National
Rape Prevention and Education Program
Orientation and Guidance Manual

Funding Opportunity Announcement (FOA) CE07-701
Sexual Violence Prevention and Education

Revised January 2009

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PLEASE NOTE: This manual does <u>not</u> include guidance for fiscal or budget items. All fiscal/budget items will be addressed directly by your Grants Management Specialist within the Procurement and Grants Office (PGO).

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Acknowledgments

Resources for this manual were developed or adapted by NCIPC Program Implementation and Dissemination Branch staff members Corinne Graffunder, LaTanya Butler, Margaret Brome, Sandra Cashman, Karen Lang, Kaili McCray, Neil Rainford, Jocelyn Wheaton, and Renee Wright.

CDC Contact

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I. INTRODUCTION

A. Overview of the National Rape Prevention and Education Program

CDC's National Rape Prevention and Education (RPE) program enables states and territories[1] to implement strategies to prevent sexual violence. As per the Violence Against Women Act (VAWA) (See Appendix G - Pertinent Legislation, VAWA 2000 and Reauthorization Act of 2005), states use RPE funds to support educational seminars, hotlines, training programs for professionals, development of informational materials, and special programs for underserved communities. In addition, under the new Funding Opportunity Announcement (FOA) CE07-701, *Sexual Violence Prevention and Education – Part A* (aka, the RPE program), states address the complimentary strategies of coalition building, community mobilization, and policy and norms change. States are required to develop comprehensive primary prevention program plans that will be used to guide their efforts during the project period. The RPE program is administered by the Division of Violence Prevention (DVP), part of CDC's National Center for Injury Prevention and Control.

For more information about the CDC's sexual violence activities and about the Division of Violence Prevention, please see Appendix A.

B. Overview of Guidance Manual

This manual serves as both an orientation to CDC's RPE program and a reference tool for RPE program coordinators. It includes guidance on programmatic and administrative items; resources that RPE coordinators may find useful; and background information about both the RPE program and CDC's sexual violence prevention activities.

PLEASE NOTE: This manual does <u>not</u> include guidance for fiscal or budget items. All fiscal/budget items will be addressed directly by your Grants Management Specialist within the Procurement and Grants Office (PGO). See Appendix B - Key Contacts at CDC for a listing of your current Grants Management Specialist.

Notice to states funded under FOA CE07-701 <u>Part A</u>: In addition to this manual, the *Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement CE07-701 (Rape Prevention and Education)* provides information on several key public health concepts and updated guidance on planning expectations outlined in the FOA CE07-701 for Part A grantees. To obtain a copy of this document, new RPE coordinators should submit a request to their Project Officer, or go to the private RPE Directors' Council webpage. For information

[1] **For the remainder of this document, with the exception of official documents such as the request for applications, references to states refer to U.S. states, Puerto Rico, the District of Columbia (D.C.) and the U.S. territories funded by RPE.**

about -and instructions for using- this webpage, please see Guidance Section C – Post Award Administration, Private RPE Council Webpage.

This manual is a living document. As new guidance and supporting materials are developed, CDC will forward them to RPE coordinators. The effective date for all materials included in this manual is printed at the bottom of each page. New and updated materials will also include an effective date. Coordinators should replace earlier guidance with new materials.

II. GUIDANCE

A. Overview of Funding Process

All state health departments are eligible for RPE funds. All states desiring funding applied to the RPE funding opportunity announcement (FOA). An FOA is a formal, written solicitation CDC uses to make known its intention to conduct an application process for a specified financial assistance program or initiative to the public at large, to all eligible applicants, or to all applicants within a limited group of eligible applicants. It contains details regarding the expectations and requirements of a program, along with general information such as availability of funds, application content, application due dates, etc. In 2006, FOA CE07-701, Sexual Violence Prevention and Education was published (See Appendix E for FOA).

