

pcar



Pennsylvania Coalition to
Advance Respect

Funding Application

2024 - 2029 Rape Prevention and Education Program

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GENERAL INFORMATION

A. PURPOSE

The Pennsylvania Coalition to Advance Respect (PCAR) along with the Pennsylvania Department of Health (DOH) is seeking applications from local rape crisis centers (RCCs) to implement and evaluate sexual violence (SV) primary prevention projects. PCAR may issue additional instructions and/or requirements contingent upon the information outlined in the Center for Disease Control and Prevention (CDC) Rape Prevention and Education (RPE) Notice of Funding Opportunity upon its release. This application provides RCCs with sufficient information to prepare them to submit a proposal for the RPE grant proposal for 2024-2029.

The purpose of the CDC's National RPE Program is to effectively address SV in communities by:

- Preventing first-time perpetration and victimization;
- Reducing modifiable risk factors while enhancing protective factors associated with SV perpetration and victimization;
- Using the best available evidence when planning, implementing, and evaluating prevention programs;
- Incorporating behavior and social change theories into prevention programs;
- Using population-based surveillance to inform program decisions and monitor trends; and
- Evaluating prevention efforts and using the results to improve future program plans.

B. BACKGROUND

Pennsylvania has received RPE funding since 1998. RPE funds are used for sexual violence prevention efforts in order to prevent first-time occurrence of sexual violence, and reduce risk factors and enhance protective factors linked to sexual violence perpetration and victimization.

Since 2006, the DOH and PCAR have been partners in a CDC-funded RPE Cooperative Agreement, working together to enhance sexual violence prevention and education across the Commonwealth.

C. DEFINITIONS AND GLOSSARY OF ACRONYMS

For the purposes of this application, the following definition applies:

Sexual Violence Primary Prevention: Population-based and/or environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring. Such prevention efforts work to modify and/or entirely eliminate the events, conditions, situations, or exposure to influences (*risk factors*) that result in the initiation of sexual violence and associated injuries, disabilities, and deaths. Additionally, primary prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance *protective factors* that encourage healthy relationships and impede the initiation of sexual violence in at risk populations and in the community.

A Glossary of Acronyms used in this RFP can be found on page 27.

D. ELIGIBILITY CRITERIA

This application is limited to PCAR-funded local RCCs in Pennsylvania.

The prevention strategies used by Pennsylvania RCCs must be inclusive in their implementation in that they consider levels of health literacy, gender-related issues, language and cultural considerations, and disability status. Prevention strategies must be culturally relevant to the target population.

E. FUNDING GUIDELINES

Funding is available from CDC's RPE Program during the 60-month subcontract term to fund RCCs. The total funding available and the number of RCCs that can be funded will be determined at the time of funding decisions to allow for a maximum number of centers to be funded. PCAR does not have the authority to disburse funds until the contract is fully executed. If full funding is not available, PCAR will either cancel the resulting agreement or amend it to reflect reduced funding and reduced activities.

PCAR established a minimum annual funding amount of \$30,000 and a maximum of \$90,000 for project operations of funding recipients. As part of the application, RCCs will need to submit a line item budget for year one, requesting the specific amount of funds required to implement the project. Applicants will also need to submit a Budget Narrative. Funded RCCs will submit an updated line item budget each year. The overall funding amount for each year should also be indicated on the Project Information Form.

For more information, see Part F of the Application Components on page 17.

Budget Periods:

Year One – February 1, 2024 to January 31, 2025

Year Two – February 1, 2025 to January 31, 2026

Year Three – February 1, 2026 to January 31, 2027

Year Four – February 1, 2027 to January 31, 2028

Year Five – February 1, 2028 to January 31, 2029

Funding Restrictions

According to state and federal requirements, state and local programs **cannot** use RPE funds to support the following activities:

1. Victim Services/Response: RPE funds may not be used for direct victim service activities. This includes crisis intervention, case management, advocacy, counseling, support groups, and community outreach efforts in support of direct client services.
2. Offender Treatment: These funds may not support offender treatment programs. The focus of RPE will be on preventing first-time perpetration, NOT on offender treatment for the purpose of preventing repeat perpetration.
3. 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.).

4. Lobbying: Expenses associated with lobbying, whether conducted directly or indirectly, are not eligible for funding.
5. Food/Refreshments: Because there are regulations that govern the use of federal and state funds for food expenses, these costs are ineligible.
6. Promotional Items: Examples of restricted items include (but are not limited to): mugs or cups; lapel or stickpins; pens or pencils; clothing (t-shirts, hats); and keychains.
7. Fundraising
8. Equipment purchases
9. Capital Expenditures (i.e. mortgage, purchasing a phone system, major building improvements/renovations).

F. APPLICATION TIME SCHEDULE

Below is the application time schedule for this application process.

Event	Date	Time
Application Released	09/27/23	
Voluntary Application Informational Teleconference	10/02/23	11:00 a.m.
Application Due Date	11/06/23	5:00 p.m.
Notification of Application Status	No later than December 20, 2023	
Confirmation of Funding Award	January 2024	
Proposed Subcontract Start Date	02/01/2024	

G. INFORMATIONAL WEBINAR

A voluntary informational webinar has been scheduled as follows to provide guidance and answer questions related to the application requirements:

Webinar:

Date: October 2, 2023

Time: 11:00 a.m. – 12:00 p.m.

To participate, visit the link below at the time of the webinar:

<https://us06web.zoom.us/j/89197624864?pwd=QUUxTnNYSDRZaVY0eURITkZhWHV5dz09>

Meeting ID: 891 9762 4864 | **Passcode:** 629335

Prospective applicants who intend to submit an application are encouraged to participate in the webinar. If applicants are not available for the live webinar, the recording will be shared the next day and posted to the PCAR website.

Technical assistance regarding programmatic content will **not** be available during the webinar. It is each prospective applicant's responsibility to join the webinar promptly at the time stated.

As this is a competitive application process, PCAR staff will not be able to answer questions about application content after the conclusion of the informational webinar. PCAR staff can thereafter only answer questions about the application process.

PCAR will post a webinar summary, including all questions and responses by 5:00 p.m. on October 9, 2023, on the PCAR website. Spontaneous verbal remarks provided in response to questions are unofficial and are not binding on PCAR unless later confirmed in writing.

H. SUBMISSION OF APPLICATION

All applicants are required to submit their Request for Proposal Application via email to rpf@pcar-respecttogether.org. All application related documents must be submitted in their original format with the exception of pages requiring signatures; these documents may be submitted as PDFs or scanned copies.

Applications must be *submitted* on or before November 6, 2023, no later than 5:00 p.m. It is the sole responsibility of the applicant to ensure that PCAR receives the application by the stated deadline and as identified above in Section F.

Each application received by the due date will be reviewed for completeness and compliance with the instructions provided in this document. Incomplete, late, or non-compliant applications will not be reviewed or considered for funding.

