Revised 07/22/16

SECTION 2

PROGRAM INFORMATION

*The following four parts must be completed for*

*each individual*

*contracted program/component*

*Please note that additional requirements or stipulations may be necessary for an identified program and will be forwarded to you, as applicable, by the Department of Children and Families, Office of Contract Administration.*

***(Please Note: Effective 9/2011 Section 2.1 of the Annex A has been removed from the package to facilitate the DCF Resource Directory. This section of the Annex A will be provided to you for completion by DCF Contract Administrators.)***

## SECTION 2

## Program Description and Service Delivery Information

One set is completed for each contracted program/component. Make additional copies as necessary. They can also be downloaded from the Office of Contract Administration website at [www.](http://www.)nj.gov/dcf and clicking on the link to “Contract and RFP Information”.

**Section 2.1: Program Name and Service Delivery Information**

Effective 9/1/2011, Section 2.1 has been removed from the Standardized Annex A. DCF has reformatted Section 2.1 in order to facilitate the establishment and ongoing maintenance of a DCF Resource Directory. Your DCF Contract Administrator will email a partially completed Section 2.1 for each contract component to your agency at the time of contract renewal. The Section 2.1 form is still a required document and a part of a complete Annex A submission. Please remember to email the completed Section 2.1 to your Contract Administrator(s) as part of your Annex A submission(s).

**Section 2.2: Program Description**

Answer and clearly label all questions as outlined.

Note: Questions asked may not be all inclusive. You will be notified of any other Required Program Description and Deliverables for your specific program, as applicable, to complete your contract package.

**Section 2.3: Performance Outcomes**

This section should be negotiated with the managing Contract Office and program staff, where applicable, prior to inclusion in the contract package.

**Section 2.4: Program Personnel Information Sheet**

*Note: If agency is contracted for 5 programs, and a social worker works in all of these programs, list this person on the core agency personnel sheet (Section 1.3). If the social worker works in only four out of the five programs, do not include this person on the core agency personnel sheet. This staff person will be listed on each of the four relevant program personnel sheets (Section 2.4) which is part of Section 2.*

Column 1: List all full-time and part-time positions dedicated to and funded by **each program**. List the title of each full-time and part-time position in your agency. Check appropriate box.

Columns 2 through 5: Complete the remainder of the form by listing for each position, in the appropriate column, the following information:

* Name of employee
* Work hours (general-not specific to program)
* Indicate percentage of employee’s compensated time that is dedicated to the program *(Example: If the employee is a social worker who works for 4 of the 5 agency’s funded programs, then the employee’s time should be apportioned, as such)*
* Qualifications, including degrees, licenses, certificates, etc. that the employee possesses and which are pertinent to his/her position; and
* The functional job duties of the employee

**Note: Staff listed on the personnel information forms (Section 1.3 and Section 2.4) must also be represented on the Annex B budget presentation, when applicable.**

**Section 2.5: Level of Service Form**

A monthly contracted level of service chart is to be completed for each program/component, if applicable. One program might require several LOS forms to be completed which can be downloaded from the website. This will be indicated to you by the Contract Administrator and/or in the renewal/award letter.

The information on this form is usually utilized as a reference/source document when completing reporting forms during the contract term, when required by DCF.

**Service Type:** Per service dictionary, contact your contract administrator (i.e. individual counseling, residential placement, legal assistance, transportation)

**Description of Unit Measurement**: Indicate what is being used as the measurement for monthly Contracted Level of Service (CLOS), (i.e. beds, rides, sessions, hours)

**Number of Contracted Slots/Units**: Numbers should reflect unduplicated service counts. Unduplicated service counts refers to the practice of counting a customer receiving services only once within a service cycle.

Refer to Annex B2 and or Renewal/Award Letter for this number. (i.e. # of beds, # of rides, # of sessions, # of hours)

**Annualized Units:** Equivalentto the Annual Total under Column 3 on chart.

**Column 1:** Select Month from drop down menu. Month 1 should reflect 1st month of Contract.

**Column 2:** Indicate Actual Number of Expected Days of Service or Units Per Month.

**Column 3:** Indicate total Contracted LOS per month, this could be ‘Days of Service’ multiplied by Number of Contracted Slots/Units per month or equivalent to number listed in Column 2.