The RPE program has a five year project period. RPE recipients are required to submit a continuation application referred to as the Interim Progress Report (IPR) as a prerequisite to approval and funding of each subsequent budget period within the approved project period. The Grants Management Specialist will provide a specific due date and IPR/continuation guidance to you each year (See Guidance Section D for more information regarding IPR/Continuation Application Submission).

Criteria for Funding

The following criteria are used to approve continuation awards:

- Availability of funds
- Adequacy of proposed program plans for the coming year
- Program performance during previous twelve month budget period, relative to stated program goals and objectives
- Appropriateness of requested budget line items and justification
- Amount of unobligated program funds

Allocation of Funds

RPE funds are allocated to states and the District of Columbia on the basis of resident population estimates from the Census conducted April 1, 2000 (RPE funds are allocated to Puerto Rico based on the Census conducted April 26, 2005). Although the legislation for the RPE program does not mandate use of this formula, it allowed for a seamless transition from the Preventive Health and Health Services block grant program. (For more detail about this transition, see Appendix F—History of the RPE Program).

B. Programmatic Content

Intent of RPE Funds

It is CDC's understanding that the original intent of the Congressional language that authorized the RPE program was to ensure that state health agencies engage in collaborative efforts with their respective state Sexual Assault Coalitions (See Appendix G - Pertinent Legislation, VAWA 2000 and Reauthorization Act of 2005). While health departments are not legislatively required to fund sexual assault coalitions, CDC interprets the Congressional intent to mean that they are highly encouraged to partner with, and when appropriate fund, organizations and other stakeholders for sexual violence prevention efforts in their states.

Purpose of Cooperative Agreement CE07-701

The RPE program is the only federal source of funds that specifically focus on rape *prevention* activities. Cooperative Agreement CE07-701 builds and enhances grantees' capacity to effectively prevent sexual violence from initially occurring by preventing first time perpetration and victimization through:

- using a public health approach;
- supporting comprehensive primary prevention program planning at multiple social ecological levels;
- building individual, organizational and community capacity for prevention;
- applying the principles of effective prevention strategies; and,
- evaluating sexual violence primary prevention strategies and programs.

Legislatively Approved Activities (also referred to as Permitted Uses of RPE Funds)

For the purposes of this cooperative agreement, grantees should reflect a commitment to enhance the effectiveness of the federally legislatively approved activities to prevent first time perpetration and victimization of sexual violence.

The legislatively approved prevention activities are as follows:

- Educational seminars
- Training programs for professionals
- Preparation of informational material
- Operation of hotlines
- Education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs used to facilitate rapes or sexual assaults
- Other efforts to increase awareness of the facts about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 [42 U.S.C. 12102])

Complimentary Strategies to Legislatively Approved Activities

In addition to implementing and enhancing the legislatively approved activities, grantees should also address complimentary strategies such as:

- coalition building;
- community mobilization; and
- policy and norms change

NOTE: **For detailed guidance on implementation efforts outlined in the Cooperative Agreement CE07-701 for Part A, please refer to the *Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement CE07-701(Rape Prevention and Education).*** This document provides guidance regarding: enhancing legislatively approved activities; implementing and evaluating enhanced legislatively approved activities and strategies; conducting policy and norms change initiatives; conducting community mobilization and coalition building efforts; planning and developing a comprehensive primary prevention plan; utilizing RPE Theory and Activities models in planning; developing primary prevention strategies (includes programs, policies, etc.); utilizing the ecological model in developing primary prevention strategies; and expectations for and clarification of program measures of effectiveness.

Sexual Violence Surveillance

Up to two percent of RPE funds awarded each year can be used to conduct surveillance activities. Surveillance information is a critical component for making decisions about program direction and priorities and will be important for assessing progress in achieving program goals.

Traditional surveillance is the ongoing, systematic collection, analysis, and interpretation of outcome-specific data, closely integrated with the timely dissemination of these data to those responsible for preventing and controlling disease or injury. Sources may include hospital emergency rooms and police departments. **Survey surveillance** is systematic data collection from a representative sample of the population of interest (i.e., victims or perpetrators of sexual violence) for analysis and interpretation.