It is important to note that there is no guarantee that submission of an application will result in funding, or that funding will be allocated at the level requested. Expenses associated with preparing and submitting an application are solely the responsibility of the applicant agency and will not be reimbursed by PCAR.

I. REVIEW PROCESS

The application review process will be conducted by an Independent Review Committee (IRC). Each application will be scored for technical merit and potential for success. Applications will receive a technical score of up to 205 points, based upon how clearly each of the application questions within components is addressed. The applications with the highest scores will be considered for funding.

J. SCORING INFORMATION

The PCAR RPE grant application scoring system uses a 5-point rating scale (5 = exceptional; 1 = poor) in whole numbers (no decimals) for overall criterion scores for all applications. PCAR expects that scores of 1 or 5 will be used less frequently than the other scores. A score of 3 is for a good application and is considered average. The entire scale (1-5) will

always be considered. Reviewers will carefully consider each item in its own right without comparing it to other items.

5	Exceptional	The information provided is of the highest quality and shows a mastery of the material.
4	Very Good	The information provided is above average and demonstrates finesse with the material.
3	Good	The information provided is average and exhibits competence with the material.
2	Marginal	The information provided does not show sufficient ability with or understanding of the material.
1	Poor	The information provided does not meet the criteria requested.

A copy of the scoring rubric can be found on pages 30-35 or downloaded from <http://www.pcar.org>.

K. SUBCONTRACT AWARD PROCESS

The award of the subcontract is based upon a competitive application review and selection process. All applicants will be notified directly of their application status by December 20, 2023. PCAR reserves the right to negotiate the agreement and not to award a subcontract if negotiations are unsuccessful. If an applicant fails to finalize the subcontract, PCAR reserves the right to fund another application. Once an application is selected for funding, the applicant will receive a subcontract with PCAR. Subcontracts will be sent when PCAR has a contract with DOH; this may take some time. The subcontract will incorporate the proposed work plan and budget. During the course of the subcontract, if unanticipated changes occur that impact the work plan or budget, those changes must be approved by PCAR prior to implementing those changes, and a written request must be submitted via email to PCAR. A formal subcontract amendment may be required based on those changes.

L. SUBCONTRACT TERMS

The term of the resulting subcontract is expected to be effective from February 1, 2024, through January 31, 2029, subject to the availability of funds. The subcontract term may change if PCAR cannot execute the agreement in a timely manner due to unforeseen delays. PCAR reserves the right to extend the term and change the funding amount of the resulting agreement via an amendment as necessary to complete or continue the services.

RCCs who are awarded funding may be required to resubmit a final work plan. Upon approval of these documents, the subcontract will be fully executed and work can commence.

The subcontractor is to expend funds in accordance with the approved line item budget. If changes in line items, salary ranges, or staffing patterns require modifications, the subcontractor must request a budget revision. It is up to the discretion of PCAR whether or not to approve the revised budget.

Subcontractors will be required to submit a 6-month progress report and a final year-end report each year of the funding cycle. The 6-month report should be from February 1 to July

31 of the funding year. The year-end report should encompass February 1 to January 31 of the funding year.

Year One 6-month report: August 28, 2024	Year One final report: February 26, 2025
Year Two 6-month report: August 27, 2025	Year Two final report: February 25, 2026
Year Three 6-month report: August 26, 2026	Year Three final report: February 24, 2027
Year Four 6-month report: August 25, 2027	Year Four final report: February 23, 2028
Year Five 6-month report: August 23, 2028	Year Five final report: February 28, 2029

Subcontractors are required to meet PCAR online prevention eLearning conditions. Any new RPE-funded staff must complete the eLearning modules within three months of their start date. Other staff with prevention or evaluation-related duties, including Executive Directors, are *strongly encouraged* to complete the modules.

M. GENERAL INSTRUCTIONS

- A. Read all instructions carefully. Be sure to submit all of the information required in the application including all attachments. Re-check the application to ensure completeness.
- B. Do not provide additional materials that are not requested, such as brochures or samples of materials. Documents submitted that were not specifically requested will not be considered in the application. These will be discarded and not reviewed.
- C. In preparing an application response, all narrative portions should be straightforward, detailed, and precise. The IRC will determine the responsiveness of an application by quality, not volume.

PROJECT OVERVIEW

A. RPE PROGRAM GUIDANCE

Guidance that reflects emerging best practices for effective SV primary prevention programs, required focus areas, and expectations for RPE funded local programs can be found starting on page 18.

It is incumbent upon applicants proposing projects under this application to review the sections below and the attached Guidance thoroughly, and use the information provided to develop their applications and proposed projects.

B. PROGRAM STRATEGIES

All proposed projects must be designed using:

1. One or more of the focus areas listed below:
 - i. Promote social norms that protect against violence
 - ii. Teach skills to prevent sexual violence
 - iii. Provide opportunities to advance gender equity
 - iv. Create protective environments

These focus areas, as well as strategies and example programs for each, are described in the [STOP SV Technical Package](#). Please note: Supporting victims/survivors to lessen harms is not an appropriate focus area for RPE funding.

2. The 10 Principles of Effective Prevention Programs; and
3. A minimum of two (2) levels of the Socio-Ecological Model (SEM), one of which must be at the community level that promotes health equity.

Additional information on these Focus Areas, the 10 Principles of Effective Prevention Programs, and the SEM, can be found starting on page 24.

C. PROGRAM PLANNING

Projects are allowed to include a program assessment and planning phase if it will benefit the project. The planning phase cannot be more than 6 months. We encourage centers to take the time they need to develop or plan a successful program. This is most critical for those centers proposing new types of projects and/or program strategies that they have not previously implemented in their community. It is incumbent upon the applicant to determine an adequate time period for this planning phase based on organizational and community readiness. The program planning phase may occur simultaneously with the implementation of some project activities as appropriate and determined by the applicant. Please see related questions on page 14.

D. DOCUMENTATION AND EVALUATION

Applicants are required to identify the basic evaluation methods to be used (i.e. pre/post-tests, key informant interviews, focus groups, surveys, etc.) to evaluate project objectives and include these in the application. Applicants are not expected to have finalized evaluation tools developed prior to funding, but applicants should have developed some basic concepts of measurable outcomes, which are reflected in the Logic Model (LM) submitted by the applicant. More information about logic model development can be found on page 27.

E. MEMORANDUM OF UNDERSTANDING (MOU) AND COMMITMENT

Applicants should include at least one Memorandum of Understanding (MOU) with their application. A MOU is required from each community partner who will be directly participating in proposed project activities, stating readiness and commitment to support the proposed project. Each MOU will need to be as specific as possible to the activities that will be supported and/or resources that will be contributed to the project, including participation in required evaluation activities. For example, if the applicant proposes a school-based setting, one of these letters must be from the participating school(s). A template of an MOU can be found on page 30.

If an MOU cannot be provided with the application, applicants must indicate proposed community partners who may be participating in proposed project activities. Applicants should also include how those activities will be supported, and/or resources that will be contributed to the project, including participation in required evaluation activities. MOUs for proposed community partners will be due three months after the start of the grant period.

