

## **III. APPENDICES**

## The National Rape Prevention and Education (RPE) Program Orientation and Guidance Manual

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### A. Sexual Violence Prevention at CDC

The Division of Violence Prevention (DVP), which has programmatic responsibility for RPE funds, is part of CDC's National Center for Injury Prevention and Control. DVP fulfills its mission of preventing injuries and deaths caused by violence through the work of three branches:

- The **Etiology and Surveillance Branch** conducts research on the risk and protective factors for violence and its consequences and oversees public health surveillance activities designed to describe, monitor, and track violence-related injuries.
- The **Prevention Development and Evaluation Branch** develops violence prevention programs and evaluates their efficacy and effectiveness.
- The **Program Implementation and Dissemination Branch** supports state and community partnerships to plan, implement, and evaluate violence prevention programs; conducts implementation and dissemination research to ensure effective adoption of strategies; and supports all division efforts through health education, training, and communication. This branch administers the RPE grant program.

Each branch addresses a range of violence issues, including the priority areas of intimate partner and sexual violence, child maltreatment, youth violence, and suicide. The three branches also examine various populations affected by violence such as older adults, persons with disabilities, and racial and ethnic minorities (See next page for DVP organizational chart).

### CDC's Unique Contributions and Guiding Principles for Violence Prevention

CDC's public health approach to injury and violence prevention complements other approaches such as those of the criminal justice and mental health systems. Its unique features and guiding principles include:

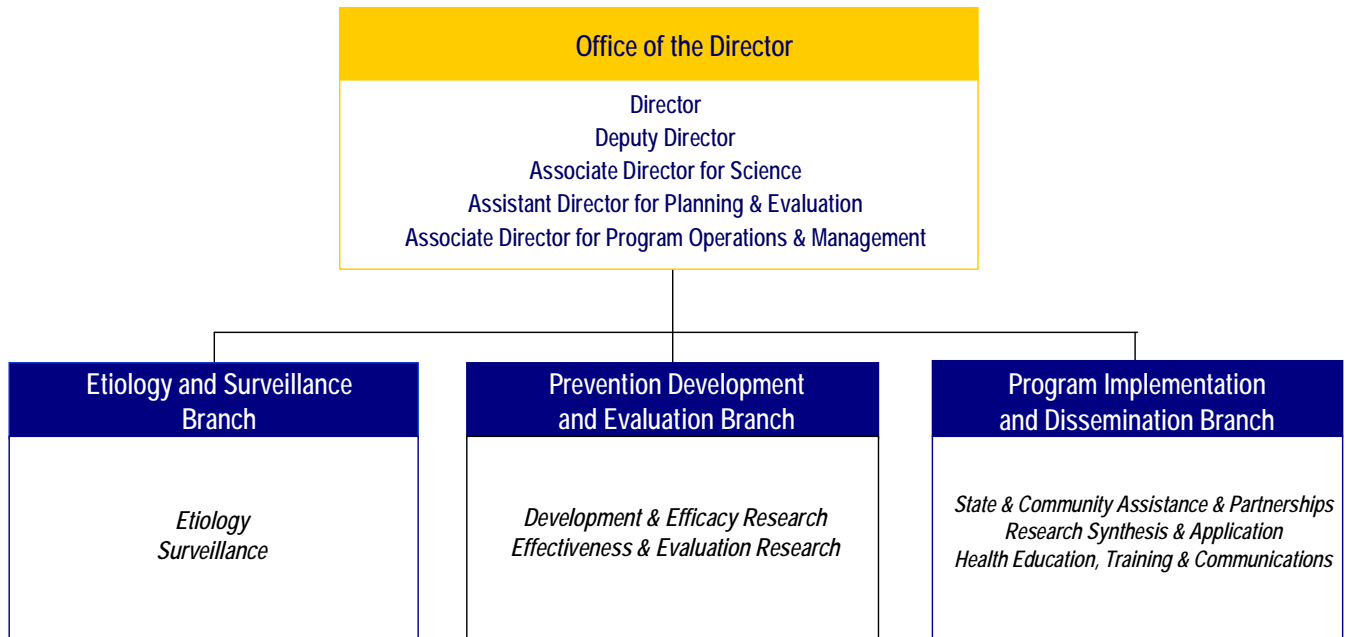
- **Emphasis on prevention.** CDC concentrates efforts on preventing the initial occurrence of violence. A primary prevention emphasis focuses on reducing the factors that put people at risk while increasing the factors that protect people from becoming victims or perpetrators of violence (see CDC's *Prevention: Beginning the Dialogue* publication).
- **Commitment to developing a rigorous science base; and a focus on the practical application of scientific advances, translating science into effective programs and policies.** Monitoring and tracking trends, rigorously evaluating interventions, and researching risk and protective factors add to the base of what is known about violence and how to prevent it.
- **Cross-cutting perspective.** Public health encompasses many disciplines and perspectives, making its approach well suited for examining and addressing multifaceted problems like violence. Prevention and treatment, social determinants and health consequences, parenting, school and neighborhood safety all affect trends in violence. Yet outside of public health, the interaction of these factors is seldom assessed. Similarly, CDC has a commitment to avoid duplication by complementing and building on the efforts of others and by addressing gaps or needs.

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- Community and population approach.** Part of public health’s broad view is an emphasis on community and population health—not just the health of individuals. Violence is experienced acutely by individuals, but its consequences and potential solutions affect society in general. CDC’s goals include achieving lasting change in attitudes toward violence and the factors that place people at risk.

<b>Division of Violence Prevention</b>	
<b>Priority Areas:</b>	<ul style="list-style-type: none"> <li>•Intimate Partner Violence</li> <li>•Sexual Violence</li> <li>•Child Maltreatment</li> <li>•Youth Violence</li> <li>•Suicide</li> </ul>
<b>Emerging Areas:</b>	<ul style="list-style-type: none"> <li>•Global Violence Prevention</li> <li>•Elder Abuse</li> </ul>



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Fax: 615-532-7189  
E-mail: [lacanas.jordan@state.tn.us](mailto:lacanas.jordan@state.tn.us)

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Family Health Research and Program Development  
Office of Title V and Family Health  
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**TEXAS**

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Primary Prevention Specialist  
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**UTAH**

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Utah Department of Health  
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**VERMONT**

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**VIRGIN ISLANDS**

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**VIRGINIA**

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Email: [Becky.Odor@vdh.virginia.gov](mailto:Becky.Odor@vdh.virginia.gov)

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**WASHINGTON**

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PO Box 47853  
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E-mail: [debbie.ruggles@doh.wa.gov](mailto:debbie.ruggles@doh.wa.gov)  
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Tumwater, WA 98501

**WEST VIRGINIA**

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Susan LaFlash  
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1 W. Wilson, Room 218  
P.O. Box 2659  
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Fax: 608-261-6392  
E-mail: [laflasi@dhfs.state.wi.us](mailto:laflasi@dhfs.state.wi.us)

**WYOMING**

Molly Bruner  
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## **D. State and Territory Sexual Assault Coalition Contact Information**

### **Alabama Coalition Against Rape**

PO Box 4091 320 N. Hull Street Montgomery, AL 36102 Phone: 334-264-0123 Fax: 334-264-0128 Org email: acar@acar.org Website: www.acar.org Executive Director: Kimberly Love ED email: klove@acar.org

### **Alaska Network on Domestic Violence and Sexual Assault**

130 Seward Street Suite 214 Juneau, AK 99801 Phone: 907-586-3650 Fax: 907-463-4493  
Website: www.andvsa.org Executive Director: Peggy Brown ED email: pbrown@andvsa.org

### **American Samoa Coalition Against Domestic and Sexual Violence**

PO Box 353 Pago Pago, AS 96799 Phone: 684-633-2696 Fa'aalu Iuli ED email: [aluifea@yahoo.com](mailto:aluifea@yahoo.com)

### **Arizona Sexual Assault Network**

1949 East Calle De Arcos Tempe, AZ 85284 Phone: 480-831-1986 Fax: 480-831-1983 Org email: [azsan2@aol.com](mailto:azsan2@aol.com)  
Website: www.ArizonaSexualAssaultNetwork.org CEO: Elizabeth Houde ED email: elizabethhoude@aol.com

### **Arkansas Coalition Against Sexual Assault**

215 N. East Avenue Fayetteville, AR 72701 Phone: 479-527-0900 Fax: 479-527-0902  
Org email: [acasa@sbcglobal.net](mailto:acasa@sbcglobal.net) Website: www.acasa.us Executive Director: Helen Jane Brown ED email: [acasa@sbcglobal.net](mailto:acasa@sbcglobal.net)

### **California Coalition Against Sexual Assault**

1215 K Street Suite 1100 Sacramento, CA 95814 Phone: 916-446-2520 Fax: 916-446-8166 Org email: info@calcasa.org Website: www.calcasa.org Executive Director: Suzanne Brown-McBride ED email: Suzanne@calcasa.org

### **Colorado Coalition Against Sexual Assault**

PO Box 300398 Denver, CO 80203 Phone: 303-861-7033 Toll-free: 877-372-2272 Fax: 303-832-7067 Org email: director@ccasa.org Website: www.ccasa.org Executive Director: Meg Allen ED email: director@ccasa.org

### **Connecticut Sexual Assault Crisis Services, Inc.**

96 Pitkin Street East Hartford, CT 06108 Phone: 860-282-9881 Hotline: 888-999-5545 Fax: 860-291-9335 Org email: info@connsacs.org Website: www.connsacs.org Executive Director: Nancy Kushins nancy@connsacs.org

### **DC Rape Crisis Center**

PO Box 34125 Washington, DC 20043 Phone: 202-232-0789 Hotline: 202-333-7273 Fax: 202-387-3812 Org email: dcrcc@dcrcc.org Website: www.dcrcc.org/ Executive Director: Denise Snyder ED email: dsnyder@dcrcc.org

### **Delaware ContactLifeline**

PO Box 9525 Wilmington, DE 19809 Phone: 302-761-9800 Toll-free: 800-262-9800 Fax: 302-761-4280 Website: www.contactlifeline.org Executive Director: Patricia Tedford ED email: ptedford@contactlifeline.org

### **Florida Council Against Sexual Violence**

1311 North Paul Russell Road Suite A204 Tallahassee, FL 32301 Phone: 850-297-2000 Toll-free: 888-956-7273 Fax: 850-297-2002 Org email: information@fcasv.org Website: www.fcasv.org Executive Director: Jennifer Dritt ED email: jdritt@fcasv.org

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### **Georgia Network to End Sexual Assault**

131 Ponce De Leon Avenue Suite 122 Atlanta, GA 30308 Phone: 404-815-5261 Fax: 404-924-6990 Website: www.gnesa.com President & CEO: Shawn Paul email: spaul@gnesa.org

### **Guam Coalition Against Sexual Assault and Family Violence**

PO Box 1093 Hagatna, GU 96932 Phone: 671-479-2277 Fax: 671-479-7233 ED email: coalition@teleguam.net

### **Hawaii Coalition Against Sexual Assault**

PO Box 10596 Honolulu, HI 96816 Phone: 808-533-1637 Fax: 808-533-1637 Coordinator: Paula Chun ED email: catalst@aloha.net