**Annual Totals:** This number will equal annualized number of units to be contracted per program type.

|  |  |
| --- | --- |
| **C****ontract Number:** |  |

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A  
PROGRAM DESCRIPTION  
Section 2.2**

**Program Name:** Rape Prevention & Education Program

**Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.**

**Label all answers clearly as outlined below:**

|  |
| --- |
| ***Program/Component Description and Purpose.*** |

The description should reflect the program requirements set forth in the initial award and any changes that may have resulted from negotiations.

Sexual Violence is a major public health problem. According to the Center’s for Disease Control’s National Intimate Partner and Sexual Violence Survey (NISVS), in the United States, nearly 1 in 5 women and 1 in 71 men have been raped in their lifetime, while 1 in 2 women and 1 in 5 men have experienced severe sexual violence victimization other than rape at some point in their lives. The overarching purpose of the Rape Prevention and Education program, is to prevent sexual violence perpetration and victimization by implementing primary prevention strategies. The New Jersey Department of Children and Families, Division on Women and in partnership with the New Jersey Department of Health are committed to reducing sexual violence across the state.

This federal fund will advance this goal by supporting organizations to implement sexual violence prevention strategies that adhere to the following principles of effective prevention:

* Preventing first-time perpetration and victimization;
* Reducing modifiable risk factors while enhancing protective factors associated with sexual violence 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.

|  |
| --- |
| ***Please refer to your award letter as a guide to help frame your service delivery. Please refer to the New Jersey’s Sexual Violence Primary Prevention Plan 2009 for the complete definition of Sexual Violence.*** |

1. **Please list your assigned Tier:**
2. **Describe the “who”, “what”, “where”, “when”, and “how” of the violence related problem in your county. The utilization of data to describe the scope and burden of the problem is required. Examples of data are: demographics data (including race, gender, age, and ethnicity), characteristics, needs, and current circumstances of the county population that the program intends to serve.**

**Please be sure to site the source of the data. Be sure to include the following:**

* **How many people are affected by the identified problem?**
* **Who is experiencing the problem?**
* **When and where is the problem occurring?**

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| ***Role of Community Prevention Coalition*** |

**Coalition Building (ALL tiers):** The process by which community members and organizations come together to achieve a common goal, in this case preventing sexual violence. Ideally, the process of coalition building includes a broad spectrum of the community working together to jointly develop a vision, mission and goals and to take action. Coalition building encourages collaboration, defined as exchanging information, modifying activities and sharing risks, resources, responsibilities and rewards, as well as collecting and reviewing pertinent data. Coalition building can occur at the state and/or community level.

**Community Mobilization (Tiers 2- 5 ONLY):** Engendering change in communities by facilitating community ownership and action to prevent sexual violence. While community mobilization is about facilitating community ownership and action to prevent sexual violence, coalition building is about individuals and agencies working together in collaboration to prevent sexual violence by creating a community action plan. Each agency will be required to plan and implement a community action plan in conjunction with either a subcommittee of the Community Prevention Coalition (which should include representation of the target population) and/or with the target population. The community action plan activity should be reflective of the risk and/or modifiable protective factor the community agreed, based on the data, needs to be addressed.

The Community Prevention Coalition (or evidence of similar partnership through other participation in collaborative groups) is essential in your ability to successfully accomplish all required activities of this grant. The “Coalition” should hold regular meetings and members should be engaged in the implementation, adaptation, and process and outcome evaluation. Members should be key community stakeholders reflective of the community and target population whom you have determined as high risk for perpetration who will assist in the collection of data which will inform the identification and accessing of modifiable risk and protective factors.