F. TRAINING AND TECHNICAL ASSISTANCE

PCAR and DOH will work with RCCs in implementing effective prevention strategies through the provision of training and technical assistance (TA), as well as provide assistance in building program evaluation infrastructure and capacity.

The purpose of this application is to fund projects that will implement best practices for SV primary prevention in accordance with the RPE program guidance (page 21) and following the requirements as set forth by the federal RPE Program. In addition to funding local centers, there is a CDC RPE requirement for coalitions and departments of health to provide training and TA to build individual and organizational capacity to implement prevention and community change strategies. In support of this requirement, it is the intent of PCAR to establish an online learning community that is informed through the provision of intensive training and TA on implementation and evaluation of required strategies, core primary prevention concepts, and best practices and through the sharing of experiences and insights of project subcontractors.

RPE funded RCCs will be required to attend up to four virtual meetings per year, at least one virtual training per year, and participate in at least one site visit during the grant cycle.

Additional information on training and TA requirements will be provided to funding recipients upon subcontract execution.

APPLICATION COMPONENTS

A. PROJECT INFORMATION FORM

Complete all sections of the Project Information Form (PIF). The information in the PIF must clearly match the information provided in the Work Plan. A copy of the PIF can be found on page 28 or downloaded from <http://www.pcar.org>. Upload the PIF in the designated area of the application.

1. **Primary Setting:** Indicate the primary setting for your proposed project as either school or community. Most of your core efforts will be implemented in this primary setting, although you may direct some activities in other settings that support comprehensive approaches. For example, if implementing in a school setting, indicate the type of school (elementary, middle, high, college; public, private, alternative) to which you will direct your efforts. Your core efforts may be directed to high school students, which you would identify as your primary setting, but you may also be working with college students as mentors or other community stakeholders outside of the immediate school environment. If you are primarily working with a community-based organization, choose “community” as your primary setting.
2. **Priority Audience(s):** Describe the priority audience within the chosen setting to which you will direct your efforts, including age, ethnicity, or any other descriptive information that defines this audience. Indicate primary and secondary audiences. If school is your primary setting, indicate the ages and/or grades that will be the focus of your efforts. Secondary audiences may be parents, sports coaches, or other ages/grades. If you are working in the community, there may be specific groups or organizations that are your primary audience, and the general community may be a secondary audience.
3. **Focus Area:** Your project may include more than one of the four required focus areas. Indicate the primary focus area that is the core of your project, as well as any other focus areas that are secondary in your program efforts.
4. **Prevention Strategy:** Include a short title/name of your prevention strategy, and a brief description of the strategy. The name should be what is used to market the program to community members (i.e. Healthy Relationships Project). Indicate any programs and/or curricula used in your project, including any versions developed by you. If your center has adapted a curriculum based on sections of one or more formalized curricula, such as Safe Dates, indicate this in your description.
5. **Levels of Change:** All projects must include an approach that works at either the individual and/or relationship level and the community level of the Socio-Ecological Model (SEM). Activities for these different levels should be linked and work toward achieving project goals.
6. **Amount of funding being requested:** Indicate the total amount of funding requested for each year of the project (between \$30,000 and \$90,000 annually). The amount can be the same for each year, or different, depending on your project.

B. APPLICATION NARRATIVE

a. Center Capacity

Applicants must demonstrate their center's capacity and available resources to support full program implementation.

1. Describe the applicant's organizational commitment to SV primary prevention and the work necessary to implement this project.
 - a. For example, how have you integrated prevention into your center's mission and vision, as well as your day-to-day work? How are you advancing the conversation about the primary prevention of sexual violence with your collaborative partners and throughout your service area? Why is your program uniquely qualified to make change in your community?
2. What is your current capacity (access, knowledge, experience, personnel, expertise, training, cultural humility, and partners) to work with your identified audience/community and implement the intended project?
3. If available, provide an example of a successful outcome from your previous SV primary prevention efforts that demonstrates your capacity to implement the proposed project.
4. Discuss the proposed staffing pattern and how this adequately supports the proposed project. Upload an Organizational Chart that includes this proposed staffing in the designated area of the application.
 - a. List who will carry out the activities described in your application. For each staff member, please indicate 1) what percentage of their job will be devoted to the primary prevention activities described and if they are full or part time; 2) what their qualifications are for doing primary sexual assault prevention; 3) how their other job responsibilities will be balanced so that they can fulfill their prevention responsibilities; 4) staff biography conveying capacity to implement the project OR if the application proposes hiring new staff, include a sample job description and description of qualifications that you're looking for.

Note: All centers must demonstrate that they have a minimum of 1.0 FTE staff member who provides sexual violence prevention services. Please note that this does not have to be one full-time position dedicated to primary prevention; it can be up to two part-time positions that equal one full time position. It also does not have to be solely funded by RPE.

a. Community Profile

Applicants must submit a community profile that provides descriptive information and a frame of reference for reviewers in the assessment of the proposed project. Do not include any data or information that is not specifically related to the community where the project will be implemented. For the purposes of this application, community is defined as a population with shared characteristics or interests or a geographic area that is the focus of project activities. For example, the applicant may choose: 1) a particular school as a

community that is comprised of students, school personnel, parents, etc.; or 2) a population within a geographic area of a city or county. It is up to the applicant to define the particular community that is the focus for the proposed project.

RCCs are encouraged, though not required, to focus on one of four populations:

1. Persons with intellectual and developmental disabilities (IDD)
2. Black/African American women and girls
3. LGBTQIA+ community
4. Older Adults 60+

Within one of three groups:

1. Children and youth, along with adults who care for them
2. College Campuses
3. Persons with intellectual and developmental disabilities (IDD)

These populations were chosen based on the health equity assessment completed in Pennsylvania, as well as RCCs historical success in working with these populations.

Regardless of the chosen population, at a minimum, include the following:

1. Provide a complete and detailed description of the specific audience and community that is the focus of the proposed project, including
 - a. why there is a need within this audience for SV prevention;
 - b. why this audience was chosen as a priority for your project;
 - c. where the project will be implemented, including characteristics of the defined community, and;
 - d. if available, data from population-based surveys (i.e. census data).
2. If available, provide results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups, etc., that are relevant to understanding the current needs, assets, and readiness related to SV prevention within the audience or community. Describe how any community assets, strengths, and resources provide stability and support for the long-term work of SV primary prevention efforts and how these assets will be leveraged in the implementation of this project. More information about assets can be found on page 27.
3. If available, provide evaluation results and lessons learned from current SV primary prevention work that demonstrate an ongoing or emerging need that would be addressed by this project.
4. If relevant, a description of any local SV committee or task force that is currently supporting your primary prevention efforts related to this project.

c. Project Description

The Project Description narrative must demonstrate the applicant's ability to successfully design, implement and evaluate the proposed primary prevention project. The narrative should include enough detail to demonstrate how the activities will build upon community strengths and resources, thereby enhancing community capacity for the long-term work of

social change. The description should include elements described in the Project Information Form, and must provide a clear understanding of the following components:

1. **Project Activities:** The overall project description, including the strategy, setting, proposed outcomes, intended audience(s), and major project activities.
 - a. What are the activities of the project? What criteria did you use in selecting and prioritizing your activities?
 - b. What indications are there that your strategy has sufficient dosage, exposure, or saturation to achieve your objectives? If there is a curriculum based component, indicate the specific number of sessions.
 - c. Will this project require a planning period?
 - i. If yes, what will happen during that time? How long will it take?
 - ii. If not, why doesn't it require a planning period?

