’s leadership includes significant representation from prioritized population(s), particularly prioritized historically marginalized populations. Agency has engaged in various projects that are led by and responsive to the communities they benefit and are specifically focused on health equity and serving historically marginalized populations. Partnerships, such as task force or multi-organizational collaborative, include key community stakeholders and leaders from prioritized populations. Collaborative partners are representative of and trusted in the community. Descriptions of health equity efforts are not contradictory to definition of health equity listed in RFA. For instance, they do not promote serving all survivors or community members in the same ways regardless of culture, marginalization, etc.	3	2
#4-7	Capacity to achieve community-level change, and not merely community-wide individual-level change, in support of primary prevention of violence.	6	Examples of ongoing or completed community-level change activities that have demonstrated successes in changing physical environments, policies, institutionalized practices, service systems, or other aspects of community environments. Examples go beyond outreach and/or awareness messaging activities. Social norms change, if cited as an ongoing or completed example, clearly demonstrates change in beliefs and practices among key decision makers, leaders, entire communities, etc. and not merely exposure to social norms messaging among community members. Clear history of working together with key community changemakers, including both traditional and non-traditional partners, to achieve community or societal change.	3	2
#4-7	Capacity to successfully manage proposed project.	5	Clear examples of successful completion of projects of similar scale to proposed project, with specific description of program management frameworks and practices. Clear plan for staffing or contractors with appropriate experience and sufficient time to manage fiscal compliance. <u>Key agency staffing</u> (the Executive Director or equivalent, Finance Director or equivalent, and program management) is stable and experienced. <u>Exemplary:</u> Staff in all three of these roles have been in their role at the agency for at least one year, and/or have significant relevant previous experience. <u>Adequate:</u> One of these three roles is vacant or staffed by someone who has been at the agency less than one year and does not have significant relevant previous experience. <u>Needs improvement:</u> At least two of these three roles are vacant or staffed by someone who has been at the agency less than one year and does not have significant relevant previous experience. For applicants who are lead agencies of multi-organization collaboratives (see question #4a), there is a clear plan for how decisions will be made, resources will be shared, work will be achieved, and fiscal monitoring will be consistently strong.	3.333333	1.666667

#7 only	Participation in a sexual violence primary prevention task force, advisory council, or community coalition that consists of stakeholders engaged in work that is related to the proposed project.	5	<p>For existing task force: demonstrates ongoing history of participation in task force with concrete successes in community mobilization and community-level change that are relevant to primary prevention of sexual violence and the proposed project.</p> <p>For new task force: Strong buy-in from planned task force members who have demonstrated success in community mobilization and community-level change in their own fields of expertise. Planned members' expertise is relevant to primary prevention of sexual violence and the proposed project.</p> <p>For all applicants: Clear plans and decision-making structures for how the task force will guide, participate in, and/or support the proposed project. Task force members are largely representative of and/or trusted by the prioritized population(s) and community, both organizationally and as individuals.</p>		1.666667
#8 only	A clear ability to respond to sexual violence disclosures or requests for help that might be made by participants during prevention activities.	3	Demonstrated process for responding to sexual violence disclosures by either in-house staff with non-RPE funding, or through a relationship with the local rape crisis center in applicant's community (demonstrated via a memorandum of understanding with the rape crisis center).		1
Section III					
#9-10	Program design, implementation, and evaluation efforts are community-driven and promoting health equity through sharing power with prioritized population community members.	8	<p>Clear examples of how the applicant has and will continue to work with members and leaders of the prioritized population(s), particularly historically marginalized populations, in the following ways:</p> <ul style="list-style-type: none"> •Involve: work directly with community members throughout program planning/decision making processes to ensure community concerns and aspirations are consistently understood and considered; •Collaborate: partner with community members in each aspect of program planning and decision making including the development of alternatives and the identification of the preferred solution; and/or •Decision-making: Placing final decision making in the hands of community members. The proposed project is a clear outgrowth of community involvement, collaboration, and/or decision making. <p>There are clear, feasible, ongoing plans to continue to involve, collaborate with, and/or place decision-making power in the hands of members of the prioritized population(s) to shape the proposed project.</p>		2.666667
Section IV					
#12-17	Demonstrate a clear theory of change that demonstrates understanding of sexual violence and its causes and sexual violence primary prevention.	5	<p>-The proposed strategy(ies) and activities make sense and are logical choices given the rationale and evidence described in question 16, including the community needs and strengths.</p> <p>-The proposed activities are feasible given the reasonable inputs and resources needed as described in question 17.</p> <p>-The proposed activities, if implemented successfully, could reasonably lead to the goals and indicators of success described in question 15b.</p> <p>-The goals and indicators of success described in 15b are relevant to the program strategies, to changing risk and protective factors, and to primary prevention of sexual violence.</p> <p>-There are no activities or goals proposed that are irrelevant, unfeasible, or unlikely to lead to changes in risk and protective factors for sexual violence, and ultimately primary prevention of sexual violence.</p>		1.666667
#12-15	Proposed activities are either selected from Table 1 or meet the criteria listed in the RFA.	5	<p>-All proposed activities are listed in Table 1; and/or</p> <p>-If a home-grown curriculum is proposed, it meets the following criteria: ---Focuses on content supporting social-emotional learning; healthy, safe dating and intimate relationship skills; promoting healthy sexuality; and/or empowerment-based training; ---Is consistent with the Principles of Effective Prevention (https://wiki.preventconnect.org/nine-principles-of-effective-prevention-programs/) ---Aims to change risk and/or protective factors for sexual violence among participants and is likely to achieve those changes; Is responsive and relevant to participants' culture and context; and ---Strengths based: does not victim blame, shame, or reinforce risk factors or health inequity; and/or</p> <p>-If an activity other than those listed in Table 1 is proposed, the activity could reasonably be expected to lead to changes in the risk and protective factors for sexual violence as identified in question 14a. The applicant detailed convincing evidence for the effectiveness of the proposed activity. The proposed activity clearly aligns with and supports the strategy identified in question 14c.</p>		1.666667
#12-15	Proposed activities are planned in sufficient detail to be successful.	5	For all proposed activities, sufficient detail is given in questions 15a and 15b to make a convincing case that the proposed activities are feasible and relevant to the proposed strategies and to sexual violence primary prevention.		1.666667