### **Idaho Coalition Against Sexual and Domestic Violence**

300 East Mallard Drive Suite 130 Boise, ID 83706 Phone: 208-384-0419 Toll-free: 888-293-6118 Fax: 208-331-0687 Org email: thecoalition@idvsa.org Website: www.idvsa.org Executive Director: Sue Fellen ED email: sfellen@idvsa.org

### **Illinois Coalition Against Sexual Assault**

100 North 16th Street Springfield, IL 62703 Phone: 217-753-4117 Fax: 217-753-8229 Org email: sblack@icasa.org Website: www.icasa.org Executive Director: Polly Poskin

### **Indiana Coalition Against Sexual Assault**

55 Monument Circle Suite 1224 Indianapolis, IN 46204 Phone: 317-423-0233 Toll-free: 800-691-2272 Fax: 317-423-0237 Org email: incasa@incasa.org Website: www.incasa.org Executive Director: Anita Carpenter ED email: acarpen@incasa.org

### **Iowa Coalition Against Sexual Assault**

515 28th Street Suite 107 Des Moines, IA 50312 Phone: 515-244-7424 Hotline: 800-284-7821 Fax: 515-244-7417 Website: www.iowacasa.org Executive Director: Elizabeth Barnhill ED email: director@iowacasa.org

### **Kansas Coalition Against Sexual and Domestic Violence**

634 SW Harrison Topeka, KS 66603 Phone: 785-232-9784 Fax: 785-266-1874 Org email: coalition@kcsdv.org Website: www.kcsdv.org Executive Director: Sandra Barnett ED email: sandrab@kcsdv.org

### **Kentucky Association of Sexual Assault Programs, Inc.**

PO Box 4028 83 C. Michael Davenport Boulevard Frankfort, KY 40604 Phone: 502-226-2704 Fax: 502-226-2725 Website: www.kasap.org Executive Director: Eileen Recktenwald ED email: erecktenwald@kasap.org

### **Louisiana Foundation Against Sexual Assault**

1250 SW Railroad Avenue Suite 170 Hammond, LA 70403 Phone: 985-345-5995 Toll-free: 888-995-7273 Fax: 985-345-5592 Org email: resource@lafasa.org Website: www.lafasa.org Executive Director: Judy Benitez ED email: judy@lafasa.org

### **Maine Coalition Against Sexual Assault**

83 Western Avenue Suite 2 Augusta, ME 04330 Phone: 207-626-0034 Toll-free/Hotline: 800-871-7741 Fax: 207-626-5503 Org email: info@mecasa.org Website: www.mecasa.org Executive Director: Elizabeth Ward-Saxl ED email: director@mecasa.org

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### **Maryland Coalition Against Sexual Assault**

1517 Governor Ritchie Highway Suite 207 Arnold, MD 21012 Phone: 410-974-4507 Toll-free: 800-983-7273 Fax: 410-757-4770 Org email: [jphill@mcasa.org](mailto:jphill@mcasa.org) Website: [www.mcasa.org](http://www.mcasa.org) Executive Director: Jennifer Pollitt-Hill ED email: [jphill@mcasa.org](mailto:jphill@mcasa.org)

### **Massachusetts Coalition Against Sexual and Domestic Violence Jane Doe Inc.**

14 Beacon Street Suite 507 Boston, MA 02108 Phone: 617-248-0922 Toll-free/Hotline: 877-785-2020 Fax: 617-248-0902 Org email: [info@janedoe.org](mailto:info@janedoe.org) Website: [www.janedoe.org](http://www.janedoe.org) Executive Director: Mary Lauby ED email: [mлаuby@janedoe.org](mailto:mлаuby@janedoe.org)

### **Michigan Coalition Against Domestic and Sexual Violence**

3893 Okemos Road Suite B2 Okemos, MI 48864 Phone: 517-347-7000 Fax: 517-347-1377 Org email: [general@mcadsv.org](mailto:general@mcadsv.org) Website: [www.mcadsv.org](http://www.mcadsv.org) Executive Director: Mary Keefe

### **Minnesota Coalition Against Sexual Assault**

161 St. Anthony Avenue Suite 1001 St. Paul, MN 55103 Phone: 651-209-9993 Toll-free: 800-964-8847 Fax: 651-209-0899 Website: [www.mncasa.org](http://www.mncasa.org) Executive Director: Donna Dunn ED email: [carla@mncasa.org](mailto:carla@mncasa.org)

### **Mississippi Coalition Against Sexual Assault**

PO Box 4172 Jackson, MS 39296 Phone: 601-948-0555 Toll-free: 888-987-9011 Fax: 601-948-0525 Website: [www.msCasa.org](http://www.msCasa.org) Executive Director: Levette Kelly ED email: [lkelly@msCasa.org](mailto:lkelly@msCasa.org)

### **Missouri Coalition Against Domestic and Sexual Violence**

217 Oscar Drive Suite A Jefferson City, MO 65101 Phone: 573-634-4161 Fax: 573-636-3728 Org email: [mocadsv@mocadsv.org](mailto:mocadsv@mocadsv.org) Website: [www.mocadv.org](http://www.mocadv.org) Executive Director: Colleen Coble ED email: [colleenc@mocadsv.org](mailto:colleenc@mocadsv.org)

### **Montana Coalition Against Domestic and Sexual Violence**

PO Box 818 Helena, MT 59624 Phone: 406-443-7794 Toll-free: 888-404-7794 Hotline: 888-404-7794 Fax: 406-443-7818 Org email: [mcadsv@mt.net](mailto:mcadsv@mt.net) Website: [www.mcadsv.com](http://www.mcadsv.com) Executive Director: Kelsen Young ED email: [kyoung@mcadsv.com](mailto:kyoung@mcadsv.com)

### **Nebraska Domestic Violence Sexual Assault Coalition**

1000 O Street Suite 102 Lincoln, NE 68508 Phone: 402-476-6256 Fax: 402-476-6806 Org email: [info@ndvsac.org](mailto:info@ndvsac.org) Website: [www.ndvsac.org](http://www.ndvsac.org) Executive Director: Lynne Lang ED email: [executivedirector@ndvsac.org](mailto:executivedirector@ndvsac.org)

### **Nevada Coalition Against Sexual Violence**

PO Box 620716 Las Vegas, NV 89162 Phone: 702-990-3460 Fax: 702-990-3461 Website: [www.ncasv.org](http://www.ncasv.org) Executive Director: Andrea Sundberg ED email: [director@ncasv.org](mailto:director@ncasv.org)

### **New Hampshire Coalition Against Domestic and Sexual Violence**

PO Box 353 Concord, NH 03302 Phone: 603-224-8893 Fax: 603-228-6096 Website: [www.nhcadsv.org](http://www.nhcadsv.org) Executive Director: Grace Mattern ED email: [mattern@nhcadsv.org](mailto:mattern@nhcadsv.org) [www.reachoutnh.com](http://www.reachoutnh.com)

### **New Jersey Coalition Against Sexual Assault**

2333 Whitehorse Mercerville Road Suite J Trenton, NJ 08619 Phone: 609-631-4450 Fax: 609-631-4453 Org email: [mail@njcasa.org](mailto:mail@njcasa.org) Website: [www.njcasa.org](http://www.njcasa.org) Executive Director: Andrea Spencer-Linzie ED email: [Aspencer-linzie@njcasa.org](mailto:Aspencer-linzie@njcasa.org)

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### **New Mexico Coalition of Sexual Assault Programs, Inc.**

3909 Juan Tabo Boulevard, NE Suite 6 Albuquerque, NM 87111 Phone: 505-883-8020  
Toll-free: 888-883-8020 Fax: 505-883-7530 Org email: [nmcsap@swcp.com](mailto:nmcsap@swcp.com) Website:  
[www.swcp.com/nmcsap/about.html](http://www.swcp.com/nmcsap/about.html) Executive Director: Kim Alaburda ED email: [kimalaburda@swcp.com](mailto:kimalaburda@swcp.com)

### **New York State Coalition Against Sexual Assault**

28 Essex Street Albany, NY 12206 Phone: 518-482-4222 Toll-free: 877-739-0714 Fax: 518-482-4248 Org email:  
[info@nyscasa.org](mailto:info@nyscasa.org) Website: [www.nyscasa.org](http://www.nyscasa.org) Executive Director: A. Jane McEwen ED email: [jmcewen@nycasa.org](mailto:jmcewen@nycasa.org)

### **North Carolina Coalition Against Sexual Assault**

183 Windchime Court Suite 100 Raleigh, NC 27615 Phone: 919-870-8881 Toll-free: 888-737-2272 Fax: 919-870-  
8828 Org email: [nccasa@nccasa.org](mailto:nccasa@nccasa.org) Website: [www.nccasa.org](http://www.nccasa.org) Executive Director: Monika Johnson-Hostler

### **North Dakota Council on Abused Women's Services**

418 East Rosser Avenue # 320 Bismarck, ND 58501 Phone: 701-255-6240 Hotline: 888-255-1904 Fax: 701-255-1904  
Website: [www.ndcaws.org](http://www.ndcaws.org) Executive Director: Janelle Moos ED email: [jmoos@ndcaws.org](mailto:jmoos@ndcaws.org)

### **Oklahoma Coalition Against Domestic Violence and Sexual Assault**

3815 North Santa Fe Avenue Suite 124 Oklahoma City, OK 73118 Phone: 405-524-0700 Fax: 405-524-0711 Org  
email: [info@ocadvs.org](mailto:info@ocadvs.org) Website: [www.ocadvs.org](http://www.ocadvs.org) Executive Director: Marcia Smith

### **Oregon Coalition Against Domestic and Sexual Violence**

380 SE Spokane Street Suite 100 Portland, OR 97202 Phone: 503-230-1951 Toll-free: 800-622-3782 Fax: 503-230-  
1973 Website: [www.ocadsv.com](http://www.ocadsv.com) Executive Director: Terri Quinteros ED email: [exdirector@ocadsv.com](mailto:exdirector@ocadsv.com)

### **Pennsylvania Coalition Against Rape**

125 North Enola Drive Enola, PA 17025 Phone: 717-728-9740 Toll-free: 800-692-7445 Hotline: 888-772-7227 Fax:  
717-728-9781 Org email: [stop@pcar.org](mailto:stop@pcar.org) Website: [www.pcar.org](http://www.pcar.org) Executive Director: Delilah Rumburg ED email:  
[drumburg@pcar.org](mailto:drumburg@pcar.org)

### **Puerto Rico**

#### **Coordinadora Paz Para la Mujer, Inc.**

PO Box 193008 San Juan, PR 00919 Phone: 787-281-7579 Fax: 787-767-6843 Website: [www.pazparalamujer.org](http://www.pazparalamujer.org)  
General Coordinator: Eugenia Perez ED email: [eugperez@prtc.net](mailto:eugperez@prtc.net)

### **Rhode Island**

#### **Day One - Sexual Assault & Trauma Resource Center of Rhode Island**

100 Medway Street Providence, RI 02906 Phone: 401-421-4100 Hotline: 800-494-8100 Fax: 401-454-5565 Org email:  
[info@DayOneRI.org](mailto:info@DayOneRI.org) Website: [www.dayoneri.org/](http://www.dayoneri.org/) Executive Director: Peg Langhammer ED email:  
[planghammer@dayoneri.org](mailto:planghammer@dayoneri.org)