2. **Theory/ Evidence Base:** How the proposed project is evidence-informed.
 - a. Discuss the research and planning that led to the proposed project.
 - b. How have you assured the appropriateness of proposed SV primary prevention strategies for the intended audience?
 - c. Are you using or replicating an existing model or promising practice?
 - i. If so, please describe.
 - ii. If not, how and why have you chosen the model/program used in your project?

3. **Risk & Protective Factors:** How the desired outcomes and activities seek to alter identified risk and protective factors addressed through your project.
 - a. Indicate 1-5 specific risk and protective factors [identified by the CDC](#) that will be addressed by the project and explain why these factors were selected.
 - b. What do you hope to achieve with your project?
 - c. What do you expect will be different at the end of each year?
 - d. What will change as a result of your project that will lead to preventing SV?
 - e. How will you know if you are successful?

4. **Comprehensive:** How project activities are comprehensive and address multiple levels of the SEM.
 - a. How does your project work at the individual and/or relationship level and the community level? Be specific about how your project is working at the community level. More information about community-level prevention can be found on page 25.
 - b. How do activities at the different levels reinforce and support one another?

Comprehensive Plan Form

Upload the Comprehensive Form in the designated area of the application. A full-page version of the table can be found on page 34 or downloaded from <http://www.pcar.org>.

For each CDC identified risk or protective factor, indicate the SEM level, and describe how the risk or protective factor will be addressed by the project. PCAR recommends focusing on 1-5 risk and protective factors. Use one row for each risk or protective factor; use as many rows as needed.

Note: All projects must include an approach that works at the individual and/or relationship level and the community level.

5. **Culturally Responsive:** How activities are informed by and take into account the culture of the intended audience or community, fit with their needs and assets, and cultivate agents of change.
 - a. Why was this project chosen for the intended audience and community?
 - b. Will the proposed activities be appropriate, respectful, and effective in the community in which it is implemented? How do you know?
 - c. Will this strategy work in your specific community or with your identified audience, given existing community assets, needs, readiness, norms, and history?
 - d. How do your proposed program activities fit community needs and assets?
 - e. Has the proposed strategy been developed, implemented, evaluated, or otherwise informed by members of your identified audience? If so, how?

6. **Community:** How the project will strengthen and build upon community strengths and resources, including current SV primary prevention efforts.
 - a. How could the project be sustainable, even if there was no longer RPE funding to support it? How might your community partners contribute to long-term sustainability?
 - b. How is this project making a long-term impact in the community?

7. **Roles of Partners:** The roles and responsibilities of key stakeholders and partners in planning, implementing, and evaluating this new project.
 - a. What are the roles and responsibilities of your partners?
 - b. How are other community members involved in the project?

d. Evaluation

Applications must describe how the project could be evaluated and the center's capacity to do so.

- How do you plan to demonstrate that your work has helped to reduce the risk of sexual violence in your target community or communities?
- Describe your center's current capacity for project evaluation.
- Part of the goal of RPE funding is to rigorously evaluate promising programs so that they can be replicated by other centers in PA. PCAR will provide intensive TA to funded programs to assist with this. However, what is your vision for how this project will be evaluated?

C. WORK PLAN

Prepare a Work Plan using the Work Plan template found on pages 32-33 (or downloaded from <http://www.pcar.org>). The Work Plan must be in alignment with the proposed project budget, and must not include personnel or activities not supported or included in the budget line items.

The Work Plan must clearly identify one or more required Focus Areas (as defined in the Application Project Overview on page 11) in either the goal or objectives, and it must clearly address the individual and/or relationship level and the community level of the SEM. The Work Plan must align with the submitted Logic Model (LM) and provide step-by-step actions used to support the attainment of all project objectives.

Complete the Work Plan for Year One including the following components:

- A. **Project Year:** Indicate at the top of the work plan document(s) the year of the project (Year 1, 2, 3, 4, or 5)
- B. **Goal(s):** Indicate the overall goal(s) of the project. Goals do not need to be measurable, but should state what you hope to achieve. List as many goals as needed.
- C. **Major Objectives:** List measurable objectives related to the project LM. Objectives should be SMARTIE Objectives: Strategic; Measurable; Ambitious; Realistic/Relevant; Time-bound, Inclusive, and Equitable. More information about SMARTIE Objectives can be found on page 25.
- D. **Activities:** Identify the specific functions, tasks, and activities that you will perform, in the order you believe they will occur, that will lead to achieving each objective. Clearly identify any curricula or program to be used.
- E. **Timeline:** Include an approximate performance timeline for each activity that is realistic and achievable. Indicate the approximate beginning and ending month and year.
- F. **Staff member responsible:** Create a “staff legend” that lists all staff positions by title (not names of individuals) with respective abbreviations and include this legend on the bottom of the first page of the Work Plan. In the “staff responsible” column, use these abbreviations to identify staff positions that are responsible for implementing each activity.
- G. **Performance Measures and/or Deliverables:** Indicate how you will measure and/or prove the completion of objectives and tasks. These include process evaluation measures, tracking measures such as sign-in sheets, and deliverables such as summary reports.

The Work Plan for Years 2, 3, 4, and 5 *only* needs to include the major goals and objectives. Funded RCCs will be required to submit an updated work plan each year of the project. Upload the Work Plan in the designated area of the application.

D. LOGIC MODEL (LM)

Submit a project LM using the Logic Model template found on page 31 or downloaded from <http://www.pcar.org>. Resources that can assist in development of an LM can be found on page 27. Upload the LM in the designated area of the application.

E. MEMORANDUM OF UNDERSTANDING

An MOU is required from each community partner who will be directly participating in proposed project activities, stating readiness and commitment to support the proposed project. At least one MOU should be included in the application. Each MOU will need to be as specific as possible as to the activities that will be supported, and/or resources that will be contributed to the project, including participation in required evaluation activities. A template for an MOU can be found on page 30 or downloaded from <http://www.pcar.org>.

If an MOU cannot be provided with the application, applicants must indicate proposed community partners who may be participating in proposed project activities. Applicants should also include how those activities will be supported, and/or resources that will be contributed to the project, including participation in required evaluation activities. MOUs for proposed community partners will be due three months after the start of the grant period. Upload the MOUs in the designated area of the application.