#12-20	Proposed activities are likely to create community/societal level change.	5	<p>The proposed activities could reasonably be expected to influence the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur. The applicant makes a convincing case that the proposed activities will make changes that will lead to improved community-level risk and/or protective factors as defined by CDC.</p> <p>The applicant has demonstrated appropriate partnerships necessary to create community or societal level change, including relationships with and buy-in from key stakeholders and decision makers. The proposed activities and their goals could realistically be achieved given the applicant's capacity and the partners involved.</p> <p>The proposed project goes beyond reaching most or all individuals in a community with strategies for changing individual or relationship level risk and/or protective factors, which is not enough on its own to constitute community level change.</p> <p>If "mobilizing community to support protective social norms" is selected as a strategy, the proposed activities would clearly lead to change in beliefs and practices among key decision makers, leaders, entire communities, etc. and not merely exposure to social norms messaging among community members.</p>	1.666667
#11, #15	<p>Category A applicants planned activities that would align with/support no more than 65% of staff time on individual/relationship level strategies and at least 35% of staff time on community and/or community/societal strategies.</p> <p>-or-</p> <p>Category B applicants planned activities that would align with/support no more than 25% of staff time on individual/relationship level strategies and at least 75% of staff time on community and/or community/societal strategies.</p>	5	<p>For Category A applicants, the proposed community and/or societal strategy(ies) are feasible and substantial enough to reasonably require at least 35% of the proposed staff time. The scale of the individual/relationship strategy(ies), as described in question 15, is not so large that it would require more than 65% of the proposed staff time.</p> <p>For Category B applicants, community and/or societal strategy(ies) are clearly the primary focus of the proposed project. If an individual/relationship level strategy is proposed, it is clearly supportive of or secondary to the community and/or societal strategy(ies), and the applicant has made a clear and convincing case that the individual/relationship level strategy will not require more than 25% of staff time in the response to question 15.</p>	1.666667
#11-20, with particular focus on #18	Program design and implementation are culturally responsive for the prioritized population(s) and promote community engagement and health equity.	5	<p>The applicant has clearly described how community engagement processes and health equity considerations informed the selection and design of proposed strategy(ies) and activities. The proposed project works with the community to leverage their strengths. Community members, particularly in historically marginalized populations, are involved, collaborate, and/or make decisions about the project to ensure that it is culturally responsive.</p> <p>The applicant has demonstrated buy-in from community leaders that suggests members of the prioritized population, particularly historically marginalized populations, trust the applicant organization and are invested in the success of the project.</p> <p>The proposed strategy(ies) and activities treat everyone justly according to their circumstances, rather than treating everyone equally. The proposed project explicitly aims to reduce health disparities by addressing their root causes.</p>	1.666667
#19	Develops the sustainability of the partnerships and relationships that support their violence prevention programming. Should RPE funding cease to exist, programs applying for RPE funding should detail their ability and potential efforts to sustain their commitments to partners and communities.	2	Plans for sustainability demonstrate a willingness to prioritize maintaining positive relationships with partners and community should RPE funding end. While sustainability plans do not need to demonstrate that the exact proposed strategies and activities would continue without RPE funding, the applicant has considered and detailed ways the proposed project could continue to have impact after the funding period.	0.666667

#20	Prioritizes shared risk and protective factors for multiple forms of violence, particularly community and societal level factors.	5 (bonus)	<p>This question is optional and counts only for bonus points. Up to 5 bonus points can be awarded for an exemplary response (still using the 0-3 scale). If the applicant wrote "not applicable," please score a 0 for this criterion.</p> <p>The applicant has existing relationships with stakeholders working to prevent forms of violence other than sexual violence. The proposed project would begin or expand concrete strategies toward shifting shared risk and protective factors that have been planned and will be implemented in collaboration with stakeholders working toward preventing forms of violence other than sexual violence. The proposed project will complement and/or expand partner organizations' existing work toward preventing violence through shared risk and protection.</p> <p>Shared risk and protective factors are not merely included in the proposed project in a cursory or superficial way; instead, the proposed project has been planned specifically to address shared risk and protective factors in coordination with relevant partners and stakeholders.</p>		1.666667
Section V					
#21	Uses evaluation findings and contextual and experiential evidence to inform program decision making and demonstrate project success.	4	The applicant's response to question 21 describes clear and feasible plans to regularly consider data from monitoring and evaluation, including contextual and experiential data, to continuously improve program quality. The response describes clear and feasible plans to involve community members in using data for collaborative decision-making.		1.333333
#22	Evaluation efforts promote community engagement and health equity.	4	The applicant's response to question 22 describes clear and feasible plans to include community members in identifying data priorities and to share data back with members of the prioritized population(s) in ways that are meaningful and accessible. Evaluation is not a one-way extraction of information from community, but rather informs ongoing community involvement, collaboration, and decision-making.		1.333333
Project Budget & Narrative Justification					
Project Budget & Narrative Justification		6	Requested budget amounts, particularly staffing, subcontracts, and materials, are realistic and appropriate for the proposed project.		2
Project Budget & Narrative Justification		4	Salaries for the RPE Prevention Coordinator, and the additional staff member working on RPE program implementation if proposed, are commensurate to the required competencies and job duties of the position. Salaries should support, rather than undermine, staff retention in the position(s).		1.333333
Letters of Support and Letters of Commitment					
Letters of Support and Letters of Commitment		4	Letters of Support and Letters of Commitment are individualized and show community trust in the applicant organization, strong support for the proposed project, and/or verification of the applicant's capacity for sexual violence primary prevention. Letters should also demonstrate ongoing support of and involvement with the applicant agency.		1.333333
Letters of Support and Letters of Commitment		5	Letter(s) of Commitment outline how the key project partner plans to support the RPE project, should funding be awarded. These plans align with the applicant's description of the key project partner's involvement in the Applicant's Response section.		1.666667
				Is abstract MISSING?	

RISK ASSESSMENT FORM

RISK ASSESSMENT FORM

INSTRUCTIONS: Complete Agency Information Summary, then proceed to Risk Assessment Form Scoring. Rate the agency on these factors and enter the total in area for "TOTAL." After the initial results, complete the next section that allows for the inclusion of additional factors not represented elsewhere on the form. If the additional factors are applicable, rate those and add the result into the total. Finally, indicate a final risk level based upon the scores and any other factors. Provide a narrative justification for the determination. Note: final risk level may be different from the level suggested by the scores if this is justified in the narrative.