Sexual violence surveillance is essential for several reasons:

- It provides data to better gauge the magnitude of the problem in relation to other public health problems (e.g., it might be that sexual violence has a higher cost burden than other health issues and prevention efforts would be cost effective).
- It increases the ability to identify groups at highest risk who might benefit from focused prevention and intervention efforts.
- It allows for monitoring changes in the incidence and prevalence of sexual violence over time, including identifying trends.
- It provides data necessary to evaluate the effectiveness of prevention and intervention activities and to share evidence-based outcomes with other programs.
- It increases the ability to educate policymakers and program planners at local, state, and federal levels about the magnitude and severity of sexual violence.

RPE grantees should incorporate population-based surveillance data sources available in the state (YRBS, BRFSS or similar surveys), collaborating with epidemiology departments in their state health departments and universities. To ensure data collected will have an impact on prevention programs, RPE grantees should ask a series of questions, including:

- What surveillance data (traditional and survey) are available in my state?
- What are the limitations of those surveillance sources?
- What other data would be important to track over time?
- How could this surveillance data be used to improve program efforts and educate stakeholders?

NOTE: To view or order a free copy of CDC's publication, *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*, go to http://www.cdc.gov/ncipc/pub-res/sv_surveillance/sv.htm. For additional surveillance resources, see Appendix K, CDC Resources.

Sexual Violence Prevention Program Evaluation

Program evaluation is the systematic collection of information about the activities, characteristics, and outcomes of a program to determine if and how well it is working, identify ways to improve the program, and/or inform decisions about future program development. CDC also defines program evaluation as an essential organizational practice in public health using a systematic approach to improve and account for public health actions.

Some basic questions to consider when planning program evaluation include:

- How will the evaluation inform programmatic and strategic planning?
- Who needs information from this evaluation, and what information do they need?
- How much money, time, and effort can we put into program evaluation?
- Who needs to be involved in the evaluation?
- What design will lead to accurate information?

Well-written goals and objectives/outcome statements are critical to program evaluation, as they provide the benchmark against which the program's outcomes are measured. It is also important to identify indicators for evaluation and sources from which to gather data. Program staff must know how evaluation data will be analyzed and how results will be used to improve future efforts.

NOTE: To view CDC's publication, *Framework for Program Evaluation in Public Health* (published in the Morbidity and Mortality Weekly Report, September 17, 1999/Vol. 48/No. RR-11), go to http://www.cdc.gov/mmwr/PDF/RR/RR4811.pdf. For additional resources (including citation for CDC's *Sexual and Intimate Partner Violence Prevention Programs Evaluation Guide, 2007*), see Appendix K, CDC Resources and Other Resources.

Human Subjects Research & IRB Related Activities

RPE funds are NOT to be used for research (i.e., as defined in 45 CFR 46, research means "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge"). This section is included to help provide clarification on these terms.

CDC is committed to protecting the rights and welfare of individuals and communities who participate in public health activities. Some public health activities have specific requirements under federal regulations for protecting subjects of research. In the conduct of public health research, CDC follows the Code of Federal Regulations, Title 45, Part 46, The Public Health Service Act as amended by the Health Research Extension Act of 1985, Public Law 99-158, which sets forth regulations for the protection of human subjects.

All research involving human participants conducted by the Centers for Disease Control and Prevention (CDC) or funded in whole or in part by CDC must comply with the Code of Federal Regulations, Title 45, Part 46-Protection of Human Subjects (45 CFR 46). This includes research conducted by CDC employees, either directly, through, cooperative agreements, contracts or simplified acquisition (e.g., purchase orders) or in collaboration with outside parties. It also includes all CDC research conducted or funded by CDC outside the United States.

A human subject is defined in 45 CFR 46 as ""a living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual or (2) identifiable private information. Intervention includes both physical procedures by which data are gathered and manipulations of the subject or the subject's environment that are performed for research purposes. Interaction includes communication or interpersonal contact between investigator and subject. Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects."