F. BUDGET

a. Line Item Budget

Prepare a Line Item Budget for Year One of the project. Indicate the amount of money needed for each year of the project on the Project Information Form. A sample budget can be downloaded from <http://www.pcar.org>. Upload the Line Item Budget in the designated area of the application.

b. Budget Narrative

Prepare a Budget Narrative that includes the following:

- A description of how each line item will be used to support the proposed project.
- The minimum amount of funding needed to implement the project, and an explanation of how you would adjust your project activities if you would not receive the full funding amount requested.
- Completion of required RPE Budget Narrative Form, which can be downloaded from <http://www.pcar.org>. Instructions on how to complete the RPE Budget Narrative Form can be downloaded from <http://www.pcar.org>. Upload the Budget Narrative in the designated area of the application.

RPE funded RCCs will be required to attend up to four virtual meetings per year, at least one virtual training per year and participate in at least one site visit during the grant cycle.

The Line Item Budget and Budget Narrative must be submitted using the same format as the included sample documents.

G. SIGNATURE FORM

Applications must be signed by an official authorized to bind the applicant to its provisions. The Signature Form can be found on page 29 or downloaded from <http://www.pcar.org>. Upload the Signature Form in the designated area of the application.

PCAR RPE GUIDANCE

The following pages include resources that can be used to develop a prevention strategy and complete the above funding application.

Following this guidance are the supplemental documents needed to complete the application.

This RPE Program Guidance was developed by PCAR to:

- 1) Share the guidance, requirements, and expectations of CDC;
- 2) Support local RPE-funded rape crisis centers (RCCs) in developing evidence-informed programs through effective program development, implementation and evaluation; and
- 3) Provide information on best practices, including specified Focus Areas.

Federal legislation specifies the major areas of activities for preventing SV, and the CDC has established program priorities for all states and territories for implementing the RPE Program, which are reflected in these Guidelines.

Local RCC RPE funding recipients are not expected to demonstrate mastery in every aspect of the concepts described in this document. However, they are required to demonstrate a commitment to integrating primary prevention into the structure and function of the organization, and in building competencies in these concepts.

According to the CDC, state and local prevention programs should incorporate:

- Primary Prevention: any action, strategy or policy that prevents SV from *initially occurring*;
- Ecological Framework: strategies that work at various levels, including individual, relationship, community, institutional and societal. For this project, strategies must work at either the individual or relationship level and the community level;
- Partnerships and Collaboration: that help achieve intended outcomes and sustain efforts;
- Cultural Relevance and Specificity: prevention strategies should be appropriate for the populations for whom the strategy is intended and take into account the community's culture;
- Surveillance: population-based data to assess and track changes in SV behaviors over time; and
- Outcome and Process Evaluation: indicators and measures to document a change in attitudes, behaviors, and norms related to SV (outcomes) and help to assess actions taken to realize goals (processes).

Public health is ultimately concerned with approaches that address the health of a population (population-based) rather than one individual, including environmental and system-level strategies, policies, and actions that prevent sexual violence from initially

occurring, also known as primary prevention. Such prevention efforts work to modify and/or entirely eliminate the events, conditions, situations, or exposure to influences (risk factors) that result in the initiation of SV. Additionally, SV prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance protective factors that impede the initiation of SV in at-risk populations and in the community. It is a community-oriented approach that takes the onus from victims and advocates and encourages the entire community (across all genders and ages) to prevent SV.

This multifaceted and complex problem requires a comprehensive approach that can address the complex interplay of individual, relationship, social, political, cultural, and environmental factors that influence SV. In order to facilitate a comprehensive approach, RCCs are required to use the *Socio-Ecological Model (SEM)* to develop this framework and to address at least two levels, one of which must be at the community level.

When developing an SV prevention program, there are multiple elements to consider. No one program or product is best for every community or setting. The diversity of our communities, organizations, and constituencies requires programs that implement SV prevention efforts to analyze and evaluate various factors to determine if certain activities match community needs and assets.

APPENDIX

STRATEGY FOCUS AREAS

The specific focus areas for the SV prevention strategies and approaches of interest are based on guidance from *STOP SV: A Technical Package to Prevent Sexual Violence* (Basile, et al, 2016). *STOP SV* provides strategies, approaches, and example programs based on the best available evidence that communities and states can use to prioritize their efforts on activities with the greatest potential to reduce sexual violence.

Recipients are expected to select example program, practice, or policy efforts from *STOP SV* or continue or propose a program or policy area that is not included as an example in *STOP SV*, but meets the following criteria:

- **Fits within one of the *STOP SV* Focus Areas**
- Has **documented evaluation results** or **is grounded in theory of primary prevention of SV**
- **Addresses risk and protective factors for SV**
- Demonstrates a **link between the theory of the program/policy effort and targeted outcomes** addressing SV
- Has **implementation materials, as needed**, available to practitioners
- **Is feasible to implement and evaluate**

Focus Area 1: Promoting Social Norms That Protect Against Violence

Approaches that focus on changing the social norms (group-level beliefs and expectations of members' behavior) related to the acceptance of violence and restrictive gender norms of target groups have the potential to reduce rates of SV perpetration and victimization (Basile, et al, 2016). The approaches with existing evidence for this strategy are **Bystander Approaches** and **Mobilizing Men and Boys as Allies**. Bystander approaches are designed to build peer leadership for promoting social norms that protect against violence and that encourage safe intervention for all forms of SV. Approaches that mobilize men and boys as allies focus on promoting positive norms around masculinity, gender, and violence, which are then diffused through peer social networks. While these specific programs are focused on training individuals and changing interpersonal relationships, the overarching aim is to change social norms around gender equity and the acceptability of violence (DeGue, Hipp, and Herbst, 2016). In order to be considered community-level, programs proposed within this focus area should include one or more components which aim to change social norms (e.g., a social norms or social marketing campaign), thereby addressing social norms at the setting-level (school or community).

Focus Area 2: Teach Skills to Prevent Sexual Violence

Individual-level approaches that emphasize building individual skills around social-emotional learning, healthy relationships, and healthy sexuality have the ability to reduce SV perpetration and victimization, as well as reduce associated risk factors and promote

protective factors (Basile, et al, 2016). **Social-Emotional Learning Approaches** are often implemented with children and youth to build skills around problem-solving, communication, empathy, and conflict resolution. Another approach, **Teaching Healthy, Safe Dating and Intimate Relationship Skills to Adolescents**, work to prevent SV within dating relationships by improving communication and conflict resolution skills, as well as providing expectations for healthy, respectful relationship behavior. **Promoting Healthy Sexuality** focuses on programs that teach skills around sexual communication, sexual respect, and consent. This approach has positive impacts on delaying sexual initiation and reducing sexual risk-taking, which are risk factors for SV perpetration.