Please provide the following:

1. **What is the name of the Community Prevention Coalition that your agency participates in?**
2. **Is the Community Prevention Coalition facilitated by your agency?**
3. **Describe your agency’s involvement in the sharing of best practices and designing/using process and/or outcomes evaluation tools with the Community Prevention Coalition. Include any mentoring you have done with other sexual violence or prevention programs.**
4. **Identify and describe a sub group or specific population, whom through your planning process with the Community Prevention Coalition, has been determined as high risk? Please be sure to provide evidence (data) to support how the Coalition came to identify this subgroup.**

|  |
| --- |
| ***Outreach Events*** |

1. **(Tiers 2- 5 ONLY) Describe how these outreach effort will affect your agency’s ability to provide services and prevent sexual violence in your county.**

|  |
| --- |
| ***Risk and Protective Factors*** |

The Division on Women’s Rape Prevention and Education (RPE) program is a federally funded program through the Center’s for Disease Control and Prevention that is geared to advance the primary prevention of sexual violence—to prevent violence before it begins. 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, sexual violence prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance **protective factors** that impede the initiation of sexual violence in at-risk populations and in the community.

**ADDITIONAL REQUIREMENTS**

**The Division on Women requires the following programmatic and administrative specifications as a condition of this award:**

Grantee will designate a Prevention Coordinator to perform the planning and implementation of the required prevention activities.

* 1. Grantee must have job descriptions for each RPE funded staff. The job descriptions MUST clearly outline the prevention activities they will perform, and show clear justification for the percentage of RPE funding applied to staff costs.
  2. Each Prevention Coordinator must have received the Division on Women approved 40 hour Confidential Sexual Violence Advocate (CSVA) training, which must be captured on the Annex A 2.4 in the “qualifications” category.

Grantee will assure that implementation of strategies and evaluation efforts are culturally competent, relevant, and reflective of the demographic needs of the target communities.

Grantee will be required to attend all Division on Women technical assistance meetings/trainings/phone conferences and prevention/evaluation trainings as offered by NJCASA and/or the Division on Women.

**Termination of Program Staff**Grantee will notify the Division on Women of termination of any program staff or key organizational employees (executive director, fiscal officer, program director, and other staff position supported by this grant) in writing within a week of termination.

**Memorandum of Agreement with each Implementation Site (Tiers 4 and 5)**

Each Implementation site must have a signed Memorandum of Agreement that needs to be submitted to the Division on Women and meets the following requirements within the contract term:

* Identifies the specific strategy (curriculum) to be used
* Indicates number of doses to be implemented as a minimum of 7 to 9
* Assigns liaison and responsibilities for both parties
* Indicates ability to collect evaluation data
* Incorporates the components for sustainability to include:
  + Individual trained in the strategy to continue programming on-site and become a part of the community based prevention coalition, agreement of the administration for on-going programming, and commitment to sharing of data.

**Victim Confidentiality**All services shall be provided in a manner that guards victim privacy and maintains victim confidentiality pursuant to N.J.S.A.2A:84A.22.13-.15. In addition, the grantee shall ensure that training and supervision of all prevention/education staff and volunteers is in accordance with N.J.S.A. 2A:84A-22.14 to ensure that prevention/education staff and volunteers qualify for the victim counselor privilege.

**Reports**See NJ Rape Prevention and Education Evaluation Procedures and Data Submission Due Dates on pages 12-4.

**Funding**

Please note that these federal funds have a cap on the general and administrative cost allocation of 5%.

**Publications and Crediting the Funder**Grantee shall specify on publications, public service announcements, reports, data, etc. that, **“This (publication, etc.) was supported by the Centers for Disease Control and Prevention grant funds, administered by the Department of Children and Families, Division on Women, and its contents are solely the responsibility of the author and do not necessarily represent the official views of the Department of Children and Families, the Division on Women, or the Centers for Disease Control and Prevention.”**

**Outreach events and Crediting the Funder**

Grantee shall specify on publications, flyers, advertisements, newspaper articles, **“This (name of the event, etc.) was (partially) supported by the Centers for Disease Control and Prevention grant funds, administered by the Department of Children and Families, Division on Women.”**

|  |  |
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| **Contract Number:** |  |