Project Officers will review RPE grantee plans to ensure that no research activities are being conducted. Although general guidance can be given to assist in classifying these activities as either research or non-research, no one criterion can be applied universally. Please contact your Project Officer if there are any questions pertaining to your project.

For additional information related to this topic, please visit the following CDC website: http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm.

C. Post Award Administration

Role of the Department of Health

CDC is committed to strengthening the capacity of state departments of health (DOH) to ensure their leadership in sexual violence prevention. To that end, the DOH receives and administers RPE funds, provides strategic and programmatic oversight of those funds, and submits all official communications to CDC.

Given that DOH's support, guidance, and engagement in the planning and implementation of the RPE program is necessary, it is required as per Funding Opportunity Announcement CE07-701 to dedicate a minimum of .25 – 1 FTE to manage the RPE program including coordination of the strategic planning efforts (comprehensive primary prevention).

NOTE: Each state is responsible for determining which bureau/division/office within DOH is most appropriate to manage the RPE funds; however, CDC encourages states to collaborate with other relevant programs within DOH (e.g., Maternal and Child Health, etc).

Allocating Funds within States

CDC administers RPE funds to state DOHs and it is the DOH's responsibility to allocate the funds to appropriate partners (including other state agencies) and organizations working to address sexual violence prevention in their state—for example, state Sexual Assault Coalitions, rape crisis centers, agencies that focus on working with men and boys and/or youth to prevent sexual violence, and other public and private nonprofit entities. Allocations should be based upon state RPE strategic planning and priority setting and RPE program goals and objectives.

Monitoring Contracts

In accordance with 45 CFR Part 92.36, DOH is accountable for funding allocated to its partners, contractors, and sub-contractors. At a minimum, the DOH must monitor contractors to ensure that funds are being used appropriately and effectively in accordance with the legislative guidelines, and that progress is being made as set forth in the funding opportunity announcement and application.

Reporting Requirements

Reporting periods are based on the **project period** and **budget period** of a program. Under Program Announcement 07701, the RPE Program has a five-year project period that begins in FY2007 (November 1, 2006) and ends in FY2011 (October 31, 2011).

The RPE Program budget periods are for 12 months from November 1 to October 31. Thus, the RPE project period consists of five 12-month budget periods.

Progress Reports and Financial Status Reports are required annually. **An original and two copies** of the reports, signed by the RPE Coordinator and a DOH business official, must be submitted to the Grants Management Specialist (See "**Correspondence with PGO**" within this Section for all details regarding submissions to PGO). Submission of the reports to individuals other than the Grants Management Specialist may result in delays in processing of the continuation/IPR award or the submission being considered delinquent.

As prime recipient of RPE funds, the DOH is responsible for submitting all applications and reports required for the RPE program. Applications and annual reports should reflect only those activities and accomplishments that are funded in full or in part with RPE funds.

While other agencies and organizations may take part in addressing sections of RPE applications and annual reports, only the DOH is authorized to submit final versions to CDC for approval. Therefore, any sections written by others must first be sent to the DOH for review, approval, and incorporation into DOH's final submission to CDC.

Note: Currently, CDC's policy <u>does not</u> support electronic submissions of reports other than the IPR Report in Grants.gov.

Application and Progress Reports

i. An **interim progress report (IPR**) is required and will serve as your non-competing continuation application. The IPR will require a budget in addition to other required information. A specific due date and guidance will be provided by the Grants Management Specialist each year.

Grants.gov Submission

All IPRs must be submitted via grants.gov (see IPR/Application Section D for more information). As stated previously, the DOH is the direct recipient and is responsible for RPE funds; therefore, the DOH is the only agency authorized to submit RPE applications via grants.gov.

ii. <u>Annual Progress Report</u>: The annual progress report is due 90 days after the end of the budget period, **January 31** and should include the following elements.

- a comparison of actual accomplishments to the goal established for the period;
- the reasons for failure, if established goals were not met; and
- other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected.