Focus Area 3: Provide Opportunities to Empower and Support Girls and Women

Education, employment, financial stability, and opportunities for personal growth and community engagement are important protective factors for women's risk of SV victimization (Basile, et al, 2016). Policies and programs that work to improve financial stability and increase employment, education, and leadership opportunities can also reduce the risk factors associated with SV victimization. **Strengthening Economic Supports for Women and Families** is critical to ensuring women have access to fair and equal economic and workforce opportunities, including equal pay for equal work, access to work supports such as quality affordable childcare, and paid family and medical leave. Programs, practices and policies that address this approach at the community/societal-level have the potential to decrease gender inequality and economic instability, both risk factors for SV. Programs that encourage leadership development, job skills training, and community engagement increase positive outcomes for adolescent girls in education, employment, and civic engagement. By **Strengthening Leadership and Opportunities for Adolescent Girls**, communities can contribute to improved educational and occupational outcomes and potentially reduce risk for SV by decreasing gender inequality and increasing socio-economic status (SES). Activities that align with this approach mostly occur at the individual level, although programs that change the educational environment or address inequalities around female leadership and education may occur at the community/societal-level.

Focus Area 4: Create Protective Environments

In order to achieve population-level reductions in SV rates, SV prevention should include community/societal-level strategies that change community characteristics so they are safe, healthy, and protective (Basile, et al, 2016). Community/societal-level prevention strategies go beyond changing individual attitudes, beliefs, and behaviors, and focus on modifying community structures, social norms, environment, and policies. The three approaches with existing evidence are **Improving Safety and Monitoring in Schools, Establishing and Consistently Applying Workplace Policies, and Addressing Community-Level Risks Through Environmental Approaches**. Improving safety and monitoring in schools include modifying the school environment to reduce SV and to increase safety and support for students. Workplace policies establish and enforce standards of behavior in the work environment and create healthy organizational climates, which in turn can help prevent sexual harassment and gender-based bullying. Strategies that address community-level

risks by addressing the community environment can reduce the risk for SV by changing the physical environment, and incentivizing behavioral expectations.

STOP SV Focus Area	Approaches	SEM Level
Promote Social norms that Protect Against Violence	Bystander approaches	Relationship level (some programs/practices/policies may fall under community-level , e.g., social norms/marketing campaigns)
	Mobilizing men and boys as allies	Relationship level (some programs/practices/policies may fall under community-level , e.g., social norms/marketing campaigns)
Teach Skills to Prevent Sexual Violence	Social-emotional learning	Individual/Relationship-level
	Teaching healthy, safe dating and intimate relationship skills to adolescents	Individual level
	Promoting healthy sexuality	Individual/Relationship-level
Provide Opportunities to Empower and Support Girls and Women (Gender Equity)	Strengthening economic supports for women and families	Community level
	Strengthening leadership and opportunities for girls	Individual-level (some programs/practices/policies may fall under community level , e.g., changes to the educational environment that support gender equity or changes to community conditions that improve leadership opportunities)
Create Protective Environments	Improving safety and monitoring in schools	Community level
	Establishing and consistently applying workplace policies	Community level
	Addressing community-level risks through environmental	Community level

These strategies are described in the [STOP SV Technical Package](#). For more information on example programs, click [here](#).

Note: Support victims/survivors to lessen harms is not an appropriate strategy for RPE funding.

10 PRINCIPLES OF EFFECTIVE PREVENTION STRATEGIES

Program planners can use existing prevention principles to strengthen their approaches and evaluate the effectiveness of new or existing programs. The prevention principles identified by Nation et al., in the resources below, are common characteristics of effective prevention strategies in behavioral health.

1. Comprehensive: strategies address risk and protective factors for sexual violence at multiple levels of the Socio-Ecological Model.
2. Varied teaching methods: multiple strategies that increase awareness and understanding as well as enhance and build new skills.
3. Sufficient dosage: exposure to enough of the intervention to produce the desired effect (i.e. multiple sessions).
4. Theory driven: strategies that have a scientific justification or logical rationale for why they should work.
5. Positive relationships: strategies that promote strong positive relationships between children/youth and adults, youth to youth, and adult to adult.
6. Appropriately timed: strategies are initiated early enough and at the appropriate developmental time to have an impact on the development of positive and negative behaviors.
7. Socio-culturally relevant: tailored to the community and cultural norms, beliefs and practices; inclusion of community representatives in planning and implementation phases.
8. Outcome evaluation: systematic measurements that can document how well the intervention works.
9. Well-trained staff: programs are implemented by staff that are sensitive, competent, and sufficiently trained, supported, and supervised.
10. Evidence-based: efforts that are informed by the best available research or expertise.

For more information about these principles, visit

- [What Works in Prevention: Principles of Effective Prevention Strategies](#)

SOCIAL ECOLOGICAL MODEL

Developing Comprehensive Programs

To be more effective, program activities should integrate, link, and reinforce each other, and should align with the overall vision of the prevention program. The four-level Social Ecological Model (SEM) can be used to better understand the root causes of SV and to recognize and develop potential points of prevention. The SEM is

a way to describe violence in terms of the complex interaction of four levels of influence, including individuals, interpersonal relationships, the community, and the society levels.



Community Level Prevention: Community-level strategies function by modifying the characteristics of settings (e.g., schools, workplaces, neighborhoods) that increase the risk for violence victimization and perpetration (DeGue et al., 2012).

- [Community-Level Prevention Podcast Episode](#)
- [Innovations in Community Level Prevention](#)
- [Looking Ahead Toward Community-Level Strategies to Prevent Sexual Violence](#)

For more information on the SEM, click [here](#).

SMARTIE OBJECTIVES

STRATEGIC | reflects an important dimension of what your organization seeks to accomplish (programmatic or capacity-building priorities).

MEASURABLE | includes standards by which reasonable people can agree on whether the goal has been met (by numbers or defined qualities).

AMBITIOUS | challenging enough that achievement would mean significant progress; a “stretch” for the organization.

REALISTIC | not so challenging as to indicate lack of thought about resources or execution; possible to track and worth the time and energy to do so.

TIME-BOUND | includes a clear deadline.

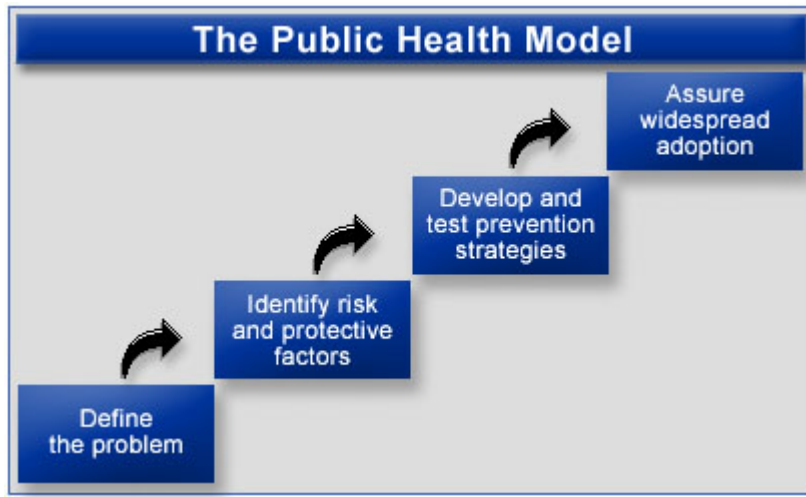
INCLUSIVE | brings traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.