AGENCY INFORMATION SUMMARY

Subrecipient Name _____
 Federal ID# _____
 Street Address _____
 City, State, Zip _____
 Telephone Number _____
 Contact _____

RISK ASSESSMENT FORM SCORING

1. Agency leadership stability of agency as a whole:

Local Health Director or Agency Director and finance officer with one or more years' experience	2
At least half of staff trained in key positions and some experience.	4
Staff in key positions have little or no training or experience.	6

SCORE

2. Program staff stability and qualifications for the program under review:

No change in key positions	2
Either new or no staff in 1 or more key positions	4
Either new or no program staff positions	6

SCORE

3. Program:

Agency has met program objectives outlined in contract/funding agreement	2
First year of funding for program (no basis for evaluation)	4
Corrective action plans took over 30 days to develop after findings documented	6

SCORE

4. Fiscal status of entire agency:

Audit

No significant or repeat findings or no audit	2
Significant or repeat findings	4
Unresolved Audit Findings	6

SCORE

5. Fiscal monitoring

No fiscal monitoring findings for past 2 years	2
Repeat fiscal monitoring findings	4
Significant fiscal monitoring findings w/in past 2yrs or findings not resolved.	6

SCORE

6. Cash flow for entire agency:

No significant cash flow issues for past 2 years (sufficient funds to wait for reimbursement)	2
Minor cash flow issues (program related purchase not made because of lack of cash availability)	4
Significant cash flow issues (not purchasing equipment, payroll, retirement accounts not funded, rent—can see if regular requests are made. Periodic checks of bank statements are helpful)	6

SCORE

7. Reporting status for program under review:

Program and fiscal reports (expenditures reports, program reports, measurement reports—these are required by state law—non-gov GS 143c.6-23; 09ncac n3m) are always submitted timely and accurately.	2
Routine reports are frequently late and contain errors.	4
Routine reports are not submitted or contain significant discrepancies.	6

SCORE

8. Complexity of funding for entire agency: For example, multiple funding streams, complexity of deliverables, whether or not formulas/calculations are involved in drawing down funds, and whether or not providers are allowed to exercise their own judgement in drawing down funds and determining allowable expenditures, etc.		<hr/>
Funding is relatively simple in terms of allowable expenditures	2	
Funding is moderately complex in terms of allowable expenditures	4	
Funding is very complex in terms of allowable expenditures	6	
SCORE		<hr/>
9. Amount of funding to provider for program under review:		
Less than \$25,000	2	
\$25,000 - \$499,999	4	
\$500,000 or more	6	
SCORE		<hr/>
10. Internal controls for entire agency: (see Appendix A for tools to assess internal controls. Either Internal Controls Questionnaire or Financial Checklist may be used)		
Internal Controls assessment shows few or no internal control weaknesses	2	
Internal Controls assessment shows several internal control weaknesses	4	
Internal Controls assessment shows major internal control weaknesses	6	
SCORE		<hr/>
TOTAL		<hr/> 0

RESULT OF RISK ASSESSMENT

Evaluation Score Key:

Low Risk	≤ 30
Moderate Risk	31 - 40
High Risk	41 - 60

If the following categories apply, score accordingly and add to the total score. Enter the result below under Final Score below.

Additional Considerations

Are DPH funds more than 50% of the budget for this agency? _____

May include data breaches, adverse media, first year funding, lack of stable agency leadership, or other issues that increase risk. This applies to the agency being assessed, as well as their subcontractors. Considerations may apply to the entire agency or the program under review, DPH funds more than 50% of the budget for this agency, etc.

Low	2
Moderate	4
High	6

SCORE

Specify Concerns

Agency uses subcontractors

Agency has written agreements with all subcontractors, conducts site visits regularly, monitors payments and reimbursements with subcontractors 2

Missing one of the above requirements or execution is inconsistent in one or more categories 4

No written agreement in place, does not conduct site visits regularly, payments and reimbursements not monitored 6

SCORE

FINAL SCORE

Narrative Justification of Risk Level Determination—include concrete evidence and supportive documentation, especially if determination is different than calculations on form. Serious problems in just one area may justify a high risk designation.

FEDERAL CERTIFICATIONS

The undersigned states that:

- 1. He or she is the duly authorized representative of the Contractor named below;
- 2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
- 3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- 4. [Check the applicable statement]
 - He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
 - OR**
 - He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
- 5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature	Title
------------------	--------------

Contractor [Organization’s] Legal Name	Date
---	-------------

[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes 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 prohibits 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 on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits 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) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;**

- f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):
- Street Address No.1:
-
- City, State, Zip Code:
-
- Street Address No.2:
-
- City, State, Zip Code:
-
3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member

of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

**Disclosure of Lobbying Activities
(Approved by OMB 0348-0046)**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. Bid/offer/application</p> <p><input type="checkbox"/> b. Initial Award</p> <p><input type="checkbox"/> c. Post-Award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>Year _____ Quarter _____</p> <p>Date of Last Report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime</p> <p><input type="checkbox"/> Subawardee Tier _____, (if known)</p> <p>Congressional District (if known) _____</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District (if known) _____</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number (if applicable) _____</p>	
<p>8. Federal Action Number (if known)</p>	<p>9. Award Amount (if known) :</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	<p>b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):</p> <p align="center"><i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i></p>	
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>	
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. In-kind; specify: Nature _____</p> <p>Value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 (attach Continuation Sheet(s) SF-LLL-A, if necessary):</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: _____

Print Name: _____

Title: _____

Telephone No: _____ Date: _____

Federal Use Only

Authorized for Local Reproduction
Standard Form - LLL

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

**Letter from Board President/Chairperson Identifying
Individuals as Authorized to Sign Contracts**

I, _____, Board President/Chairperson of
_____ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the
organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

Signature	* Title	Date
	<i>* Indicate if you are the Board President or Chairperson</i>	

LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

**Letter from Board President/Chairperson
Identifying Individuals as Authorized to Sign
Contract Expenditure Reports**

I, _____, Board President/Chairperson
of _____ [Entity's legal
name] hereby identify the following individuals who are authorized to sign **Contract**

Expenditure Reports for the entity named above:

Printed Name	Title

Reference only — Not for signature

_____ Signature	_____ * Title	_____ Date
--------------------	------------------	---------------

** Indicate if you are the Board President or Chairperson*

CONFLICT OF INTEREST POLICY

Notarization of Conflict of Interest Policy

State of North Carolina, County of _____
I, _____, Notary Public for said County and State, certify that
_____ personally appeared before me this day and
acknowledged that he/she is _____
[title]
of _____
[name of organization]
and by that authority duly given and as the act of the Organization, affirmed that the foregoing
Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing
body in a meeting held on the ____ day of _____, _____.
Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Signature and Seal
Notary's commission expires _____, 20 ____.