Annual progress report must be submitted to the Grants Management Specialist in an **original and two copies**. Reporting timeframe is **November 1 through October 31.**

Please see Appendix I for the Annual Progress Report Template to be used.

iii. The **final progress report** is due 90 days after the end of the project period. All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.

Financial Status Report (FSR)

The Annual Financial Status Report (FSR - Standard Form (SF) 269 or SF 269A) is required and must be submitted 90 days after the end of each budget period. The FSR is due to the Grants Management Specialist on **January 31.** The Reporting period is **November 1 through October 31**. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by visiting: http://www.whitehouse.gov/omb/grants/sf269a.pdf.

For additional information regarding the FSR, please contact the Grants Management Specialist.

Communication with CDC

RPE program staff in the states will interact with Project Officers in the Division of Violence Prevention and with Grants Management Officers and Specialists in the Procurement and Grants Office. See Key Contacts at CDC (Appendix B) for Project Officer and Grants Management contact information.

Project Officers

Project Officers are liaisons between DVP and state health departments that receive RPE funds. Project Officers are primarily responsible for providing technical assistance and consultation about *programmatic aspects* of the award, and as such, are the primary point of contact for all *programmatic elements* of the RPE program. They provide programmatic advice and assistance to the grantee, monitor the grantee's performance (monitoring includes activities such as reviewing progress reports, maintaining ongoing communication, and making site visits), make recommendations to PGO on whether or not to approve continuation applications for award, and provide program advice to grants management staff.

Please Note: Under the new FOA CE07-701, the RPE program has changed from a grant to a cooperative agreement for the project period. In a cooperative agreement, CDC staff is substantially involved in program activities, above and beyond routine grant monitoring. These activities, as outlined in FOA CE07-701, are:

1. Assist grantees in the translation and application of principles, processes, and practices for primary prevention-focused strategies.
2. Assist awardees in the use of tools and resources related to program planning, implementation and evaluation. Refer to the Funding Announcement Guidance Document for specific information related to tools and resources.
3. Convene monthly technical assistance calls to assist awardees in the implementation of proposed activities and strategies including the:
    a. alignment of proposed strategies and/or programs to CDC Goals for Healthy People in Every Stage of Life, Healthy People in Healthy Places, and the proposed National PART Objective;

   b. development of measures that demonstrate performance; and
   c. estimation of health impact to be achieved by program
4. Convene meetings at least annually, for information sharing and trainings related to comprehensive primary prevention planning, implementation and evaluation.
5. Arrange site visits with CDC awardees to assess progress and offer technical assistance related to the cooperative agreement implementation.
6. Coordinate information sharing among relevant CDC awardees and partners via multiple settings such as in- person meetings, conference calls, web seminars, list serves, etc.
7. Disseminate lessons learned to local, state, national, and appropriate international partners via multiple mechanisms such as trainings, conferences, meetings, web casts, and reports.

Communication with Project Officers. As with any cooperative agreement, regular communication between states and respective Project Officers is expected. This communication allows Project Officers to stay current with the progress, problems, and needs of the state; as well as to provide technical review responses to continuation applications and annual reports; and it gives states the opportunity to clarify information or request technical assistance from Project Officers. At a minimum, monthly communications are expected, the means (e-mail, phone, or in person) and timing of which can be determined by each state and Project Officer.

Requesting Technical Assistance. States should call or e-mail Project Officers to address questions about program issues or to obtain technical assistance.