### **South Carolina Coalition Against Domestic Violence and Sexual Assault**

PO Box 7776 Columbia, SC 29202 Phone: 803-256-2900 Toll-free: 800-260-9293 Hotline: 800-260-9293 Fax: 803-  
256-1030 Org email: [rwilliams@sccadvasa.org](mailto:rwilliams@sccadvasa.org) Website: [www.sccadvasa.org](http://www.sccadvasa.org) Executive Director: Vicki Bourus

### **South Dakota Network Against Family Violence and Sexual Assault \***

PO Box 90453 Sioux Falls, SD 57109 Phone: 605-731-0041 Toll-free: 800-670-3989 Fax: 605-977-4742 Website:  
[www.sdnafvsa.com](http://www.sdnafvsa.com) Director: Krista Heeren-Graber ED email: [krista@sdnafvsa.com](mailto:krista@sdnafvsa.com)

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### **South Carolina Coalition Against Domestic Violence and Sexual Assault**

PO Box 7776 Columbia, SC 29202 Phone: 803-256-2900 Toll-free: 800-260-9293 Hotline: 800-260-9293 Fax: 803-256-1030 Org email: [rwilliams@sccadvasa.org](mailto:rwilliams@sccadvasa.org) Website: [www.sccadvasa.org](http://www.sccadvasa.org) Executive Director: Vicki Bourus

### **South Dakota Network Against Family Violence and Sexual Assault \***

PO Box 90453 Sioux Falls, SD 57109 Phone: 605-731-0041 Toll-free: 800-670-3989 Fax: 605-977-4742 Website: [www.sdnafvsa.com](http://www.sdnafvsa.com) Director: Krista Heeren-Graber ED email: [krista@sdnafvsa.com](mailto:krista@sdnafvsa.com)

### **South Dakota Coalition Against Domestic Violence and Sexual Assault \*\***

PO Box 141 Pierre, SD 57501 Phone: 605-945-0869 Toll-free: 800-572-9196 Fax: 605-945-0870 Website: [www.southdakotacoalition.org](http://www.southdakotacoalition.org) Director: Chris Jongeling ED email: [chris@sdcadvsa.org](mailto:chris@sdcadvsa.org)

### **Tennessee Coalition Against Domestic and Sexual Violence**

2 International Plaza Drive Suite 425 Nashville, TN 37217 Phone: 615-386-9406 Fax: 615-383-2967 Org email: [tcadsv@tcadsv.org](mailto:tcadsv@tcadsv.org) Website: [www.tcadsv.org](http://www.tcadsv.org) Executive Director: Kathy England Walsh ED email: [kwalsh@tcadsv.org](mailto:kwalsh@tcadsv.org)

### **Texas Association Against Sexual Assault**

6200 La Calma Drive Suite 110 Austin, TX 78752 Phone: 512-474-7190 Toll-free: 888-918-2272 Fax: 512-474-6490 Org email: [taasa@taasa.org](mailto:taasa@taasa.org) Website: [www.taasa.org](http://www.taasa.org) Executive Director: Annette Burrhus-Clay ED email: [aclay@taasa.org](mailto:aclay@taasa.org)

### **Utah Coalition Against Sexual Assault**

284 West 400 North Salt Lake City, UT 84103 Phone: 801-746-0404 Hotline: 888-421-1100 Fax: 801-746-2929 Org email: [info@ucasa.org](mailto:info@ucasa.org) Website: [www.ucasa.org](http://www.ucasa.org) Executive Director: Alana Kindness ED email: [akindness@ucasa.org](mailto:akindness@ucasa.org)

### **Vermont Network Against Domestic Violence and Sexual Assault**

PO Box 405 Montpelier, VT 05601 Phone: 802-223-1302 Hotline: 800-489-7273 Fax: 802-223-6943 Org email: [vtnetwork@vtnetwork.org](mailto:vtnetwork@vtnetwork.org) Website: [www.vtnetwork.org](http://www.vtnetwork.org) Executive Director: Karen Tronsgard-Scott ED email: [karen@vtnetwork.org](mailto:karen@vtnetwork.org)

### **Virginia Sexual and Domestic Violence Action Alliance**

5008 Monument Avenue Suite A Richmond, VA 23230 Phone: 804-377-0335 Fax: 804-377-0339 Org email: [info@vsdvalliance.org](mailto:info@vsdvalliance.org) Website: [www.vsdvalliance.org](http://www.vsdvalliance.org) Co-Directors: Jeanine Beiber, Kristi Van Audenhove, Ruth Micklem ED email: [directors@vsdvalliance.org](mailto:directors@vsdvalliance.org)

### **Virgin Islands**

#### **Domestic Violence Sexual Assault Council**

RR#1 Box 10550 Kingshill, VI 00850 Phone: 340-773-5191 Fax: 340-719-5521 Org email: [dvsac@viaccess.net](mailto:dvsac@viaccess.net) Website: [www.dvsac.net](http://www.dvsac.net) Executive Director: Lynn Gittens Spencer ED email: [dvsac@earthlink.net](mailto:dvsac@earthlink.net)

### **Washington Coalition of Sexual Assault Programs**

4317 6th Avenue SE Suite 102 Olympia, WA 98503 Phone: 360-754-7583 Toll-free: 800-775-8013 Fax: 360-786-8707 Org email: [wcsap@wcsap.org](mailto:wcsap@wcsap.org) Website: [www.wcsap.org](http://www.wcsap.org) Executive Director: Andrea Piper ED email: [andrea@wcsap.org](mailto:andrea@wcsap.org)



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### **West Virginia Foundation for Rape Information and Services**

112 Braddock Street Fairmont, WV 26554 Phone: 304-366-9500 Fax: 304-366-9501 Org email:  
wvfris@verizon.net Website: [www.fris.org](http://www.fris.org) Executive Director: Nancy Hoffman ED email: wvfris@verizon.net

### **Wisconsin Coalition against Sexual Assault, Inc.**

600 Williamson Street Suite N-2 Madison, WI 53703 Phone: 608-257-1516 Fax: 608-257-2150 Website:  
[www.wcasa.org](http://www.wcasa.org) Org email: [wcasa@wcasa.org](mailto:wcasa@wcasa.org) Executive Director: Jeanie Kurka Reimer

### **Wyoming Coalition Against Domestic Violence and Sexual Assault**

PO Box 236 Laramie, WY 82073 Phone: 307-755-5481 Hotline: 800-990-3877 Fax: 307-755-5482 Website:  
[www.wyomingdvsa.org](http://www.wyomingdvsa.org) Executive Director: Jennifer Zenor ED email: jenzenor@aol.com

**\*Coalition has relationship with RPE Program**

**\*\*Coalition previously on DOJ List**

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## **E. Grant Announcement for the RPE Program (FY2007)**

**Billing Code: 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Sexual Violence Prevention and Education**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-CE07-701

**Catalog of Federal Domestic Assistance Number:** 93.136

**Key Dates:**

**Application Deadline:** June 12, 2006

**This announcement contains the following information:**

### **I. Funding Opportunity Description**

**Authority:** This program is authorized under Section 393B of the Public Health Service Act (42 U.S.C. Section 280b - 1c).

**Purpose:** The purpose of this program announcement is to announce the availability of fiscal year (FY) 2007 funds to award formula-based cooperative agreements to states, the District of Columbia, the Commonwealth of Puerto Rico,

the U.S. Virgin Islands, and the Pacific Island Territories and Jurisdictions (Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).

**Background:** Sexual violence is a major public health problem. According to the National Violence Against Women Survey (NVAWS) approximately 300,000 women and 90,000 men are forcibly raped each year. Over a lifetime, 1 in 6 women and 1 in 33 men in the United States have experienced an attempted or completed rape (Tjaden and Thoennes 2000).

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In 2002, the Centers for Disease Control and Prevention (CDC) created a five year grant program which provided population based funding to health departments in the United States, Pacific Island Territories and Jurisdictions, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and the District of Columbia to provide rape prevention and education (RPE) programs conducted by rape crisis centers, state sexual assault coalitions, and other public and private nonprofit entities.

This cooperative agreement will build upon the RPE programs' past efforts to enhance grantees' ability to address sexual violence prevention using a public health approach, as well as support strategies and activities that prevent sexual violence from initially occurring and reduce first time perpetration and victimization of sexual violence through comprehensive primary prevention programming and evaluation.

This program announcement is in two parts, Part A and Part B. Part A is for state health departments, the District of Columbia and the Commonwealth of Puerto Rico health departments to support strategies and activities to prevent sexual violence and first time perpetration and victimization through:

Planning, development, implementation and evaluation of comprehensive primary prevention programs conducted by state health departments, rape crisis centers, state sexual assault coalitions and other public and private nonprofit entities;

Building state and local capacity for program planning, training, implementation, evaluation, surveillance or prevalence studies; and,

Implementing and enhancing the effectiveness of the federal legislatively approved activities

Part B is for the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau to support strategies and activities to prevent sexual violence and first time perpetration and victimization through:

Implementing and enhancing evidenced-based and culturally relevant primary prevention programming; and,

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Implementing and enhancing the effectiveness of the federal legislatively approved activities

The prevention strategies and activities proposed in Part A and Part B can be conducted by state and jurisdiction/territories health departments, rape crisis centers, sexual assault coalitions and other public and private nonprofit entities.

This program addresses the "Healthy People 2010" focus area(s) of Injury and Violence Prevention. In addition, this program addresses the CDC Goals for Healthy People in Every Stage of Life, Healthy People in Healthy Places and the proposed National PART Objective. Refer to the Program Announcement Guidance Document for additional information regarding CDC Goals and National PART Objective.

For the purposes of this program announcement the following definitions apply:

**Comprehensive Primary Prevention Planning** - A planning process to assess current programs and develop future programs that are multi-faceted, evidenced-based, theory-based, including public health behavior change principles and addresses multiple social levels. The outcome of the planning process is a program plan which includes strategies and activities that are primary prevention focused and comprehensive. These components will be described further in the Program Announcement Guidance Document.

**Evaluation** - The systematic assessment of the operation and/or the outcomes of a program or policy, compared to a set of explicit standards, as a means of contributing to the improvement of the program or policy. (Weiss, 1998)

**Primary Prevention** - Individual, and/or relationship or family, and/or community, and/or environmental or system level program, activities, or policies that prevent violence and first time perpetration and victimization from initially occurring. Primary prevention efforts work to modify and/or entirely eliminate the event, conditions, situations, or exposure to influences (risk factors) that are associated with the initiation of violence and subsequent injuries, disabilities, and deaths. Additionally, prevention efforts seek to identify and enhance protective factors that may prevent violence not only in at-risk populations, but also in the community at-large.

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Public Health - Activities that society undertakes to assure the conditions in which people can be healthy. These include organized community efforts to prevent, identify, and counter threats to the health of the public (Turnock, 2001).

Public Health approach - A four step process that includes: 1) defining the problem based on collecting and analyzing data about a health issue; 2) identifying risk and protective factors; 3) developing and testing prevention strategies; and 4) assuring widespread adoption.