Instruction for the Organization:

Sign below and **attach the organization's Conflict of Interest Policy** which is referenced
above.

Reference only — Not for signature

Signature of above named Organization Official

Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. Duty to Disclosure -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. Board Action -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave

the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Name of Organization

Signature of Organization Official

Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the _____
[Organization’s full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

Sworn Statement:

_____ [Name of Board Chair] and
_____ [Name of Second Authorizing Official] being
duly sworn, say that we are the Board Chair and

_____ [Title of Second Authorizing Official],
respectively, of _____

[Agency/Organization’s full legal name] of _____ [City] in the State of
_____ [State]; and that the foregoing certification is true, accurate and
complete to the best of our knowledge and was made and subscribed by us. We also
acknowledge and understand that any misuse of State funds will be reported to the appropriate
authorities for further action.

Reference only — Not for
signature

_____ **Board Chair** _____
Title Date

Reference only — Not for
signature _____
Signature Title of Second Authorizing Official Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Reference only — Not for signature

Notary Signature and Seal
Notary’s commission expires _____, 20__.

¹ G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascritps/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
- (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
- (b) [check **one** of the following boxes]
- Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
- The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S.

143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
- (a) He or she is a duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

FFATA Form

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement
NC DHHS, Division of Public Health Subaward Information

A. Exemptions from Reporting

1. Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
 - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
 - The entity is an individual
 - If the required reporting would disclose classified information
2. Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required only if both** are true:
 - More than 80% of the entity’s gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
 - Compensation information is *not* already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from:

The entire FFATA reporting requirement:

- as the entity’s gross income is less than \$300,000 in the previous tax year.
- as the entity is an individual.
- as the reporting would disclose classified information.

Only executive compensation data reporting:

- as at least one of the bulleted items in item number 2 above is not true.

Reference only — Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

1. **FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity’s Legal Name _____ Contract Number _____

Active SAM registration record is attached

An active registration with SAM is required

Entity’s DUNS Number _____

Entity’s Parent’s DUNS Nbr (if applicable) _____

Entity’s Location

street address _____
city/st/zip+4 _____
county _____

Primary Place of Performance for specified contract

Check here if address is the **same** as Entity’s Location

street address _____
city/st/zip+4 _____
county _____

2. **Executive Compensation Data** for the entity’s five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Appendix B: Connecting the Dots

Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence



**Centers for Disease
Control and Prevention**
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Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence is a publication of the Centers for Disease Control and Prevention and Prevention Institute.

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July 2014

Suggested citation:

Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

"Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. It's all connected."

-Deborah Prothrow-Stith, MD,
Adjunct Professor, Harvard School of Public Health

Violence takes many forms, including intimate partner violence, sexual violence, child maltreatment, bullying, suicidal behavior, and elder abuse and neglect. These forms of violence are interconnected and often share the same root causes. They can also all take place under one roof, or in a given community or neighborhood and can happen at the same time or at different stages of life.^{1,2} Understanding the overlapping causes of violence and the things that can protect people and communities is important, and can help us better address violence in all its forms.

The purpose of this brief is to share research on the connections between different forms of violence and describe how these connections affect communities. It is our hope that this information, combined with your own practical experience, will help practitioners like you to think strategically and creatively about how you can:

1. **Prevent** all types of violence from occurring in the first place.
2. **Coordinate and integrate responses** to violence in a way that recognizes these connections and considers the individual in the context of their home environment, neighborhood, and larger community.

"There are experiences, particularly early in childhood, that make it extremely predictable that individuals are at substantially higher risk for involvement with violence, be it interpersonal, youth violence, intimate partner violence, dating violence, or child abuse."

-Howard Spivak, MD, Director, Division of Violence Prevention,
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Vulnerability and Resilience: Risk Factors and Protective Factors

Violent behavior is complex. Many things increase or decrease the likelihood of violence. The communities people live in can protect them from violence or can increase their risk of violence. Things that make it more likely that people will experience violence are called **risk factors**. Examples of risk factors are: rigid social beliefs about what is "masculine" and "feminine," lack of job opportunities, and family conflict. Things that make it less likely that people will experience violence or that increase their resilience when they are faced with risk factors are called **protective factors**. Examples of protective factors are: connection to a caring adult or access to mental health services. Risk and protective factors can affect an entire community, and can occur in interactions with family and friends and within organizations and systems like schools, faith institutions, and workplaces. Individual experiences or traits can also be risk and protective factors, such as witnessing violence or having skills to solve problems non-violently. The table on pages 8 and 9 shows that some of the things that make it less likely for one type of violence to happen may also protect us from other types of violence.

The Impact of Violence on Development

People's brains develop in response to their environments.³ When children grow up in safe,^{4,5,6} stable,⁷ and nurturing⁸ relationships and environments, they learn empathy, impulse control, anger management and problem-solving—all skills that protect against violence.⁹ When children grow up in environments where they don't feel safe, their brain cells form different connections with each other to better recognize and respond to threats.^{10,11} Children in these environments may misinterpret neutral facial expressions as anger, for example,¹² and more situations may trigger a fight-or-flight response. Children living in a persistently threatening environment are more likely to respond violently (fight) or run away (flight) than children who grow up in safe, stable, and nurturing environments. Fight-or-flight responses are survival skills that people are born with and often override other skills that enable non-violent conflict resolution, such as impulse control, empathy, anger management, and problem-solving skills.^{13,14,11,15}



Childhood abuse, neglect, and exposure to other traumatic stressors, termed adverse childhood experiences (ACEs), are common. In the Adverse Childhood Experiences Study, over 17,000 adults from a Health Maintenance Organization (HMO) were asked about their experiences in childhood and subsequent behavioral and health outcomes. Almost two-thirds of participants reported at least one ACE, and more than one in five reported three or more ACEs.³ The short- and long-term outcomes of these childhood exposures include multiple health and social problems. ACEs contribute to stress during childhood and put individuals at higher risk for health problems such as alcoholism and alcohol abuse, depression, illicit drug use, intimate partner violence, and suicide attempts.^{16,3} The impact of ACEs is also *cumulative*, meaning the more ACEs a child is exposed to, the higher likelihood they will experience some of these health and social problems later in life. The life expectancy of people with six or more ACEs is 20 years shorter than those without any ACEs.¹⁷



There are opportunities at every stage of life to remedy the negative effects of trauma and help people heal. Whether designed for children, youth, or adults, actions and activities that promote the protective factors listed in the table on pages 8 and 9 may prevent trauma for those exposed to violence and also reduce the likelihood of violence in the first place.