Site Visits. Generally, Project Officers will visit all states that receive RPE funds on average every other year, based on the availability of CDC travel funds and programmatic progress. State RPE coordinators may initiate the request for a site visit. In addition, CDC may request that the RPE coordinator travel to CDC for a reverse site visit when appropriate.
Project Officers conduct site visits to—

- Keep informed of a recipient's progress (includes discussing progress related to goals/objectives/activities as stated in the RPE application);
- Better understand the recipient's business management systems;
- Enhance CDC understanding of grantee and other stakeholder priorities, accomplishments and challenges related to the project;
- Meet staff and partners, which includes an attempt to meet key partners in the state health department, other state agencies, and the sexual assault coalition and their RPE funded programs;
- Verify information received in reports;
- Assess compliance with the terms and conditions of the award;
- Provide administrative and programmatic technical assistance to grantees, and determine grantees' future needs for technical assistance;
- Discuss data/evidence used to determine project priorities as well as evaluate success of program strategies;
- Provide updates on CDC activities or other activities/issues relevant to the program;
- Inform the recipient of other available resources.

Immediate feedback on the site visit will be provided in person at the end of the visit or via a conference call scheduled within a week of the visit. Formal written feedback will be provided to the grantee within 45 days of the visit.

Grants Management Officers and Specialists (Procurement and Grants Office)

Grants Management Officers (GMO) and Specialists (GMS) work in CDC's Procurement and Grants Office (PGO). PGO has primary responsibility for business and other non-programmatic areas of grant award and administration. This includes all business management aspects associated with the review, negotiation, award, and administration of grants and cooperative agreements. They are responsible for ensuring that both Federal staff and grantees fulfill applicable statutory, regulatory, and administrative policy requirements, both before and following the award.

Only GMOs are authorized to obligate the Government to the expenditure of funds under grants and cooperative agreements. Therefore, a duly appointed GMO must sign notices of award and amendments, and notices of post-award.

The GMO also serves as the counterpart to the business official of the recipient organization. The GMO is the single focal point for applicant/recipient questions and communications on business management and other non-programmatic matters. This includes being the receipt point for any reports required to be submitted as a term or condition of award and requests for prior approval, even if the reports or the prior approval requests are of a programmatic nature. The Project Officer may be designated as an additional receipt point or will receive a copy of the incoming material from the GMO upon receipt.

Correspondence with PGO. All official correspondence, such as continuation applications (interim progress reports), requests for carryover, annual reports, and FSRs, must come directly from the DOH (the recipient agency). Correspondence from other state agencies or contractors will not be accepted. Please provide a courtesy copy to your Project Officer.
All correspondence with PGO should include the following:

- Two signatures, from the RPE coordinator and a DOH business official
- Grantee letterhead
- Date of correspondence
- Point of contact with phone number and e-mail address
- Cooperative agreement number and year (this information must be included on all written, verbal, or electronic communication)

Attendance at RPE Grantees Meetings

RPE grantee meetings provide updates on important issues relevant to the administration of the RPE grant; provide training and networking opportunities for RPE coordinators and state sexual assault coalition staff; and facilitate the relationship between CDC, state health departments, and state Sexual Assault Coalitions to advance RPE efforts. Given the importance of both

programmatic and administrative information shared, a representative from each funded DOH is expected to attend these meetings. Discussions and presentations at these meetings will assist states in planning, implementing, and evaluating programs and help ensure states will receive future funding.

RPE grantee meetings will be tentatively scheduled yearly based on the availability of funds. Meetings may be substituted for or supplemented by national or regional trainings, or web conferences.

RPE Listserv

The RPE listserv provides DOH personnel and other state agencies involved in the administration of the RPE program with a tool for communicating with one another and sharing ideas, successes, and other relevant information. The RPE listserv is also one of CDC's primary ways of providing consistent, timely information to the RPE programs. ***NOTE:*** While CDC encourages open dialogue, it does not support or endorse the opinions expressed through the listserv.

To join the listserv, contact your Project Officer or Neil Rainford (770-488-1122; Nrainford@cdc.gov).

Please adhere to the following guidelines when using the listserv:

- Use the "Forward" function to respond to an individual poster. If you hit "Reply" or "Reply All," you respond to the entire listserv. Please read messages carefully, as they usually provide instructions about to whom responses should be sent.
- Be sure the message/information being sent is appropriate for the entire group.
- Use a subject line that provides descriptive information for your message.
- Before forwarding a message to the listserv, delete any "junk"—prior address lists, advertisements, personal notes not appropriate for the entire group.
- To post a new message, please address your message to NCIPC-RPE-STATE-GRANTS@LISTSERV.CDC.GOV.