Sexual Violence - A wide range of acts that occur in a variety of settings, consisting of four types (Basile & Saltzman, 2002): (1) A completed sex act without the victim's consent, or involving a victim who is unable to provide consent or refuse; (2) An attempted (but not completed) sex act without the victim's consent, or involving a victim who is unable to provide consent or refuse; (3) Abusive sexual contact including intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person without his or her consent, or of a person who is unable to consent or refuse; and (4) Non-contact sexual abuse including voyeurism; intentional exposure of an individual to exhibitionism; pornography; verbal or behavioral sexual harassment; threats of sexual violence to accomplish some other end; or taking nude photographs of a sexual nature of another person without his or her consent or knowledge, or of a person who is unable to consent or refuse.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Injury Prevention and Control (NCIPC): Increase the capacity of injury prevention and control programs to address the prevention of injuries and violence. In addition, measurable outcomes will be in alignment with the CDC Goals for Healthy People in Every Stage of Life, Healthy People in Healthy Places, and the proposed National PART Objective. Refer to the Program Announcement Guidance Document for additional information regarding CDC Goals and National PART Objective.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

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Additional information regarding definitions, program activities, and CDC produced or recommended tools can be found in the Program Announcement Guidance Document. The Program Announcement Guidance Document is additional programmatic information that will be provided as part of the application package. Awardees' activities for this program are as follows:

Part A: Rape Prevention and Education (RPE) for states, the District of Columbia, and the Commonwealth of Puerto Rico

### **Activities for the Recipient** (for Part A):

1. Conduct a comprehensive primary prevention planning process that includes:

a) input from a sexual violence prevention planning committee (representatives from the health department, state sexual assault coalition, rape crisis centers, and other key partners); and,

b) assessment of current prevention programming, capacity for training, and level of evaluation activities for primary prevention. Refer to the Program Announcement Guidance Document for information regarding planning tools and resources.

2. Create a five year comprehensive primary prevention plan in collaboration and coordination with the sexual violence prevention planning committee that includes:

a) a program component that assesses rape prevention and education current programming and enhances or develops primary prevention focused strategies and activities;

b) a technical assistance and training component that builds state and local level capacity for primary prevention of sexual violence; and,

c) an evaluation component that includes a logic model, and process and formative survey tools that assess the planning and implementation processes. Refer to the Program Announcement Guidance Document for information regarding plan development and components and Measures of Effectiveness.

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3. Develop, implement, assess, and refine the comprehensive primary prevention program plan and evaluation efforts throughout the five year project period.

a) Conduct primary prevention activities such as:

activities to change systems, develop and implement policies, change social/community norms, and influence multiple social levels.

Refer to the Program Announcement Guidance Document for additional information regarding strategies and activities;

ii. development of prevention-oriented media or awareness campaigns that address risk and protective factors at multiple social levels; and,

iii. adaptation and production of prevention-focused education materials, media campaigns, and/or curricula.

b) Implement the technical assistance and training component. Refer to the Program Announcement Guidance Document for information regarding plan development and components.

c) Implement and refine the evaluation component by using evaluation findings to strengthen and improve the effectiveness of the comprehensive sexual violence prevention program.

4. Implement evidence-based and culturally relevant primary prevention strategies through:

a) community mobilization;

b) policy and norms change; and,

c) coalition building with partners and key stakeholders.

Refer to the Program Announcement Guidance Document for additional information regarding evidence-based and culturally relevant primary prevention programming.

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5. Enhance the effectiveness of the ongoing federal legislatively approved prevention activities to prevent sexual violence and first time perpetration and victimization throughout the five year project period. Legislatively approved prevention activities are as follows:

- a) Educational seminars;
- b) Operation of hotlines;
- c) Training programs for professionals;
- d) Preparation of informational material;
- e) Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities;
- f) Education to increase the awareness about drugs used to facilitate rapes or sexual assault; and,
- g) Other efforts to increase awareness of the facts about, or to help prevent, sexual assault, including efforts to increase awareness in under-served communities and awareness among individuals with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).

6. Collaborate with CDC and CDC-identified consultant(s) in the planning, development, implementation, and evaluation of the comprehensive primary prevention program including the:

alignment of proposed activities to CDC Goals for Healthy People in Every Stage of Life, Healthy People in Healthy Places and the proposed National PART Objective;

development of measures that demonstrate performance; and,

estimation of health impact to be achieved by program and the impact related to the attainment of the proposed National PART Objective.



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Refer to the Program Announcement Guidance Document for additional information regarding CDC Goals and National PART Objective.

7. Ensure the dedication of at least a .25 - 1 FTE to manage the RPE Program including the coordination and oversight of the strategic planning efforts (developing, planning, implementing, and revising the comprehensive primary prevention plan).
8. Participate in ongoing technical assistance and consultation provided by CDC and CDC-identified consultant(s).
9. Attend required CDC meetings and trainings.
10. Collaborate with CDC and other awardees on an ongoing basis by sharing progress, lessons learned, materials, and tools.
11. Share lessons learned via multiple mechanisms such as conferences, meetings, site visits, and reports.
12. Submit reports to CDC as required.

Part B: Rape Prevention and Education (RPE) for the U.S. Virgin Islands and the Pacific Island Territories and Jurisdictions

### **Activities for the Recipient** (for Part B):

1. Conduct primary prevention activities such as:
  - a) activities to change systems, develop and implement policies, change social/community norms, and influence multiple social levels. Refer to Program Announcement Guidance Document for additional information on strategies and activities;
  - b) development of prevention-oriented media or awareness campaigns that address risk and protective factors at multiple social levels; and,
  - c) adaptation and production of prevention-focused education materials, media campaigns, or curricula.
2. Implement evidence-based and culturally relevant primary prevention strategies through:

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- a) community mobilization;
- b) policy and norms change; and,
- c) coalition building with partners and key stakeholders.

Refer to the Program Announcement Guidance Document for additional information regarding evidence-based and culturally relevant primary prevention programming.

3. Enhance the effectiveness of the federal legislatively approved activities to prevent sexual violence and first time perpetration and victimization. Legislatively approved prevention activities are as follows:

Educational seminars;

Operation of hotlines;

Training programs for professional;

Preparation of informational material;

Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities;

Education to increase the awareness about drugs used to facilitate rapes or sexual assault; and,

Other efforts to increase awareness of the facts about, or to help prevent, sexual assault, including efforts to increase awareness in under served communities and awareness among individuals with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).

4. Evaluate the federal legislatively approved and primary prevention activities. Refer to Program Announcement Guidance Document for additional information on evaluation of primary prevention strategies and activities.

5. Attend sponsored CDC meetings and trainings.

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6. Collaborate with CDC and CDC-identified consultant(s) in the planning, development, implementation, and evaluation of the comprehensive primary prevention program including the:

a. alignment of proposed activities 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 and the impact related to the attainment of the proposed National PART Objective.

Refer to the Program Announcement Guidance Document for additional information regarding CDC Goals and National PART Objective.

7. Collaborate with CDC and other awardees on an ongoing basis by sharing progress, lessons learned, materials, and tools.

8. Share lessons learned via multiple mechanisms such as conferences, meetings, site visits, and reports.

9. Submit reports to CDC as required.

Additional information for Part A and Part B:

CDC requires that any state health department that passes all awarded sexual violence prevention funds through to other entities should document in-kind support to demonstrate grants management oversight and/or involvement in programmatic activity(ies); or the state health department should justify why it has no involvement in the sexual violence prevention administrative or programmatic activities (CDC, Rape Prevention and Education Grant Program, Orientation and Guidance Manual, 2004)

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

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CDC activities for this program (Part A and Part B) are as follows:

1. Assist awardees in the translation and application of principles, processes, and practices for primary prevention-focused activities, strategies, and policies.
  2. Assist awardees in the use of tools and resources related to program planning, implementation and evaluation. Refer to the Program 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 activities 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 and the impact related to the attainment of the proposed National PART Objective.
- Refer to the Program Announcement Guidance Document for additional information regarding CDC Goals and National PART Objective.
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

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mechanisms such as trainings, conferences, meetings, web casts, and reports.

### II. Award Information (for Part A and Part B)

**Type of Award:** Cooperative Agreement. CDC's involvement in this program is listed in the Activities Section above.

**Fiscal Year Funds:** 2007

**Approximate Current Fiscal Year Funding:** \$ 40,708,661

Approximate Total Project Period Funding: \$ 203,543,305

(This amount is an estimate, and is subject to availability of funds.)

**Approximate Number of Awards:** 59

**Approximate Average Award:** The funding formula is based on census data. The population data used for the states and the District of Columbia is based on the Census conducted April 1, 2000. This information is available at [www.census.gov/population/www/cen2000/respop.html](http://www.census.gov/population/www/cen2000/respop.html)

The population data used for the Commonwealth of Puerto Rico, U.S. Virgin Islands, and the Pacific Island Territories and Jurisdictions is based on the U.S. Census International Database dated April 26, 2005. This information can be accessed at [www.census.gov/ipc/www/idbsum/html](http://www.census.gov/ipc/www/idbsum/html) Funding estimates may change. (This amount is for the first 12-month budget period, and includes both direct and administrative/indirect costs.)

**Anticipated Award Dates:** November 1, 2006

**Budget Period Length:** 12 months

**Project Period Length:** 5 years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

### III. Eligibility Information (for Part A and Part B)

Revised January 2009

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### **III.1. Eligible applicants**

Part A: Eligible applicants are State Health Departments who are current recipients of Rape Prevention and Education funding including the District of Columbia, and the Commonwealth of Puerto Rico.

Part B: Eligible applicants who are current recipients of Rape Prevention and Education funding including the U.S. Virgin Islands and the Pacific Island Territories and Jurisdictions, and State Health Departments.

### **III.2. Cost Sharing or Matching** (for Part A and Part B)

Matching funds are not required for this program.

### **III.3. Other** (for Part A and Part B)

Approximately \$40,708,661 is available in FY 2007 for funding under this formula based cooperative agreement program. It is expected that the awards will be made on or about November 1, 2006. The awards will be made for a 12 month budget period within a project period of up to five years. Refer to the Program Announcement Guidance Document for the list of applicants that are eligible.

### **Special Requirements** (for Part A and Part B):

If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements and be asked to resubmit the application.

Late applications will be considered non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

## **IV. Application and Submission Information** (for Part A and Part B)

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### IV.1. Address to Request Application Package

To apply for this funding opportunity use application form PHS 5161-1.

#### Electronic Submission:

CDC strongly encourages the applicant to submit the application electronically by utilizing the forms and instructions posted for this announcement on [www.Grants.gov](http://www.Grants.gov) the official Federal agency wide E-grant Web site. Only applicants who apply on-line are permitted to forego paper copy submission of all application forms.

#### Paper Submission:

Application forms and instructions are available on the CDC Web site, at the following Internet address:  
[www.cdc.gov/od/pgo/forminfo.htm](http://www.cdc.gov/od/pgo/forminfo.htm)

If access to the Internet is not available, or if there is difficulty accessing the forms on-line, contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at 770-488-2700 and the application forms can be mailed.