**STATE OF NEW JERSEY**

**DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A**

**PERFORMANCE OUTCOMES & LEVEL OF SERVICE**

**Section 2.3 & Section 2.5**

|  |  |
| --- | --- |
| **Program Name:** | Rape Prevention and Education |

Based on the Center for Disease Control guidelines, it is expected that each DCF-DOW funded Sexual Violence Program Provider will collect, review and utilize data related to sexual violence, pertinent to their respective county. This new data driven process will allow each provider to select one of the three modifiable risk and protective factors, listed below. The three modifiable risk and protective factors are:

1. Social norms that promote gender equality,
2. Healthy relationships, and
3. Normative bystander intervention.

The selection of the modifiable risk and protective factor, coupled with the data collected, will be used to inform the selection of the most appropriate prevention implementation strategy (Media Literacy, Green Dot, or Safe Dates) and the target population to be served.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Data Collection | Data Collection | Data Collection | Data Collection | Data Collection |
| Coalition Building | Coalition Building | Coalition Building | Coalition Building | Coalition Building |
|  | Community Mobilization | Community Mobilization | Community Mobilization | Community Mobilization |
|  | Single Dose and/or Outreach/Training Events  for **40** participants | Single Dose and/or Outreach/Training Events  for **80** participants | Single Dose and/or Outreach/Training Events  for **100** participants | Single Dose and/or Outreach/Training Events  for **120** participants |
|  |  |  | Implementation of a curriculum with a minimum of **10** participants completing 7 to 9 doses. | Implementation of a curriculum with a minimum of **20** participants completing 7 to 9 doses. |

In an effort to compartmentalize the expectations to implement primary prevention efforts to reduce or eliminate sexual violence in New Jersey utilizing a public health approach, DOW revamped the tiered structure to make it comparable to each agency’s RPE funding allocation. Please find below the RPE year 3 (for the program period **February 1, 2016 – January 31, 2017**) benchmarks by tier.

|  |  |
| --- | --- |
| **Contract Number:** |  |

**STATE OF NEW JERSEY**

**DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A**

**PROGRAM PERSONNEL INFORMATION**

**Section 2.4**

|  |  |
| --- | --- |
| **Program Name:** | **Rape Prevention and Education** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **POSITION NAME/TITLE** | **NAME OF EMPLOYEE** | **DAILY WORK HOURS** | | **%OF TIME TO PROGRAM** | **QUALIFICATIONS**  **(DEGREES, LICENSES, CERTIFICATIONS)** | **FUNCTIONAL JOB DUTIES**  **(as it pertains to this grant)** |
| **FROM** | **TO** |
| FT  PT |  |  |  |  | % |  |  |
| FT  PT |  |  |  |  | % |  |  |
| FT  PT |  |  |  |  | % |  |  |
| FT  PT |  |  |  |  | % |  |  |
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| FT  PT |  |  |  |  | % |  |  |

**NJ RAPE PREVENTION AND EDUCATION EVALUATION PROCEDURES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EVALUATION TOOL** | **COALITION**  **BUILDING** | **SINGLE-DOSE EDUCATION SESSION/ TRAINING/ EVENT** | **COMMUNITY MOBILIZATION** | **CURRICULUM IMPLEMENTATION** |
| **Coalition/Event Sign-in Sheet** | Every meeting3 | Every session | Every meeting3 | N/A |
| **Multi-Dose Sign-in Sheet** | N/A | N/A | N/A | Every session |
| **Pre-Post Survey** | * Quarterly coalitions: 1st and 3rd meetings1, 2 * Monthly coalitions: 1st and 6th meetings each year1, 2 | N/A | TBD by community | First and last session of every curriculum series |
| **One-Time Survey** | At end of any meeting when you had a training/ presentation1 | At end of every session | TBD by community | N/A |
| **Collaboration Assessment Tool (CAT)** | * Quarterly coalitions: 1st and 3rd meetings1, 2 * Monthly coalitions: 1st and 6th meetings each year1, 2 | N/A | TBD by community | N/A |
| Note: a web-based version of the CAT is available here: <https://www.surveymonkey.com/r/RPEcat> | | | | |
| **Community Action Plan** | N/A | N/A | Annually | N/A |

1You should choose either the one-time or pre-post surveys to measure your coalition, not both. If you tend to discuss issues related to your chosen protective factor regularly at each meeting, use the pre-post survey. If you do more targeted trainings/presentations at specific coalition meetings, use the one-time survey.