Community Context and the Co-Occurrence of Multiple Forms of Violence

Community risk and protective factors are critical because they make it more or less likely that entire communities will suffer from violence. The level of safety someone feels varies so much from community to community and even from block to block because safety is not evenly distributed. Often, a community experiences an overwhelming number of risk factors without an equal balance of protective factors. This means that families and children living in some communities where there are many risk factors (e.g., high poverty, unemployment, and crime) are more likely than families and children living in other communities to experience multiple forms of violence.^{18,19,20}



For example:

- Neighborhoods where there is low cohesion, or where residents don't support and trust each other, are more likely to have residents that also experience child maltreatment,^{21,22} intimate partner violence,¹⁹ and youth violence.²⁰
- People who are socially isolated and who don't have social support from family, friends, or neighbors are more likely to perpetrate child maltreatment,²³ intimate partner violence,²⁴ suicide,^{25,26} and elder abuse.²⁷
- Lack of economic opportunities and unemployment are associated with perpetration of child maltreatment,²³ intimate partner violence,^{28,19} self-directed violence,^{29,30} sexual violence,³¹ and youth violence.³²
- Norms in society or in communities that support aggression or coercion are associated with physical assaults of children,^{33,34} intimate partner violence,¹⁹ sexual violence,³⁵ youth violence,³⁶ and elder maltreatment.²⁷
- Witnessing community violence puts people at higher risk of being bullied³⁷ and perpetrating sexual violence.³⁸

However, this also means that community protective factors may make it less likely that an entire community will experience violence. Things that increase peoples' and communities' resilience to violence include:

- Coordination of resources and services among community agencies.^{39,40,41,27}
- Access to mental health and substance abuse services.^{42,41}
- Support and connectedness, including connectedness to one's community,^{42,19,38,43,41,27,44} family,^{42,45,46,47,41} pro-social peers,^{45,48} and school.^{45,49,50,46,37,41}

Other Shared Risk and Protective Factors

In addition to the things in communities that put people at risk for and/or protect them from violence, there are other things in people's relationships and past experiences that increase their risk or protect against violence. These other risk and protective factors are important because they often occur at the same time as larger community risk and protective factors and can further increase people's risk or resilience related to violence. For example, parents may have a harder time preventing their children from using substances (drugs, alcohol) or weapons when there are high levels of community violence in their neighborhood, putting youth already exposed to violence in their community at even higher risk for experiencing other forms of violence.⁵¹ There are a number of these risk factors that occur as a result of people's experiences, skills, behaviors, and relationships that put them at higher risk of acting violently. For example:

- Conflict within the family is linked to almost all forms of violence perpetration including child maltreatment (children in homes with high conflict are at higher risk for being victims),⁴² teen dating violence,⁵² intimate partner violence,⁵³ sexual violence,³¹ youth violence,⁴⁶ and bullying.³⁷
- Youth who associate with delinquent peers or friends are at higher risk of harming others through bullying,³⁷ youth violence,⁴⁶ teen dating violence,⁴⁵ and later in life sexual violence,³¹ and intimate partner violence.⁵⁴
- Experiencing one form of violence places individuals at a higher risk of experiencing other forms of violence (See "Violence Can Lead to More Violence" on page 4).
- Lacking skills to cope with problems non-violently^{42,27,55,37,46,56,57,53,52} and problems with substance abuse^{42,27,41,58,46,31,53,52} also place individuals at higher risk for acting violently.

Relationships and past experiences and skills can also help protect people from violence even if they are exposed to violence in their community.⁵⁹ For example, we know that people who live in communities that are violent can be "protected" from the effects of this violence (are less likely to perpetrate violence or engage in other destructive behaviors like substance use) if they have non-violent, supportive relationships with family, friends, and other groups, like schools or faith-organizations.^{59,51,60} For example:

- Youth who feel connected and committed to school are at a lower risk of harming others through dating violence,⁴⁵ youth violence,⁴⁶ and bullying,³⁷ and are at lower risk for suicide.⁴¹
- Strong family support^{42,41,47,46,45} and non-violent problem solving skills^{45,41,37,46,56,57,31,53,52} have been shown to be protective against almost all forms of violence.



Violence Can Lead to More Violence

Most people who are victims of violence do not act violently. However, people who experience or are exposed to one form of violence are at a higher risk for both being a victim of other forms of violence and for inflicting harm on others:

- Survivors of one form of violence are more likely to be victims of other forms of violence.
 - » Girls who are sexually abused are more likely to suffer physical violence and sexual re-victimization, engage in self-harming behavior, and be a victim of intimate partner violence later in life.⁶¹
 - » Youth who have been physically abused by a dating partner are also more likely to have suffered abuse as a child, been a victim of sexual assault, and witnessed violence in their family.⁶²
 - » Youth who report attempting suicide are approximately five times more likely to have also been in a physical fight in the last year.⁶³
 - » Women and girls involved in gangs often experience physical, emotional, and sexual abuse by other gang members, and are more likely to have been physically or sexually abused as children.^{64,65}
 - » Children who have been bullied are at greater odds for becoming involved in physical violence (e.g. weapon carrying, physical fighting).⁵⁸
- Survivors of violence are at higher risk for behaving violently.
 - » Children who experience physical abuse or neglect early in their lives are at greater risk for committing violence against peers (particularly for boys),⁶⁶ bullying,⁶⁷ teen dating violence,⁶⁷ and committing child abuse,⁶⁸ elder abuse,⁶⁸ intimate partner violence,⁶⁸ and sexual violence³⁵ later in life.
 - » Youth who bully others are more likely to have witnessed parental violence (intimate partner violence) than those who do not bully others.^{69,70}
- People who behave violently are more likely to commit other forms of violence.
 - » Adults who are violent toward their partners are at higher risk of also abusing their children.⁷²
 - » Youth who bully are more likely to carry weapons and be physically violent.⁵⁸ They are also more likely to sexually harass peers over time⁷³ and commit violence against partners as teens⁷⁴ and as adults⁷⁵ than those who did not bully.