#### Pre-Application Conference Calls:

For interested PART A applicants, pre-application technical assistance calls will be conducted on:

Monday, April 17, 2006 from 10 am - 12 pm EST and 2 pm - 4 pm EST

Friday, April 21, 2006 from 10 am - 12 pm EST and 2 pm - 4 pm EST

For interested PART B applicants, a pre-application technical assistance call will be conducted will be conducted on Wednesday, April 19, 2006 from 7:00 pm - 8:30 pm EST. Please email Sandra Cashman at [scashman@cdc.gov](mailto:scashman@cdc.gov) by April 14, 2006 to confirm preferred conference call date and time to ensure we have sufficient telephone lines. The conference call number and code will be provided via email.

### IV.2. Content and Form of Submission

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**Application** (Part A): A project narrative must be submitted with the application forms. The narrative must be submitted in the following format:

Maximum number of pages: 30 - If your narrative exceeds the page limit, only the pages which are within the page limit will be reviewed.

Font size: 12 point unreduced

Double spaced

Paper size: 8.5 by 11 inches

Page margin size: One inch

Number all pages of the application sequentially from page 1 (Application Face Page) to the end of the application, including charts, figures, tables, and appendices.

Printed only on one side of page

Held together only by rubber bands or metal clips; not bound in any other way.

The narrative should address activities to be conducted over the entire five year project period and must include the following items in the order listed:

Executive Summary

Background (to include data to justify program need) and need for a comprehensive sexual violence prevention program (planning, implementation, and evaluation)

Program Description - Work Plan (including goals and objectives) and Timeline

Capacity and Staffing

Collaboration

Technical assistance and training efforts to build state and local capacity to implement comprehensive primary prevention strategies



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Sustainability and evaluation of comprehensive primary sexual violence prevention programs

Measures of effectiveness

Proposed budget and justification (include line item budget with justification). The proposed budget and justification does not count towards page limit.

**Application** (Part B): A project narrative must be submitted with the application forms. The narrative must be submitted in the following format:

Maximum number of pages: 15 - If your narrative exceeds the page limit, only the pages which are within the page limit will be reviewed.

Font size: 12 point unreduced

Double spaced

Paper size: 8.5 by 11 inches

Page margin size: One inch

Number all pages of the application sequentially from page 1 (Application Face Page) to the end of the application, including charts, figures, tables, and appendices.

Printed only on one side of page

Held together only by rubber bands or metal clips; not bound in any other way.

The narrative should address activities to be conducted over the entire five year project period and must include the following items in the order listed:

Executive Summary

Background (to include data to justify program need)

Work Plan (including goals and objectives) and  
Timeline

Staffing and capacity

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Collaboration

Evaluation

Measures of effectiveness

Proposed budget and justification (highlight cost allocations for the 2% surveillance activities). The proposed budget and justification does not count towards page limit.

### **Additional application content** (for Part A and Part B)

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information may include:

Relevant planning and evaluation documents

Organizational charts

Letters of Support/Commitment from key stakeholders e.g. health department personnel, sexual assault coalition and/or rape crisis center staff that will be involved in the comprehensive primary program planning and evaluation process.

Resumes or Curricula Vitae

The agency or organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711.

For more information, see the CDC Web site at:  
<http://www.cdc.gov/od/pgo/funding/grantmain.htm>

If the application form does not have a DUNS number field, please write the DUNS number at the top of the first page of the application, and/or include the DUNS number in the application cover letter.

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Additional requirements that may require submittal of additional documentation with the application are listed in section "VI.2. Administrative and National Policy Requirements."

### **IV.3. Submission Dates and Times for (Part A and Part B)**

**Application Deadline Date:** June 12, 2006

**Explanation of Deadlines:** Applications must be received in the CDC Procurement and Grants Office by 4:00 p.m. Eastern Time on the deadline date.

Applications may be submitted electronically at [www.grants.gov](http://www.grants.gov). Applications completed on-line through Grants.gov are considered formally submitted when the applicant organization's Authorizing Official electronically submits the application to [www.grants.gov](http://www.grants.gov). Electronic applications will be considered as having met the deadline if the application has been submitted electronically by the applicant organization's Authorizing Official to Grants.gov on or before the deadline date and time.

If submittal of the application is done electronically through Grants.gov <http://www.grants.gov> the application will be electronically time/date stamped, which will serve as receipt of submission. Applicants will receive an e-mail notice of receipt when CDC receives the application.

If submittal of the application is by the United States Postal Service or commercial delivery service, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. If CDC receives the submission after the closing date due to: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time; or (2) significant weather delays or natural disasters, the applicant will be given the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, CDC will consider the submission as having been received by the deadline.

If a hard copy application is submitted, CDC will not notify the applicant upon receipt of the submission. If questions arise on the receipt of the application, the applicant should first contact the carrier. If the applicant still has questions, contact the PGO-TIM staff at (770)488-2700. The applicant should wait two to three days after the submission deadline before calling. This will allow time for submissions to be processed and logged.

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This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If the submission does not meet the deadline above, it will not be eligible for review, and will be discarded. The applicant will be notified the application did not meet the submission requirements.

#### **IV.4. Intergovernmental Review of Applications** (for Part A and Part B)

Executive Order 12372 does not apply to this program.

#### **IV.5. Funding restrictions** (for Part A and Part B)

Restrictions, which must be taken into account while writing the budget, are as follows:

Funds may not be used for research.

Reimbursement of pre-award costs is not allowed.

Applicants must adhere to Congressional legislation (Section 393B of the Public Health Service Act [42 U.S.C. 280b-1c]). The legislation stipulates the following:

Applicants may not use more than five percent of the amount received for each fiscal year for administrative expenses. This five percent limitation is in lieu of, and replaces, the indirect cost rate.

An applicant may not use more than two percent of the amount received for each fiscal year for surveillance studies or prevalence studies.

Amounts provided to applicants must be used to supplement, and not supplant Preventive Health and Health Services Block grant, other Federal, State, and local public funds expended to provide the activities described above.

Funds may not be used to provide direct counseling, treatment, or advocacy services to victims or perpetrators of sexual violence (with the exception of hotlines).

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Funds may not be used for media or awareness campaigns that exclusively promote awareness of where to receive victim services.

Funds for this project cannot be used for construction.

Funds for this project cannot be used for renovation.

Funds for this project cannot be used for the lease of passenger vehicles.

Funds for this project cannot be used for the development of major software applications.

If requesting administrative/indirect costs in the budget, a copy of the administrative/indirect cost rate agreement is required. If the administrative/indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. Applicant may have negotiated higher administrative/indirect cost; however the maximum administrative/indirect cost rate is the legislatively mandated 5%.

Guidance for completing the budget can be found on the CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

### **IV.6. Other Submission Requirements** (for Part A and Part B)

#### **Application Submission Address:**

Electronic Submission:

CDC strongly encourages applicants to submit applications electronically at [www.Grants.gov](http://www.Grants.gov). The application package can be downloaded from [www.Grants.gov](http://www.Grants.gov). Applicants are able to complete it off-line, and then upload and submit the application via the Grants.gov Web site. E-mail submissions will not be accepted. If the applicant has technical difficulties in Grants.gov, customer service can be reached by E-mail at <http://www.grants.gov/CustomerSupport> or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00a.m. to 9:00p.m. Eastern Time, Monday through Friday.

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CDC recommends that submittal of the application to Grants.gov should be early to resolve any unanticipated difficulties prior to the deadline. In addition, CDC recommends applicants register well in advance on the Grants.gov system to avoid registration difficulties prior to the deadline. Applicants may also submit a back-up paper submission of the application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement. The paper submission must be clearly marked: "BACK-UP FOR ELECTRONIC SUBMISSION." The paper submission must conform to all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

It is strongly recommended that the applicant submit the grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If the applicant does not have access to Microsoft Office products, a PDF file may be submitted. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in the file being unreadable by staff.

**OR**

Paper Submission:

Applicants should submit the original and two hard copies of the application by mail or express delivery service to:

Technical Information Management- CDC-RFA-CE07-701

CDC Procurement and Grants Office

2920 Brandywine Road

Atlanta, GA 30341

### **V. Application Review Information for (Part A and Part B)**

#### **V.1. Criteria**

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be

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objective and quantitative and must measure the intended outcome. The measures of effectiveness must be submitted with the application and will be an element of evaluation.

**The application will be evaluated against the following criteria** (for Part A):

1) Program Description - Work Plan (including goals and objectives) and Timeline (25 points)

- a) Are the goals and objectives specific, measurable, achievable, realistic, and time specific?
- b) Does the applicant demonstrate the intent to move from rape/sexual violence awareness to comprehensive primary prevention strategies as demonstrated in the goals and objectives for the five year project period?
- c) Do the goals and objectives clearly describe a planning process to address sexual violence prevention (with an emphasis on preventing the initial occurrence of sexual violence and the reduction of first time perpetration and victimization)?
- d) Does the applicant provide a five year timeline that is appropriate and reasonable to conduct the comprehensive sexual violence prevention planning, implementation, and evaluation processes?
- e) Does the applicant provide sufficient evidence that the goals, objectives, and activities proposed for this program adequately build upon and support the state's history and experience with sexual violence prevention?

2) Capacity and staffing (20 points)

- a) Does the applicant ensure the allocation of a .25 - 1 FTE to manage the RPE Program including oversight and coordination of the comprehensive primary prevention planning process? Does the state health department demonstrate or document fiscal management oversight and/or involvement in programmatic activities?
- b) Does the applicant describe the project staff, in particular the relevant skills, expertise and

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commitment of staff to preventing sexual violence before it occurs (primary prevention)?

c) Is the proposed staffing plan adequate to achieve the stated goals and objectives of the program (plan, train, conduct legislatively approved activities, and evaluate primary prevention programming)?

3) Collaboration (20 points)

a) Does the applicant demonstrate a history of collaborating effectively within the health department and with other organizations at the state and local level to prevent sexual violence?

b) Does the applicant provide Letters of Support from key stakeholders including the state sexual assault coalition describing their involvement and commitment to the planning, implementation, and evaluation processes?

c) Does the applicant discuss the establishment of a sexual violence prevention planning committee and identify possible participants?

d) Does the applicant provide evidence of willingness to work with CDC and CDC-identified experts?

4) Background and need for comprehensive sexual violence prevention program and evaluation (15 points)

a) Does the applicant provide data on reported sexual violence rates e.g. Uniform Crime Reports (UCR), Behavior Risk Factor Surveillance Systems (BRFSS), Youth Risk Behavior Survey (YRBS) that demonstrate the need for the program; describe alternate sources of data if formal state level data sources do not exist; describe current rape prevention and education program activities, including local program components; populations served; major program goals; objectives and outcomes?

b) Does the applicant provide a description of the sexual violence/rape prevention and education program planning efforts to date? Does the applicant discuss established partnerships? Does the applicant describe how data is used in program planning effort?



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c) Does the applicant describe current program surveillance evaluation activities (including methods and tools) and any findings that are available?