2The table also lists two administration options to fit how often your coalition meets. Administer the pre-post survey and collaboration assessment tool at the first meeting of the program year, then the 3rd meeting if you meet quarterly, or the 6th meeting if you meet monthly.

3If the same members frequently attend coalition/community mobilization meetings, they may fill in the demographics on the sign-in sheet once and leave them blank thereafter. Please hand out or read the cover sheet so members are aware of the purposes of data collection.

Since this is the last quarter of the program year, begin by collecting **sign in sheets for all activities, pre-post tests for curriculum implementation and one-time surveys as applicable**. For coalition activities, administer the pre-post survey and Collaboration Assessment Tool as described above - at the first meeting in the new program year starting February 2016.

**DATA SUBMISSION DUE DATES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERIOD COVERED** | **REPORT**  **TYPE** | **DUE**  **DATE** | **SUBMISSION**  **METHOD** |
| Feb 1 – Jan 31 (project year) | Annual Planning Report | Jan 15 (starting in 2016) | <https://www.surveymonkey.com/r/RPEplanning> |
| Feb 1 – Jan 31 (project year) | Annual Final Report | Feb 15 (starting in 2016) | <https://www.surveymonkey.com/r/RPEfinal> |
| Prior Month | Monthly Report | 15th day of the following month (ex: Feb report is due Mar 15) | <https://www.surveymonkey.com/r/RPEmonthly> |
| Feb 1 – Apr 31 | Quarterly Outcome Toolkit | May 15 | Email Excel file to [Stephanie.Curran@dcf.state.nj.us](mailto:Stephanie.Curran@dcf.state.nj.us) and CC your assigned program lead |
| May 1 – Jul 31 | Quarterly Outcome Toolkit | Aug 15 | Email Excel file to [Stephanie.Curran@dcf.state.nj.us](mailto:Stephanie.Curran@dcf.state.nj.us) and CC your assigned program lead |
| Aug 1 – Oct 31 | Quarterly Outcome Toolkit | Nov 15 | Email Excel file to [Stephanie.Curran@dcf.state.nj.us](mailto:Stephanie.Curran@dcf.state.nj.us) and CC your assigned program lead |
| Nov - Jan | Quarterly Outcome Toolkit | Feb 15 | Email Excel file to [Stephanie.Curran@dcf.state.nj.us](mailto:Stephanie.Curran@dcf.state.nj.us) and CC your assigned program lead |
| TBD by community | Community Action Plan | Once a year | <https://www.surveymonkey.com/r/RPEcap> |

**Evaluation and Continuous Quality Improvement**

Each Rape Prevention and Education funded program will be responsible for the following:

* Conduct **process** evaluation (using DCF- Division on Women approved tool) for the Community Prevention Coalition and for all sites, submit results to DCF**’s** Office of Research Evaluation and Reporting (ORER)
* Conduct **outcome** evaluation (using DCF- Division on Women approved tool) for Community Prevention Coalition and submit results to ORER
* Conduct **outcome** evaluation (using DCF-ORER approved tool) for all sites and submit results to ORER.
* Participate in all technical assistance and training sessions as offered through the Bystander/Gender Equity Workgroup, offered by Division on Women and ORER.

The purpose of these quality improvement activities is limited to measuring and reporting provider performance data for clinical, practical and/or administrative uses. The intent is to provide information to the CDC about New Jersey’s statewide RPE initiative. It is not rigorous research designed to provide scientific evidence of a specific curriculum’s success, and will not measure every aspect of your work. Please note that these quality improvement activities do not qualify as research, thus do not require IRB approval. However, in some cases, such as schools, parental consent may be required. We recommend including a paragraph in your existing agency procedures that states you will collect some data for this purpose. All sign-in sheets with names should be kept in a secure, locked location separate from the surveys and shredded in 7 years according to DCF and your agency’s policies.

For more information see: <http://www.hhs.gov/ohrp/policy/faq/quality-improvement-activities/index.html>