Private RPE Council Webpage (maintained by the RPE Director's Council in partnership with NSVRC)

This webpage is maintained by the RPE Directors' Council, of which one RPE Coordinator per state or territory is a member, in partnership with the National Sexual Violence Resource Center (NSVRC). The website is a password-protected clearinghouse of resources from both the CDC and other states that are available electronically.

NOTE: CDC staff does not have access to this webpage.

Please use the following instructions to access this webpage:

1. Go to the NSVRC website, www.nsvrc.org

2. On the bottom right of the home page, you will see a place to enter a username and password. Right underneath is an option to "Create New Account". Click on this option and fill in the required information (only items with a red asterisk are required). After entering the info, click on Create New Account at bottom of that page. Please note – if you have created an account with us before (to add events to the calendar, add classified ads, etc), your information would have been transferred over and you can use that. If you put in your email and it returns a message saying you are already in the system, you can click on the Create New Password tab if you have forgotten your password.
   **** Please note that the RPE login and password information that worked on the old site will not work here****

3. Once you have created an account, and email will sent to you. You will need to open this email to activate your account.

4. Once you have activated your account, please email Jen Grove at NSVRC (jgrove@nsvrc.org) a brief note saying you have done so. Also let her know your username if it is different from your real name. She will then go into the system and approve you to access the RPE Council page. She will alert you when this has been done.

5. Once you have been granted access, go to the NSVRC website, www.nsvrc.org, enter your user name and password, click Log In and you can now access the RPE Council page by clicking on the Projects option on the top menu, then clicking RPE Council on the left-side menu (near the bottom of the list).

6. Once you are on the private page, you can access the different areas of the page using the left-side menu or by clicking directly on the teal-colored header on the opening page. Please note that the information under the headers is just a snapshot of some of the things in that section and not an exhaustive list.

The only thing you will have to remember from this point on to access the RPE Council page is your username and password. It is recommended that you "bookmark" the NSVRC webpage or save to your "Favorites" list so it is easily accessible.

D. Interim Progress Report (IPR)/Continuation Application Submission

Although the RPE program has a five year project period, grantees are required to submit a continuation application referred to as the Interim Progress Report (IPR) as a prerequisite to approval and funding of each subsequent budget period within the approved project period. **The Grants Management Specialist will forward a specific due date and IPR/Continuation guidance to you each year** (See Appendix H for sample IPR/Continuation Application Guidance).

The CDC is required by the Department of Health and Human Services (HHS) to begin receiving applications through www.Grants.gov. The information you will need to download instructions from www.Grants.gov for submiting an interim progress report follows below.

If you have not done so already, please register with www.Grants.gov by visiting the "Getting Started" section of the website. The registration process could take 3-5 business days to complete, so please register with www.Grants.gov at least 20 business days prior to submitting your application. For registered entities, www.Grants.gov will save time by automatically populating many of the fields in future application forms.

Obtaining the application package from www.Grants.gov involves five steps:

(1) Click the "Apply for Grants" tab at the top of the front page and select "**Apply Step 1: Download a Grant Application Package and Application Instructions".**

(2) In the appropriate section, enter Funding Opportunity Announcement Number: **CE07-701CONT**. (this number will change each continuation year to include the number of the budget year and fiscal year and will be provided to you in the continuation guidance from the GMS)

(3) Click the "Download Package" button.

(4) Click "Download" from the "Instructions & Application" column on the far-right side of the page.

(5) Click "Download Application Package" and "Download Application Instructions" and download to your computer.

IPR/non-competing continuation applications are reviewed non-competitively to receive financial assistance for a subsequent budget period within a previously awarded project period. Each application should clearly explain the goals and objectives of the RPE program and include required budget information. When describing program activities in your application, include only those activities that are to be funded in full or in part with RPE funds.