5) Sustainability and evaluation of comprehensive primary prevention sexual violence programs (10 points)

a) Does the applicant provide a plan for infusing comprehensive primary prevention approaches and/or strategies into ongoing sexual violence efforts for the five year project period? Does the applicant describe how key stakeholders and/or the sexual violence prevention planning committee would be involved in the sustainability efforts?

b) Does the applicant describe evaluation efforts that include the identification and collection of data that support both process and intermediate outcome evaluation? Does the applicant demonstrate a commitment to use evaluation results to strengthen and improve program effectiveness?

c) Does the applicant allocate resources for evaluation or describe in-kind resources available to support evaluation?

d) Does the applicant demonstrate willingness to work with CDC to develop an appropriate evaluation plan which includes process and intermediate outcome measures?

6) Technical assistance and training efforts to build state and local level capacity for primary prevention of sexual violence (10 points)

a) Does the applicant describe training resources and infrastructure that will use primary prevention strategies and approaches to build state and local level capacity in the five year project period?

b) Does the applicant's training component specify the process to be used to identify the type of training and technical assistance to be provided to sexual violence prevention partners at the state and local levels?

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c) Does the training and technical assistance component include a variety of strategies? Does the training and technical assistance component include strategies recommended by the Practice Guidelines? (Refer to the Program Announcement Guidance Document for additional information).

7) Measures of effectiveness (Not scored)

a) Does the applicant provide yearly objective/quantifiable measures regarding the intended outcomes that will demonstrate the accomplishments of the various identified goals and objectives of the cooperative agreement throughout the five year project period? (Refer to the Program Announcement Guidance Document for additional information on measures of effectiveness).

8) Budget (Not Scored)

a) Does the applicant provide a detailed budget with complete line-item justification of all proposed costs consistent with the stated activities in the program announcement? Details must include a breakdown in the categories of personnel (with time allocations for each), staff travel, communications and postage, equipment, supplies, and any other costs. Any sources of additional funding beyond the amount stipulated in this cooperative agreement should be indicated, including donated time or services. For each expense category, the budget should indicate CDC share, the applicant share and any other support. These funds cannot be used to supplant existing efforts.

b) Does the applicant adhere to the 5 percent limit for administrative/indirect expenses and the 2 percent limit for surveillance or prevalence studies for each fiscal year?

**The application will be evaluated against the following criteria**  
(for Part B):

1) Program Background (25 points)

a) Does the applicant provide data on reported sexual violence rates e.g. Uniform Crime Reports (UCR), Behavior Risk Factor Surveillance Systems (BRFSS), Youth Risk

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Behavior Survey (YRBS) that demonstrate the need for the program; describe alternate sources of data if formal state level data sources do not exist; describe current rape prevention and education program to include local program components; data populations served; major program goals; objectives, evaluation findings, and outcomes?

2) Work Plan (including goals and objectives) and Timeline (25 points)

a) Does the proposed work plan include goals and objectives that are specific, measurable, achievable, realistic and time specific?

b) Does the applicant provide an appropriate and reasonable timeline?

c) Do the proposed strategies and activities include those focused at preventing sexual violence before it occurs and first time perpetration and victimization?

3) Collaboration (25 points)

a) Does the applicant demonstrate a history of collaborating effectively within the health department and with other organizations at the community level to prevent sexual violence?

b) Does the applicant provide Letters of Support/Collaboration from key stakeholders including local community based organizations and/or sexual assault coalitions (if applicable) to implement sexual violence primary prevention programs?

c) Does the applicant provide evidence of willingness to work with CDC and CDC-identified experts?

4) Staffing and capacity (15 points)

a) Does the applicant describe project staff, in particular the relevant skills, expertise and commitment of staff to implement and assess sexual violence prevention strategies and activities?

b) Is the proposed staffing plan adequate to achieve the stated goals and objectives of the program (implement primary prevention programs)?

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5) Evaluation (10 points)

a) Does the applicant provide an evaluation plan that addresses both process and intermediate outcome evaluation?

b) Does the applicant provide an evaluation plan that includes routine assessment and refinement of program activities throughout the five year project period?

6) Measures of effectiveness (Not scored)

a) Does the applicant provide yearly objective/quantifiable measures regarding the intended outcomes that will demonstrate the accomplishments of the various identified goals and objectives of the cooperative agreement throughout the five year project period? (Refer to the Program Announcement Guidance Document for additional information on measures of effectiveness).

7) Proposed budget (Not scored)

a) Does the applicant provide a detailed budget with complete line-item justification of all proposed costs consistent with the stated activities in the program announcement? Details must include a breakdown in the categories of personnel (with time allocations for each), staff travel, communications and postage, equipment, supplies, and any other costs.

b) Does the applicant adhere to the 5 percent limit for administrative/indirect expenses and the 2 percent limit for surveillance or prevalence studies for each fiscal year?

**V.2. Review and Selection Process** (for Part A and Part B)

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff and for responsiveness by PGO and the National Center for Injury Prevention and Control (NCIPC) program staff per AGAM. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet submission requirements.

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An objective review panel, comprised of CDC employees, will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above.

### **V.3. Anticipated Announcement and Award Dates** (for Part A and Part B)

Anticipated Award Date: November 1, 2006.

## **VI. Award Administration Information** (for Part A and Part B)

### **VI.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer, and mailed to the recipient's fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

### **VI.2. Administrative and National Policy Requirements** (for Part A and Part B)

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92 as appropriate. The following additional requirements apply to this project:

AR-7 Executive Order 12372

AR-8 Public Health System Reporting Requirements

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2010

AR-12 Lobbying Restrictions

AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14 Accounting System Requirements

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AR-15 Proof of Non-Profit Status

AR-25 Release and Sharing of Data

Additional information on the requirements can be found on the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/ARs.htm>

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

An additional Certifications form from the PHS5161-1 application needs to be included in the Grants.gov electronic submission only. Applicants should refer to

<http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>

Once the applicant has filled out the form, it should be attached to the Grants.gov submission as Other Attachments Form.

### **VI.3. Reporting Requirements** (for Part A and Part B)

Applicants who receive awards for the Cooperative Agreement Program must provide CDC with an original, plus two hard copies of the following reports:

Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as the non-competing continuation application, and must contain the following elements:

- a. Current Budget Period Activities Objectives.
- b. Current Budget Period Financial Progress.
  - c. New Budget Period Program Proposed Activity Objectives.
  - d. Budget.
  - e. Measures of Effectiveness.
  - f. Additional Requested Information.

Annual progress report, due 90 days after the end of the budget period.

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Financial status report no more than 90 days after the end of the budget period.

The reports must be mailed to the Grants Management Specialist listed in the "Agency Contacts" section of this announcement.

**VII. Agency Contacts** (for Part A and Part B)

CDC encourages inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section

CDC Procurement and Grants Office

2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770-488-2700

For program technical assistance, contact:

Sandra Cashman, Project Officer

National Center for Injury Prevention and Control

4770 Buford Hwy., NE, MS-K60

Atlanta, GA 30341-3724

Telephone: 770-488-1356

E-mail: [SCashman@cdc.gov](mailto:SCashman@cdc.gov)

For financial, grants management, or budget assistance, contact:

Brenda Hayes, Grants Management Specialist

CDC Procurement and Grants Office

2920 Brandywine Road, Mail stop: E-14

Atlanta, GA 30341

Telephone: 770-488-2741

Revised January 2009

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Email: [BHayes@cdc.gov](mailto:BHayes@cdc.gov)

### VIII. Other Information (for Part A and Part B)

Other CDC funding opportunity announcements can be found on the CDC Web site, Internet address: <http://www.cdc.gov>

Click on "About CDC" then "Funding and Procurements" then "Grants and Cooperative Agreements."

*The Program Announcement Guidance Document will be posted on the NCIPC RPE State Grants Listserv upon announcement of the Sexual Violence Prevention and Education Program Announcement CE07-701 in the federal register.*



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### F. History of the RPE Funds

In 1996, an amendment to the Preventive Health and Health Services Block Grant (PHHSBG) authorized funds for rape prevention and education programs. The PHHSBG, administered through CDC's National Center for Chronic Disease Prevention and Health Promotion, combined several categorical grants into one grant award that was then administered locally through state health departments. In 2000, several changes to the RPE Grant Program became law under the Violence Against Women provisions of the Victims of Trafficking and Violence Protection Act of 2000 (PL 106-386, October 28, 2000; see Appendix G, Pertinent Legislation). In addition to identifying legislative requirements regarding the administration of these funds, this law removed the RPE program funds from the PHHSBG, created a new RPE grant program as a stand-alone categorical grant, and gave CDC's National Center for Injury Prevention and Control (NCIPC) programmatic responsibility for the new RPE grant program. These administrative changes took effect October 1, 2001 (fiscal year (FY) 2002).

The Violence Against Women provisions of 2000 authorized \$80,000,000 for each of the five years of the RPE grant program, i.e., 2001 to 2005 (federal fiscal years 2002 through 2006). The actual appropriation for RPE awards to states in FY2004 was \$41,521,222.

The Violence Against Women provisions of 2005 authorized \$80,000,000 for each of the five years of the RPE grant program, i.e., fiscal years 2007 to 2011. The appropriation for RPE awards to states in FY2007 is estimated at \$40,708,661.

### Change in Budget Period and One-month "Shortfall" in Funding Due to Transition from PHHSBG

While under the PHHSBG, the budget period for the RPE program was October 1 through September 30. When the RPE program was transferred to NCIPC, the Center had to establish a new budget period for the program. CDC is unable to make awards for categorical grants on October 1, given that CDC's fiscal year begins on that date. (Block grants, such as the PHHSBG, take exception to this rule because they operate under a unique funding mechanism.) NCIPC reviewed states' available fiscal and administrative data on previous spending trends of the RPE funds, and noted that the majority of RPE programs were operating on a delayed spending timeline. To accommodate the varied spending modes of the states, particularly given that they now had only one year to spend their funds,<sup>3</sup> NCIPC decided to offer two budget periods beginning in FY2002 so that each program could choose the one that best suited its needs: Cycle 1—January 1 through December 31, and Cycle 2—July 1 through June 30.

As specified in the previous RPE program announcement (02002), pre-award costs were authorized for up to three months before the effective date of the award; however, a number of Cycle 1 states demonstrated that they would have difficulty covering the three-month period (October through December) with their state budgets each year. Recognizing this, NCIPC

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<sup>3</sup> Under the PHHSBG, states had two years to spend their funds rather than one year, which is now true of all categorical grant programs including the current RPE Grant Program.

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worked with the Procurement and Grants Office to change the Cycle 1 budget period to November 1 through October 31 beginning in FY2003<sup>4</sup>.

The changes in the budget period did not affect the amount of funds available and awarded each fiscal year. For example, if an RPE program was authorized at \$1,000,000, it receives \$1,000,000 regardless of the start of its budget period.

### **Budget Periods Combined under FOA CE07-701**

Under the new Funding Opportunity Announcement (FOA) CE07-701, NCIPC combined the two budget periods (i.e., Cycle 1 and Cycle 2) referred to above to one budget period. Thus, the budget period for all RPE programs is November 1 – October 31.