EQUITABLE | includes an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression.

For more information, click [here](#).

PUBLIC HEALTH MODEL

The Public Health Model is a four-step process, rooted in the scientific method, that we use to develop and test prevention strategies. For more information, click [here](#).



RISK AND PROTECTIVE FACTORS

Risk factors are associated with 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 multilevel factors can help identify various opportunities for prevention.

Protective factors may lessen the likelihood of sexual violence victimization or perpetration by buffering against risk. These factors can exist at individual, relational, community, and societal levels. Research in this area is ongoing. For more information and a list of all the factors, click [here](#).

QUALITY OVER QUANTITY

Applicants are encouraged to focus their projects as much as possible on a few specific groups of participants (e.g., do not focus on reaching every school, youth or community center, etc. in an entire county, but rather focus on a specific group such as one school, or one community or cultural group). Effective prevention activities focus more on quality of programming than quantity. Reaching a large number of individuals and making a large number of presentations traditionally drives many grant-funded programs; however, **it is critical for applicants to understand that the RPE program is no longer pursuing this goal**. Instead of "sprinkling" prevention efforts far and wide, the RPE program is now emphasizing "saturation" of efforts with comprehensive and in-depth, multi-component, multi-session strategies that reach fewer individuals, but that have a higher likelihood of creating lasting change, in order to eliminate sexual violence.

SUSTAINABILITY

Applications need to consider sustainability of efforts, not only within the context of their own organization, but also within the context of the community within which they are working. One person or one program cannot bring about lasting change. Therefore, centers conducting prevention efforts should consider themselves to be “facilitators” of a process or “experts” with whom community members can consult about sexual violence prevention, rather than trying to do everything themselves. To the extent possible, prevention activities must engage and support members of targeted communities to take ownership for planning, implementing, and sustaining prevention efforts.

ASSETS

Assets may include community leaders, coalitions, collaborations, local policies, youth programs, and the availability of SV programs and services. Assets may also include arts programs, local businesses or events, or any other community resource that may support the work of your project. Include any current or timely opportunities that could leverage the work of your project or provide for institutionalization in the community.

EVALUATION RESOURCES

The National Sexual Violence Resource Center has created an [Evaluation Toolkit](#) to support evaluation of sexual violence prevention work.

LOGIC MODEL RESOURCES

For additional information regarding logic model development, click [here](#). For a short video explaining how to use the provided logic model template, click [here](#).

GLOSSARY OF ACRONYMS

- CDC - Centers for Disease Control and Prevention
- DOH - Department of Health
- FTE – Full Time Equivalent
- LM – Logic Model
- MOU - Memorandum of Understanding
- PCAR - Pennsylvania Coalition to Advance Respect
- RCC – Rape Crisis Center
- RPE – Rape Prevention and Education
- SEM – Social-Ecological Model
- SV – Sexual Violence
- TA - Technical Assistance

Project Information Form

CENTER NAME: [Click here to enter text.](#)

1. **Primary Setting** (choose either school or community):

- School
 Elementary Middle High College
- Community

2. **Priority Audience(s)**:

Primary: [Click here to enter text.](#)

Secondary: [Click here to enter text.](#)

3. **Focus Area** (choose only one primary focus area):

	Primary	Secondary
Promote Social Norms	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Skills	<input type="checkbox"/>	<input type="checkbox"/>
Advance Gender Equity	<input type="checkbox"/>	<input type="checkbox"/>
Create Protective Environments	<input type="checkbox"/>	<input type="checkbox"/>

4. **Prevention Strategy**:

Name of strategy: [Click here to enter text.](#)

Short description: [Click here to enter text.](#)

5. **Levels of Change**: Projects must address the individual and/or relationship level and the community level of the Social-Ecological Model (SEM).

- Individual Relationship Community

6. **Amount of funding being requested**: Indicate the total amount of funding requested for each year of the project.

Year 1: [Click here to enter text.](#)

Year 2: [Click here to enter text.](#)

Year 3: [Click here to enter text.](#)

Year 4: [Click here to enter text.](#)

Year 5: [Click here to enter text.](#)



Pennsylvania Coalition to Advance Respect

RPE APPLICANT'S SIGNATURE STATEMENT FY 2024 - 2029

Applicant:

We, the undersigned:

1. Are in compliance with PCAR Standards and are receiving Rape Prevention Education (RPE) funds for provision of locally based sexual violence prevention services and understand that programs not in compliance by January 31, 2024 may not receive funding or conditions may be imposed in order to complete eligibility;
2. Have developed this Application in accordance with the fundable services as specified in the application packet and believe the application to be complete and in the required order;
3. Understand that if approved for funding, the agency must provide the primary prevention sexual violence services in accordance with this application, standards set forth by Pennsylvania Coalition to Advance Respect, the requirements of the Pennsylvania Department of Health and the Centers for Disease Control and Prevention and understand that funding may be subject to amendment and/or conditions based on the final allocation to PCAR;
4. Have carefully reviewed the Application and its attachments and affirm that the agency meets the requirements specified therein; and
5. Received the center's Board of Directors approval for submission the application.

Executive Director

Board President

Type or print name listed above

Type or print name listed above

Date

Date

Memorandum of Understanding

Between (Partner) and (Partner)

This Memorandum of Understanding (MOU) sets for the terms and understanding between the (partner) and the (partner) to (insert activity).

Background

(Why partnership important)

Purpose

This MOU will (purpose/goals of partnership)

The above goals will be accomplished by undertaking the following activities:

(List and describe the activities that are planned for the partnership and who will do what)

Reporting

(Record who will evaluate effectiveness and adherence to the agreement and when evaluation will happen)

Funding

(Specify that this MOU is not a commitment of funds)

Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners) this MOU shall end on (end date of partnership).

Contact Information

Partner name
Partner representative
Position
Address
Telephone
E-mail

Partner name
Partner representative
Position
Address
Telephone
E-mail

Signature

Signature

Position

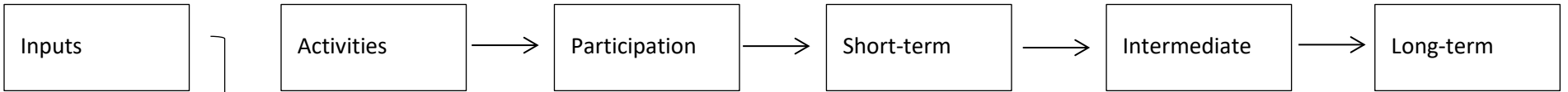
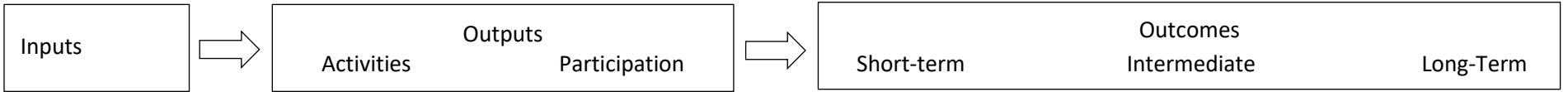
Position