Despite these connections, we know people who experience violence in their communities or relationships can be protected from experiencing other forms of violence through protective factors such as the ones listed in the table on pages 8 and 9.⁵⁹



Breaking Down the Silos: Working Together to Create Safer Communities

“We have to figure out how we break down these barriers and work in a more collaborative way not just within the health system but across the social services system and the criminal justice system”

–Georges Benjamin, MD, Executive Director,
American Public Health Association

Understanding shared risk and protective factors of violence can help us plan how to prevent multiple forms of violence at once. Violence prevention and intervention efforts that focus on only one form of violence can be broadened to address multiple, connected forms of violence and increase public health impact. For example, organizations working on child maltreatment, youth violence, and suicide prevention could work together on strategies that increase families’ connectedness to the community. Since community connectedness is a shared protective factor across these types of violence (and other types of violence as well), pooling resources to take action on this shared protective factor could have a broad violence prevention impact in the community. Also, knowing that experiencing one form of violence can increase families’ and individuals’ risk for other forms of violence can help practitioners develop services and strategies that would have the most impact for their clients. For example, practitioners working with survivors of intimate partner violence may recognize that children in families experiencing conflict and violence are at higher risk of being victims of bullying, or becoming bullies themselves^{69,70} and coordinate with schools to ensure that all members of the family are receiving the help and support they need to prevent future violence.

“Professionally we have silos, and we operate in these silos we’ve got to break down. Across the country, people working to prevent child abuse are right across the hall from people working on violence against women, and they don’t work together. As we go into communities to bring everybody to the table, don’t let people say, ‘I work on child abuse, but this is about gang violence.’ Don’t let people say, ‘I work on violence against women, and this is about child abuse.’ This thing, all this violence, is connected.”

–Deborah Prothrow-Stith, MD,
Adjunct Professor, Harvard School of Public Health

Practitioners can address the unique aspects of a form of violence, while still supporting joint action wherever possible. Understanding how different forms of violence are linked to one another is an important first step in coordinating strategies, activities, and resources to effectively prevent multiple forms of violence. This understanding might increase support for braided and blended funding streams and additional infrastructure for increased collaboration, which would advance the field as a whole.

Together we can make a difference in preventing all forms of violence in our lives, families, relationships, and communities. Effective prevention efforts address common risk and protective factors, reduce overall violence, and improve outcomes. As the relationships among multiple forms of violence become clearer, it’s increasingly important for practitioners and researchers to consider these linkages in their work.

To Learn More

- WHO Guide to Implementing the Recommendations of the World Report on Violence, <http://whqlibdoc.who.int/publications/2004/9241592079.pdf>
- Lifetime Spiral of Gender Violence, www.apiidv.org
- Public Health Contributions to Preventing Violence, www.preventioninstitute.org/unitylinks
- The Relationship Between Bullying and Suicide: What We Know and What it Means for Schools, <http://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf>
- The Bully-Sexual Violence Pathway in Early Adolescence, http://www.cdc.gov/violenceprevention/pdf/asap_bullyingsv-a.pdf
- Harvard University's Center on the Developing Child- Science of Early Childhood Series, http://developingchild.harvard.edu/topics/science_of_early_childhood/
- Adverse Childhood Experiences Study, <http://www.cdc.gov/ace/index.htm>
- Adverse Childhood Experiences Infographic, http://vetoviolence.cdc.gov/childmaltreatment/phl/resource_center_infographic.html
- Webinar: Links Between Multiple Forms of Violence, <http://www.preventioninstitute.org/unity-resources/training-a-events/989-webinar-links-between-multiple-forms-of-violence-3182013.html>
- Webinar: The Relationships between Child Maltreatment and Suicide & A Comprehensive Approach to Suicide Prevention, <http://www.childrensafetynetwork.org/webinar/youth-suicide-prevention-community-practice-relationship-between-child-maltreatment-and-suic>

Acknowledgements

For their review of this fact sheet and thoughtful feedback, the authors thank:

- Cordelia Anderson, [Sensibilities Prevention Services](#)
- Emily Austin, [Peace Over Violence](#)
- Chic Dabby, [Asian & Pacific Islander Institute on Domestic Violence](#)
- Heather Fitzpatrick, [American Academy of Pediatrics](#)
- Sally Fogerty, [Children's Safety Network](#)
- Annie Gebhardt, Donna Greco and Liz Zadnik, [National Sexual Violence Resource Center](#)
- Karthryn Harding and Jim Hmurovich, [Prevent Child Abuse America](#)
- Laura Hogan and Lisa Sohn, [Futures Without Violence](#)
- Gayle Jaffe, [Suicide Prevention Resource Center](#)
- David Lee, [PreventConnect](#), California Coalition Against Sexual Assault
- Anne Menard, [National Resource Center on Domestic Violence](#)
- Charles Ransford, [Cure Violence](#)
- Kaile Shilling and Billie Weiss, [Violence Prevention Coalition of Greater Los Angeles](#)
- Valerie Spiva Collins, [FRIENDS National Resource Center](#)

Shared Risk and Protective Factors Across Multiple Forms of Violence.

NOTE: Research on risk and protective factors for violence is continuing to evolve. In this table, “X’s” indicate the existence of at least one study published in a peer reviewed journal demonstrating an association between the risk or protective factor and that type of violence. Also, some of the “community” risk and protective factors were measured through surveys of individuals (e.g. surveys asking people about neighborhood support and cohesion) versus measures at the actual community level (e.g. city alcohol licensing lists to measure alcohol outlet density), so may be considered proxies for community level risk and protective factors.