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<sup>4</sup> Regardless of the actual budget period, the authorization for pre-award costs is maintained.  
Revised January 2009

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## **G. Pertinent Legislation: Violence Against Women Act of 2000 and Reauthorization Act of 2005**

The following section of legislation is from Title IV, Section 1401 of the Violence Against Women Act of 2000. View the entire text of the Violence Against Women Act of 2000 at <http://thomas.loc.gov/cgi-bin/bdquery/z?d106:HR03244;TOM:/bss/d106query.html>

### **SEC. 1401. RAPE PREVENTION AND EDUCATION.**

(a) In General—Part J of Title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended by inserting after section 393A the following:

### **SEC. 393B. <<NOTE: 42 USC 280b-1c.>> USE OF ALLOTMENTS FOR RAPE PREVENTION EDUCATION.**

(a) Permitted Use—The Secretary, acting through the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention, shall award targeted grants to states to be used for rape prevention and education programs conducted by rape crisis centers, state sexual assault coalitions, and other public and private nonprofit entities for—

- (1) educational seminars;
- (2) the operation of hotlines;
- (3) training programs for professionals;
- (4) the preparation of informational material;
- (5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities;
- (6) education to increase awareness about drugs used to facilitate rapes or sexual assaults; and
- (7) 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)].

(b) Collection and Dissemination of Information on Sexual Assault—The Secretary shall, through the National Resource Center on Sexual Assault established under the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention, provide resource information, policy, training, and technical assistance to federal, state, local, and Indian tribal agencies, as well as to state sexual assault coalitions and local sexual assault programs and to other professionals and interested parties on issues relating to sexual assault, including maintenance of a central resource library in order to collect, prepare, analyze, and disseminate information and statistics and analyses thereof relating to the incidence and prevention of sexual assault.

(c) Authorization of Appropriations—

(1) In general—There is authorized to be appropriated to carry out this section \$80,000,000 for each of fiscal years 2001 through 2005.

(2) National Resource Center allotment.--Of the total amount made available under this subsection in each fiscal year, not more than the greater of \$1,000,000 or 2 percent of such amount shall be available for allotment under subsection (b).

(d) Limitations—

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(1) Supplement not supplant—Amounts provided to States under this section shall be used to supplement and not supplant other Federal, State, and local public funds expended to provide services of the type described in subsection (a).

(2) Studies—A State may not use more than 2 percent of the amount received by the State under this section for each fiscal year for surveillance studies or prevalence studies.

(3) Administration—A State may not use more than 5 percent of the amount received by the State under this section for each fiscal year for administrative expenses.

(b) Repeal.--Section 40151 of the Violence Against Women Act of 1994 (108 Stat. 1920), <<NOTE: 42 USC 300w-10.>> and the amendment made by such section, is repealed.

The following section of legislation is from **Title III, Section 302 of the Violence Against Women and Department of Justice Reauthorization Act of 2005** (Public Law 109-162 January 5, 2006).

### **SEC. 302. RAPE PREVENTION AND EDUCATION.**

Section 393B(c) of part J of title III of the Public Health Service Act (42 U.S.C. 280b-1c(c)) is amended to read as follows:

“(c) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated to carry out this section \$80,000,000 for each of fiscal years 2007 through 2011.

“(2) NATIONAL SEXUAL VIOLENCE RESOURCE CENTER ALLOTMENT.—

Of the total amount made available under this subsection in each fiscal year, not less than \$1,500,000 shall be available for allotment under subsection (b).”.

## **H. Interim Progress Report (IPR)/Continuation Application Guidance**

### **SAMPLE FROM FY2009**

*NOTE: This Guidance is typically accompanied by a cover letter from PGO and sometimes other supplemental information as well (also from PGO)*

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Centers for Disease Control and Prevention (CDC)  
Procurement and Grants Office  
Instructions for Preparing an Interim Progress Report  
Catalog of Federal Domestic Assistance (CFDA) Number: 93.136  
Funding Opportunity Announcement (FOA) Number: CDC CE 07-701 CONT09

## **Eligibility:**

This award will be a continuation of funds intended only for grantees previously awarded under CE07-701, Sexual Violence Prevention and Education.

## **Application Submission:**

CDC requires grantees to submit their Interim Progress Reports through [www.Grants.gov](http://www.Grants.gov). If you encounter any difficulties submitting your interim progress report through [www.Grants.gov](http://www.Grants.gov), please contact CDC's Technical Information Management Section at (770) 488-2700 prior to the submission deadline. If you need further information regarding the application process, please contact Gladys Gissentanna at (770) 488-2741. For programmatic information, please contact Margaret Brome at 770-488-1721

Reports must be submitted by **June 20, 2008**. Late or incomplete reports could result in an enforcement action such as a delay in the award/or a reduction in funds.

## **General Application Packet Tips:**

- Properly label each item of the application packet
- Each section should use 1.5 spacing with one-inch margins
- Number all narrative pages only
- Do not exceed 20 pages (excluding appendices, excluding budget and support)
- Use a 12 point font
- Where the instructions on the forms conflict with these instructions, follow these instructions

1. CDC requires the use of PDF format for ALL attachments.
2. Use of file formats other than PDF may result in the file being unreadable by CDC staff.
3. Directions for creating PDF files can be found on [www.Grants.gov](http://www.Grants.gov).

## **Checklist of required contents of application packet:**

1. Application for Federal Domestic Assistance-Short Organizational Form
2. SF-424A Budget Information-Non-Construction Programs
3. Budget Justification
4. Project Narrative

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5. Current Indirect Cost Rate Agreement/Cost Allocation Plan Approval Letter

**Instructions for completing required contents of the application package:**

**1. Application for Federal Domestic Assistance-Short Organizational Form:**

Download form from [www.Grants.gov](http://www.Grants.gov) and complete all sections.

- A. In addition to inserting the legal name of your organization in Block #5a, insert the CDC Award Number provided in the CDC Notice of Award. Failure to provide your award number could cause delay in processing your application.
- B. Please insert your organization's *business official information* in Block #8.

**SPECIAL NOTE:** Items 2, 3, and 4 should be attached to the application through the "Mandatory Documents" section of the "Grant Application" page. Select "Other Attachments Form" and attach as a PDF file.

**2. SF 424A Budget Information and Justification:**

- A. Download the form from [www.grants.gov](http://www.grants.gov).
- B. Complete all applicable sections.
- C. Detailed Budget (Mandatory)
  - This is a top level summary of proposed direct costs by cost categories.
  - The proposed budget should be based on the federal funding level stated in the attached budget allocation table.
- D. Budget Justification (Mandatory)
  - Provide detailed explanations, justifications, and itemization of proposed direct cost categories.
  - The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Guidance. The sample budget guidance is provided on CDC's internet at:  
<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>
  - Use continuation pages – as needed.
- E. Estimated Un-obligated
  - 1. Provide an estimate of anticipated un-obligated funds at the end of the current budget period.
    - *Note: Any reported estimated unobligated balance may be used to fund/offset new award. If you report any estimated unobligated dollars, please be sure to include an interim FSR indicating estimated unobligated dollars for the 12-month budget year.*
  - 2. If use of estimated un-obligated funds is requested in addition to funding for the next year, complete all columns in Section A of 424A and submit an interim Financial Status Report (FSR), Standard Form-269,

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available on the CDC internet at

<http://www.cdc.gov/od/pgo/forminfo.htm>.

3. **Unobligated Funds**-You may request a carryover of the above reported unobligated balance into the new calendar year budget period to complete certain activities/expenses that (1) were specifically approved and funded in the previous budget period, (2) could not be accomplished prior to October 31, 2008 (3) for which new funding is not requested or expected in the upcoming continuation award for the November 1, 2008 through October 31, 2009 budget period. Please provide an explanation of why there is a balance and how the monies will be spent if carried forward into the next budget period. To request such carryover, you may include a separate narrative, provide a detailed, line-item budget justification of the funding amount requested to support the activities to be carried out with those funds. Attach in the "Mandatory Documents" box under "Budget Narrative Attachment Form". Document needs to be in the PDF format.

F. It is *essential* that you provide detailed support and justification for all funds you are requesting. See Budget Guidance Provided on CDC internet: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

G. For any new proposed subcontracts provide the information specified in the Budget Guidance to include the itemized detailed budget with budget narrative:

- (1) name(s) of contractor; (2) method of selection (competitive or sole source -- less than full competition must be justified); (3) period of performance; (4) description of activities; (5) itemized budget with narrative justification; and (6) method of accountability. If this information is not available when the application is submitted, and the contract is approved by the CDC, then the funds for the contract(s) will be RESTRICTED for expenditure on the award.

- **Note:** Where approval to contract was previously provided and the activities are expected to continue without significant change during a subsequent budget period, the noncompeting continuation application need **not** repeat all detailed information but should indicate that the arrangements are expected to continue as previously approved and should reflect the related budgetary needs. Where previously approved contracted activities are expected to change significantly, complete information concerning the proposed changes must be provided. **REQUEST TO CONTINUE PREVIOUSLY APPROVED CONTRACT (S) CONTRACTOR AND THE ANTICIPATED ITEMIZED BUDGET WITH NARRATIVE JUSTIFICATION.**

H. The estimated un-obligated balance should be realistic in order to be consistent with the annual FSR to be submitted following the end of the budget period.

I. Based on the current rate of obligation, if it appears there will be un-



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obligated funds at the end of the current budget period, provide detailed actions that will be taken to obligate this amount.

- J. If it appears there will be insufficient funds, (1) provide detailed justification of the shortfall; and (2) list the actions taken to bring the obligations in line with the authorized funding level.
- K. Base the proposed budget on the federal funding level stated in the letter from CDC. Include the use of any estimated un-obligated balance of funding.
  
- L. When non-federal matching is required; provide a line-item list of non-Federal contributions including source, amount, and/or value of third party contributions proposed to meet a matching requirement.

### 3. **Project Narrative:**

#### **Current Budget Period Progress:**

Provide a brief report addressing the following elements of each objective or activity.

- A. Status (met, ongoing, or unmet)
- B. Major findings, significance of those findings (a description of how the findings impact or contribute to the public health goal of Healthy People 2010 focus areas of Injury and Violence Prevention; CDC Goals for Healthy People in Every State of Life and Healthy People In Healthy Places; and increasing the capacity of injury prevention and control programs to address the prevention of injuries and violence.
- C. Barriers encountered, and how the barriers were addressed
- D. If applicable, include the reasons that goals were not met and a discussion of assistance needed to resolve the situation.
  - 1. Attach in the “Mandatory Documents” box under “Project Narrative Attachment Form”.

#### **New Budget Period Proposed Objectives and Activities:**

- A. List proposed objectives for the upcoming budget period. These objectives must support the intent of the original Funding Opportunity Announcement (FOA) or Program Announcement (PA).
- B. Each objective and activity must contain a performance or outcome measure that assesses the effectiveness of the project.
- C. For each objective:
  - 1. List activities that will be implemented;
  - 2. Provide a timeline for accomplishment;
  - 3. Identify and justify any redirection of activities; and
  - 4. Explain the methods you will use to implement the new, redirected activities.