Date

Date

Name of Center

Situation: Problem or issue to be addressed



Inputs

Inputs

Inputs

Inputs



Activities

Participation

Short-term

Intermediate

Long-term

Activities

Participation

Short-term

Intermediate

Long-term

Activities

Short-term

Assumptions: Principles, beliefs, ideas about situation

External Factors: Conditions that influence program success

RPE YEAR-1 WORK PLAN

GOAL #1:				
SMARTIE OBJECTIVE	MAJOR ACTIVITIES	TIMELINE	STAFF MEMBER RESPONSIBLE	PERFORMANCE MEASURES AND/OR DELIVERABLES

RPE YEAR-2 WORK PLAN

GOAL	SMARTIE OBJECTIVE

RPE YEAR-3 WORK PLAN

GOAL	SMARTIE OBJECTIVE

RPE YEAR-4 WORK PLAN

GOAL	SMARTIE OBJECTIVE

RPE YEAR-5 WORK PLAN

GOAL	SMARTIE OBJECTIVE

STAFF LEGEND:

COMPREHENSIVE PLAN FORM

CDC RISK OR PROTECTIVE FACTOR TO BE IMPACTED (select 1 per row)	SEM LEVEL (Individual, Relationship, Community)	DESCRIPTION OF <u>HOW</u> THIS FACTOR WILL BE ADDRESSED THROUGH SPECIFIC PROJECT ACTIVITIES

RPE SCORING RUBRIC

Applicant: [Click here to enter text.](#)

Reviewer: [Click here to enter text.](#)

Scoring Instructions

- The PCAR RPE grant application scoring system uses a 5-point rating scale (5 = exceptional; 1 = poor) in whole numbers (no decimals) for overall criterion scores for all applications.
- PCAR expects that scores of 1 or 5 will be used less frequently than the other scores.
- A score of 3 is for a good application and is considered average.
- The entire scale (1-5) should always be considered.
- Reviewers should carefully consider each item in its own right without comparing it to other items. PCAR has already applied a weight to each item by relevance and importance.

5	Exceptional	The information provided is of the highest quality and shows a mastery of the material.
4	Very Good	The information provided is above average and demonstrates finesse with the material.
3	Good	The information provided is average and exhibits competence with the material.
2	Marginal	The information provided does not show sufficient ability with or understanding of the material.
1	Poor	The information provided does not meet the criteria requested.

Section 1: Project Information Form

Scoring Component	Score (1-5)	Total	Comments
Does the information in the PIF match the information in the work plan?			
Is the requested funding appropriate for the strategy?			

Section 2: Center Capacity

Scoring Component	Score (1-5)	Total	Comments
Has the center demonstrated a commitment to sexual violence prevention?			
To what extent does this section inspire confidence that the applicant is ready to play a leadership role in having the community build capacity for, plan, and carry out the proposed prevention strategy?			
Are identified staff qualified for the proposed activities?			
Does the strategy adequately explain how staff will be supported in balancing other job duties with prevention responsibilities?			

Section 3: Community Profile

Scoring Component	Score (1-5)	Total	Comments
Is the target population clearly defined?			
Is there evidence that the applicant engaged in an assessment or planning process to determine if the strategy was an <u>appropriate fit for the community</u> ?			
Does the data support the selection of target population?			
Can the community sustain these efforts in the long-term?			

Section 4: Activities

Scoring Component	Score (1-5)	Total	Comments
Are these clearly described primary prevention activities?			
Is the amount of dosage, exposure, or saturation adequate for the strategy?			
Is any proposed planning period appropriate to the strategy, regarding content and timeline?			

Section 5: Theory/ Evidence

Scoring Component	Score (1-5)	Total	Comments
Is the strategy evidence-informed?			
Does theory/evidence support the use of this strategy with the chosen audience?			

Section 6: Risk & Protective Factors

Scoring Component	Score (1-5)	Total	Comments
Are the chosen risk & protection factors from the CDC's identified list?			
Are the chosen risk & protective factors appropriate to the strategy?			
To what extent is the rationale for targeting those risk and protective factors clearly explained?			

Section 7: Comprehensive

Scoring Component	Score (1-5)	Total	Comments
Would the strategy adequately work at the community level of the SEM?			
Is the choice of levels clearly described and appropriate to the strategy?			

Section 8: Culturally Responsive

Scoring Component	Score (1-5)	Total	Comments
Is the strategy appropriate and respectful to the cultural and community context of the target population?			
Is the strategy appropriate for the selected audience, and have the unique considerations of this audience been addressed?			
Has the selected audience participated in the development or selection of the strategy?			

Section 9: Community

Scoring Component	Score (1-5)	Total	Comments
Does the applicant provide a persuasive description of how the community can sustain these efforts post-funding?			
Does the applicant provide a persuasive description of how the strategy will have a long-term impact?			

Section 10: Roles of Partners

Scoring Component	Score (1-5)	Total	Comments
Does the applicant describe partnerships or collaborations that are appropriate to the strategy?			
Does the collaboration with community partners include shared leadership and community empowerment (vs. information sharing/ providing access only?)			

Section 11: Evaluation

Scoring Component	Score (1-5)	Total	Comments
Are measures in the evaluation plan well connected to the goals of the prevention strategy?			
Does the applicant demonstrate the capacity to evaluate their success using appropriate measurements for the strategy?			

Section 12: Work Plan

Scoring Component	Score (1-5)	Total	Comments
Is the work plan clear and does it reflect the narrative requirements of the strategy?			
Are the goals and objectives included in the work plan written in the SMARTIE format?			
Is the timeline realistic and achievable?			
Does the work plan indicate appropriate performance measures that align with the evaluation plan?			

Section 13: Logic Model

Scoring Component	Score (1-5)	Total	Comments
Is the logic model clear and does it reflect the narrative requirements of the strategy?			
Are the short-, medium- and long-term outcomes appropriate to the strategy?			
Does the logic model demonstrate a logical theory of change?			

Section 14: MOU

Scoring Component	Score (1-5)	Total	Comments
Are the MOUs clear and appropriate to the strategy?			
In the absence of MOUs, do the proposed partnerships align clearly and appropriately with the strategy?			

Section 15: Budget Narrative

Scoring Component	Score (1-5)	Total	Comments
Is it clear as to how the funds are going to be used?			
Is it clear that all of the requested funds are being used for the primary prevention of sexual violence?			
Does the applicant indicate an appropriate plan for how they would adjust their activities if they do not receive full funding?			
Does the applicant state at what level of funding they can no longer sustain prevention programming?			

Section 16: Overall evaluator impressions

Scoring Component	Comments
What are the strengths of this proposal?	
What are the weaknesses of this proposal?	
If this application were funded, what are the areas in which the applicant would benefit from technical assistance?	