		Type of Violence Perpetration						
		Child maltreatment	Teen Dating Violence	Intimate Partner Violence	Sexual Violence	Youth Violence	Bullying	Suicide
Risk Factors								
Societal	Cultural norms that support aggression toward others	x ^{33,76,77}	x ^{78,79}	x ⁵³	x ³¹	x ⁸⁰		x ^{27,81}
	Media Violence				x ^{57,82}	x ⁸³	x ³⁷	x ^{84,85}
	Societal income inequity	x ¹⁰⁸		x ⁸⁶		x ^{37,88,89}	x ⁴⁷	
	Weak health, educational, economic, and social policies/laws	x ⁹⁰		x ⁵³	x ³¹			x ⁹¹
	Harmful norms around masculinity and femininity	x ⁹²	x ⁵⁴	x ⁵³	x ^{31,73,74}	x ⁹³	x ⁹⁴	
Community	Neighborhood poverty	x ⁴²		x ⁵³	x ³¹	x ⁴⁶		x ⁹⁵
	High alcohol outlet density	x ⁴²		x ^{96,97}		x ⁹⁸		x ⁹⁹
	Community violence	x ⁴²			x ³⁸	x ¹⁰⁰	x ³⁷	
	Diminished economic opportunities/high unemployment rates	x ⁴²		x ^{28,19}	x ³¹	x ⁴⁶		x ^{29,30}
	Poor neighborhood support and cohesion	x ⁴²	x ⁴⁵	x ⁵³		x ^{46,20}		x ⁴¹
Relationship	Social isolation/Lack of social support	x ⁴²	x ⁴⁵	x ⁵³		x ⁴⁶	x ⁵⁸	x ⁴¹
	Poor parent-child relationships	x ⁴²	x ^{52,101}	x ⁵³	x ^{57,49}	x ⁴⁶	x ³⁷	x ⁵⁵
	Family conflict	x ⁴²	x ⁵²	x ⁵³	x ³¹	x ⁴⁶	x ³⁷	
	Economic stress	x ⁴²		x ⁵³		x ⁴⁶		x ⁴¹
	Associating with delinquent peers		x ⁴⁵	x ⁵⁴	x ³¹	x ⁴⁶	x ³⁷	
	Gang Involvement		x ⁶⁴	x ⁶⁴	x ⁶⁴	x ⁴⁶		

		Type of Violence Perpetration							
		Child maltreatment	Teen Dating Violence	Intimate Partner Violence	Sexual Violence	Youth Violence	Bullying	Suicide	Elder Maltreatment
Individual	Low educational achievement	x ⁴²	x ⁵²	x ⁵³		x ⁴⁶	x ⁵⁸	x ⁵⁵	
	Lack of non-violent social problem-solving skills	x ⁴²	x ⁵²	x ⁵³	x ^{57,56}	x ⁴⁶	x ³⁷	x ⁵⁵	x ²⁷
	Poor behavioral control/ Impulsiveness	x ⁴²	x ⁵²	x ⁵³	x ³¹	x ⁴⁶		x ⁴¹	
	History of violent victimization	x ⁴²	x ¹⁰²	x ⁵³	x ³¹	x ⁴⁶	x ⁶⁷	x ⁴¹	x ²⁷
	Witnessing violence	x ⁴²	x ⁵²	x ⁴⁵	x ³¹	x ⁴⁶	x ^{103,37}	x ⁸⁵	
	Psychological/mental health problems	x ⁴²	x ⁵²	x ⁵³		x ⁴⁶		x ⁴¹	x ²⁷
	Substance use	x ⁴²	x ⁵²	x ⁵³	x ³¹	x ⁴⁶	x ⁵⁸	x ⁴¹	x ²⁷
Protective Factors									
Community	Coordination of resources and services among community agencies	x ³⁹		x ⁴⁰				x ⁴¹	x ²⁷
	Access to mental health and substance abuse services	x ⁴²						x ⁴¹	
	Community support/ connected-ness	x ⁴²		x ¹⁹	x ^{38,44}	x ⁴³		x ⁴¹	x ²⁷
Relationship	Family support/ connected-ness	x ⁴²	x ⁴⁵			x ⁴⁶	x ⁴⁷	x ⁴¹	x ²⁷
	Connection to a caring adult		x ⁴⁵			x ⁴⁶		x ⁴¹	
	Association with pro-social peers		x ⁴⁵			x ⁴⁸	x ¹⁰⁴		
	Connection/commitment to school		x ^{45,105}		x ^{49,50}	x ⁴⁶	x ^{37,47}	x ⁴¹	
Individual	Skills in solving problems non-violently	x ¹⁰⁶	x ¹⁰⁷			x ⁴⁶		x ⁴¹	

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Appendix C: Sexual Violence Risk and Protective Factors



Risk and Protective Factors

Risk factors are linked to a greater likelihood of sexual violence (SV) perpetration. They are contributing factors and might not be direct causes. Not everyone who is identified as at risk becomes a perpetrator of violence. A combination of individual, relational, community, and societal factors contribute to the risk of becoming a perpetrator of SV. Understanding these factors can help identify various opportunities for prevention.

CDC focuses on preventing the first-time perpetration of SV. Watch [Moving Forward](#) to learn more about how increasing what protects people from violence and reducing what puts people at risk for it benefits everyone.

Risk Factors for Perpetration

Individual Risk Factors

- Alcohol and drug use
- Delinquency
- Lack of concern for others
- Aggressive behaviors and acceptance of violent behaviors
- Early sexual initiation
- Coercive sexual fantasies
- Preference for impersonal sex and sexual-risk taking
- Exposure to sexually explicit media
- Hostility towards women
- Adherence to traditional gender role norms
- Hyper-masculinity
- Suicidal behavior
- Prior sexual victimization or perpetration

Relationship Factors

- Family history of conflict and violence
- Childhood history of physical, sexual, or emotional abuse
- Emotionally unsupportive family environment
- Poor parent-child relationships, particularly with fathers
- Association with sexually aggressive, hypermasculine, and delinquent peers
- Involvement in a violent or abusive intimate relationship

Community Factors

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Societal Factors

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

Protective Factors for Perpetration

Protective factors may lessen the likelihood of sexual violence victimization or perpetration. These factors can exist at individual, relational, community, and societal levels.

- Families where caregivers work through conflicts peacefully
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others

References

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Page last reviewed: February 5, 2021

Appendix D: The Evidence Project Overview

The Evidence Project Overview

With increasing emphasis being placed on the importance of evidence in guiding prevention efforts, defining what constitutes “evidence” is more important than ever. Evidence is crucial in informing and facilitating the adoption, uptake, and implementation of prevention programs, practices, and policies in community settings. While the importance of evidence is recognized by researchers, practitioners, and decision makers,¹ there is debate about what constitutes evidence.^{2,3}

The Evidence Project (a project of the Centers for Disease Control and Prevention’s Division of Violence Prevention) proposes a comprehensive framework for understanding evidence and evidence-based decision making that includes three types of evidence (best available research evidence, contextual evidence, and experiential evidence- described below).

The Evidence Project’s comprehensive framework defines evidence as information or facts that are systematically obtained (i.e., obtained in a manner that is replicable, observable, credible and verifiable) for use in making decisions).^{2,3}

This framework incorporates three types of evidence for consideration in decision-making:

- (1) **Best Available Research Evidence** – is information derived from scientific inquiry that assists in determining whether or not a prevention program, practice, or policy is actually achieving its intended outcomes. Meaning, did it do what it was supposed to do? The more rigorous the evaluation in its research design, (e.g., randomized control trials, quasi-experimental designs with matched comparison groups), its implementation (e.g., fidelity), and the extent to which it has been replicated in different settings and with different populations, the more compelling the research evidence, indicating whether or not a program, practice, or policy is effectively preventing violence. Best available research evidence can also help to determine whether or not a prevention strategy is harmful.
- (2) **Contextual Evidence** - is a collection of measurable factors in the community that may impact the success of a prevention strategy (e.g., community history, organizational capacity, social norms, etc.). The role that contextual evidence plays in the evidence-based decision making process is to provide information to help determine whether a prevention strategy is likely to be acceptable, feasible, and useful in a local setting. Contextual evidence can be gathered from variety of local data sources and offers a “snapshot” of measurable community characteristics that may impact a particular decision. Some examples of data sources and methods for collecting contextual evidence include: census data, local administrative data (hospital, school, and law enforcement), community needs/assets assessments, surveys, and focus groups/interviews.
- (3) **Experiential Evidence** - is the collective experience and expertise of those who have practiced or lived in a particular setting. It also includes the knowledge of subject matter experts. These insights, understandings, skills, and expertise are accumulated over time and are often referred to as intuitive or tacit knowledge. Experiential evidence is systematically gathered from multiple stakeholders who are familiar with a variety of key aspects about populations in specific settings who have knowledge about the community in which a prevention strategy is to be implemented (i.e., knowledge about what has/has not worked previously in a specific setting with particular populations; insight on potential implementation challenges; insight regarding the needs and challenges of the community and those who live in it). Experiential evidence provides distinctive guidance in the form of real world experience. Some examples of data sources and methods for eliciting experiential evidence include: reflective questions, communities of practice, expert panels, team decision making, and other consensus processes.

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The Evidence Project Overview

All three of these types of evidence (best available research evidence, contextual evidence, and experiential evidence) have been recognized as being crucial to the success of prevention programs, practices, and policies for many behavioral health problems, including violence.^{1,4,5} Evidence-based decision making occurs when the best available research evidence is combined with the contextual and experiential evidence from community data and field-based expertise.

Understanding Evidence is an interactive web resource for public health practitioners, which provides training and tools for integrating all three forms of evidence into prevention decisions. This free, online resource offers practitioners and others working to prevent violence important knowledge and resources for using evidence in their decision-making processes including how to:

1. Define the multiple forms of evidence involved in evidence-based decision making
2. Identify standards of rigor for best available research evidence
3. Identify sources of and ways to collect best available research evidence, contextual evidence, and experiential evidence
4. Identify key stages and characteristics of an evidence-based decision making process

Visit Understanding Evidence: <http://vetoviolence.cdc.gov/evidence>.

A guide to understanding best available research evidence (*Understanding Evidence - Part 1 Best Available Research Evidence: A Guide to the Continuum of Evidence of Effectiveness*) is available for download at www.cdc.gov/ViolencePrevention/pdf/Understanding_Evidence-a.pdf. Similar guides for contextual and experiential evidence will also be developed and available in the spring/summer of 2013.

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- 4 Substance Abuse and Mental Health Services Administration- National Registry of Evidence-Based Programs and Practices. (2008). What is Evidence-Based? Retrieved March 23, 2010 from <http://www.nrepp.samhsa.gov/about-evidence.asp>
- 5 American Psychological Association (2005). Report of the 2005 Presidential Task Force on Evidence-Based Practice. Washington, DC: American Psychological Association.

For more information about the Evidence Project, please contact Sally Thigpen at sthigpen@cdc.gov.

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A Framework for Thinking About Evidence



Appendix E: Principles of Effective Prevention

Wiki Categories

Nine Principles of Effective Prevention Programs

In the article [What works in prevention: Principles of Effective Prevention Programs](#), the authors used a review-of-reviews approach across four areas (substance abuse, risky sexual behavior, school failure, and juvenile delinquency and violence) to identify characteristics consistently associated with effective prevention programs.

1. **Comprehensive:** Prevention strategies should include multiple types of activities, affect multiple settings, and go beyond awareness-raising. Note: prevention is a component of a [comprehensive response to violence against women](#). Effective prevention efforts are those that are comprehensive. There are several models of comprehensive prevention efforts, such as the [Socio-ecological Model](#) and the [Spectrum of Prevention](#).
2. **Varied Teaching Methods:** Prevention strategies should include interactive, skills-based components.
3. **Sufficient Dosage:** Participants in your prevention programming need to be exposed to enough of the activities for them to have an effect. Your prevention programming needs to happen over a long enough period of time so that the programming impacts participants' knowledge, attitudes, beliefs, behaviors, and skill acquisition.
4. **Theory Driven:** Strategies should have a scientific justification or logical rationale.
5. **Positive Relationships:** Programs should foster strong and positive relationships between children/youth and adults. According to Erin Casey, "Factors likely to contribute to engagement and interaction include personal relevance of information or presenters, and opportunities to critically evaluate and discuss the content of the presentation (e.g. Heppner, Neville, Smith, Kivlighan, & Gershuny, 1999)".
6. **Appropriately Timed:** Program activities should happen at a time (developmentally) that can have maximal impact in a participant's life.
7. **Socioculturally Relevant:** Programs should be tailored to fit within cultural beliefs and practices



Wiki Categories

8. **Well-trained Staff:** Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision.
9. **Outcome Evaluation:** A systematic outcome evaluation is necessary to determine whether a program or strategy worked.

Effective prevention programs are also integrated throughout the framework of an organization. To learn more, visit the wiki page on [integration of primary prevention](#).

DELTA Application

Local communities receiving DELTA funds are attempting to apply these elements to develop [primary prevention](#) programs in their evaluation process. For example, [Montana Coalition Against Domestic and Sexual Violence](#) is using these principles in the evaluation of [evidence based](#) strategies.

Citation

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). *What works in prevention: Principles of Effective Prevention Programs*. *American Psychologist*, 58, 449-456.



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Appendix F: IAP2 Spectrum of Public Participation

IAP2 Spectrum of Public Participation



IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION					
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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