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- D. In addition to this information, include comments pertaining to budgetary issues that might hamper the success or completion of the project as originally proposed and approved. Please utilize the work plan format in the original work plan, if applicable.
- F. Include required travel expenses for RPE Grantee Meeting
2. Apply CDC travel supplement of \$2,200 to support travel for 2 people to attend RPE Grantee meeting
  3. Include \$275 registration fee for each RPE program representative attending RPE Grantee Meeting.
- G. Adhere to VAWA legislative requirements:
1. 5% cap on administrative costs
  2. 2% cap on surveillance costs

#### 4. Additional Program Requirements

Part A recipients of cooperative agreement CE07-701 are expected to adhere to the recommendations in the RFA Guidance Document and implement systems to track and report success in meeting year 1 and 2 RPE Benchmarks.

Part A recipients of cooperative agreement CE07-701 must complete the Sexual Violence Prevention and Education (RPE) Annual Report for Part A recipients within 90 days of the end of each budget period.

Part A recipients should be prepared to report on the following as outlined in the Part A. RPE Annual Report.

- RPE Budget and Programmatic Allocations
- RPE Planning, Partnership and Evaluation Activities
- RPE Program Implementation Activities
- RPE Surveillance Activities
- CDC Accountability/PART Measures and CDC Life Stage Goals.
- RPE Progress Narrative and Updated Goals and Objectives.
- RPE Program Successes and Challenges.

Part B recipients of cooperative agreement CE07-701 must complete the Part B Sexual Violence Prevention and Education (RPE) Annual Report within 90 days of the end of each budget period.

Part B recipients should be prepared to report on the following as outlined in the Part B. RPE Annual Report.

- Staff Budget and Programmatic Allocations
- RPE Program Implementation Activities

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- RPE Surveillance Activities
- CDC Accountability/PART Measures and CDC Life Stage Goals
- RPE Progress Narrative and Updated Goals and Objectives
- RPE Program Successes and Challenges.

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**J. Annual Progress Report Template**

SAMPLE FROM FY2009

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***RPE Annual Report Cover Page***

CDC-RFA-CE07-701

FY 2008

Part A

Cooperative Agreement Name: **Sexual Violence Prevention and Education (RPE)**

Cooperative Agreement #:

Organization Name:

Project Director Name:

Mailing Address:

City:

State:

Zip code:

Phone:

Fax:

Email:

Principal Investigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fiscal Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The National Rape Prevention and Education (RPE) Program  
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**Section 1: Budget and Programmatic Allocations**

**A. Budget and Programmatic Allocations**

The purpose of this section is to assess the RPE budget and programmatic allocations.

**Instructions:** Please estimate the percentage of your entire RPE Cooperative Agreement budget (*health department and all sub-grantees/sub-contractors*) that is allocated to each of the following RPE activities. Type the numbers in the boxes below. **Percentage must total 100%.**

Rape/SV Prevention & Education Activities	% of Budget
<b>Educational Seminars</b>	
Operation of Hotlines	
Training Program for Professionals	
Education & Training for Students & Campus Personnel	
Education on Date Rape Drugs	
Other efforts to increase SA awareness, including efforts to Underserved & Disabled populations	
Preparation of Informational Materials	
Strategic Planning (includes assessments, mobilization of partners, developing reports, etc.)	
Coalition Building (see clarification on page 8 of this document)	
Community Mobilization (see clarification on page 8 of this document)	
Policy change	
Norms change	
Administrative costs (Please note 5% cap)	
Surveillance (Please note 2% cap)	
Total	100%

**Percentage must total 100%.**

Rape/SV Prevention & Education Funds	% of Budget
What percent of your RPE funds were <b>retained</b> at the state health department?	
What percent of your RPE funds were <b>retained</b> at another state agency?	
What percent of your RPE funds were <b>retained</b> at the state coalition?	

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What percent of your RPE funds were <u>awarded</u> to local rape crisis centers?	
What percent of your RPE funds were <u>awarded</u> to non-profit community-based organizations?	
Total	100%

Number of rape crisis centers funded with RPE funds. Start typing here →

Number of community-based organizations funded with RPE funds. Start typing here →

Feel free to share any additional information about RPE funding allocations and/or funding streams in the space provided. Start typing here →

**Section 2: RPE Planning, Partnership and Evaluation Activities:  
Year 2 Benchmarks**

Please note that the following section of the annual report focuses on the RPE planning activities your state engaged in during the past budget period (November 1, 2007 to October 31, 2008). Place an **X** in the appropriate box below.

**A. Sexual Violence Prevention Planning Committee (SVPPC) Activities.** Place an **X** in the appropriate box below. Please see the March 17, 2008 updated draft Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement (CE07-701) 2<sup>nd</sup> Edition (Pages 30-33) for definition(s), explanation(s) and resources.

	YES	NO
Have you maintained a SVPPC?		
Have formal roles & responsibilities for the SVPPC been established?		
Is SVPPC membership consistent with CDC recommendations?		

If SVPPC membership is NOT consistent with CDC recommendations, please explain. Start typing here →

Number of SVPPC members (Year 1). Start typing here →

Number of SVPPC members (Year 2). Start typing here →

Briefly describe the major accomplishments (Year 2) of the SVPPC. Start typing here →

Briefly describe the major challenges (Year 2) for the SVPPC. Start typing here →

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Indicate in table below, which sectors are currently represented on the SVPPC. Place an **X** in the appropriate box below.

<b>SVPPC Representation</b>	<b>YES</b>	<b>NO</b>
<b><i>State Health Department</i></b>		
RPE Program Staff		
Maternal & Child Health Staff		
Epidemiology Staff		
Substance Abuse Prevention Staff		
Reproductive Health Staff		
HIV/STD Staff		
Adolescent Health/Youth Violence Staff		
Injury Program Staff		
County/City Health Department Staff		
Other Health Department Staff (specify)		
<b><i>Other State Agency</i></b>		
Department of Education		
Office of the Attorney General		
Department of Justice		
Emergency Preparedness		
Department of Children & Family Services		
Law Enforcement Agency		
Other State Agency (specify)		
<b><i>High Profile State Officials</i></b>		
Governor's Office		
State Legislature		
City/County Administration		
Congressional Representative		
Other High Profile State Official (specify)		
<b><i>State Sexual Assault Coalition</i></b>		
Executive Director		
SV Prevention Coordinator		
Other State Sexual Assault Coalition Staff		
<b><i>State Domestic Violence Coalition</i></b>		
Executive Director		
Prevention Coordinator		
DELTA Coordinator		
<b><i>Dual State SV/DV Coalition</i></b>		
Executive Director		
SV Prevention Coordinator		



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DELTA Coordinator		
<i>Community-Based Organizations</i>		
Youth Serving Organizations		
Rape Crisis Center		
Substance Abuse Prevention Organizations		
Organizations Working with Men & Boys		
Orgs. Serving Marginalized Communities		
Hospitals		
Area Health Education Centers		
Orgs. Serving Migrant Farm Workers		
Community Health Centers		
Faith-based Organizations		
<i>Colleges &amp; Universities</i>		
State University		
Community College		
Private University or College		
<i>Racial/Ethnic Underserved</i>		
African American		
Hispanic/Latino		
Asian Pacific Islander		
Native American		
Persons with Disabilities		
Rural		
Gay Lesbian Bi-sexual Transgender & Questioning (GLBTQ)		
Other (please specify)		

Feel free to share any additional information about your SVPPC activities in space provided.  
Start typing here →

**B. Needs and Resources Assessment Activities**

Note: Please send a separate email with attachments of any of the assessments that have been completed. Place an **I, C or N** in the appropriate column and box below, and indicate date of completion, if applicable, in the appropriate column and box below. Please see the March 17, 2008 updated draft Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement (CE07-701) 2<sup>nd</sup> Edition (CE07-701) 2<sup>nd</sup> Edition (Pages 36-43) for definition(s), explanation(s) and resources.

<b>Assessment or Analysis Conducted</b>	<i>Status</i> <b>I= In Progress</b> <b>C= Completed</b> <b>N=Not Planned</b>	<i>If applicable, estimated date of completion</i>
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Current RPE prevention programming assessment or analysis	State Level		
	Local Level		
Current non-RPE funded prevention programming assessment or analysis	State Level		
	Local Level		
Current RPE prevention system capacity assessment or analysis (optional)	State Level		
	Local Level		
Current leadership support to implement primary prevention RPE activities assessment or analysis	State Level		
	Local Level		
SV Prevention funding assessment or analysis	State Level		
	Local Level		
Evaluation Capacity assessment or analysis	State Level		
	Local Level		
State Training & Technical Assistance needs assessment or analysis			
State Health Department/SA Coalition Capacity to provide training & TA related to RFA expectations assessment or analysis			
Potential Partners that could use TA to build their organizational capacity to provide training & TA assessment or analysis			
Current RPE informational & education materials assessment or analysis			
State Surveillance and Data Assessment & Analysis			
Collection and Analysis of State Demographic, Economic, SV prevalence, SV Risk & Protective Factor Data			

Feel free to share any additional information about your needs and resource assessments/activities in the space provided. Start typing here →

- a. Goals & Outcome Statements/Objectives Development.** Place an **X** in the appropriate box below. Please see the March 17, 2008 updated draft Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement (CE07-701) 2<sup>nd</sup> Edition (CE07-701) 2<sup>nd</sup> Edition (Pages 45-51) for definition(s), explanation(s) and resources.

	YES	NO
Have goals & outcome statements (objectives) for universal and selected populations years 3-8 been developed?		

*If YES, send a separate email with attachments of any of the goals & objectives that have been completed.*

If NO, briefly describe time-table to accomplish. Start typing here →

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Feel free to share any additional information about your goals and objectives development process in the space provided. Start typing here →

**b. Evaluation & Planning Process.** Place an **X** in the appropriate box below.

	<b>YES</b>	<b>NO</b>
Although optional, did your SV planning activities expand beyond the scope of the RPE project (include planning for SV prevention not funded by RPE)?		
Is your RPE program using GTO as a framework for your planning activities?		
Is your RPE program using Community Tool Box for your planning activities?		
Is your RPE program using Spectrum of Prevention for your planning activities?		
Has your RPE Program developed measures to evaluate your planning process?		

If you answered **NO** to “b, c or d”, please briefly describe the planning process you are utilizing. Start typing here →

Feel free to share any additional information about your evaluation and planning activities in space provided. Start typing here →

**c. New RPE Activities/Strategies Logic Model.** Place an **X** in the appropriate box below. Please see the March 17, 2008 updated draft Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement (CE07-701) 2<sup>nd</sup> Edition (CE07-701) 2<sup>nd</sup> Edition (Pages 18-28 & 51-86) for definition(s), explanation(s) and resources.

	<b>YES</b>	<b>NO</b>
Have you developed New RPE Activities/Strategies Logic Model		

*If YES, send a separate email with attachments of the new RPE Activities/Strategies Logic Model.*

If NO, briefly describe time-table to accomplish. Start typing here →

Feel free to share any additional information about your *new RPE Activities/Strategies Logic Model* in the space provided. Start typing here →

**d. Identification of Prevention Strategies and/or Programs for Universal and Selected Populations.** Place an **X** in the appropriate box below. Please see the March 17, 2008 updated draft Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement (CE07-701) 2<sup>nd</sup> Edition (CE07-701) 2<sup>nd</sup> Edition (Pages 49-50) for definition(s), explanation(s) and resources.

	<b>YES</b>	<b>NO</b>

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Have you identified evidence-based prevention strategies and/or programs for universal and selected populations		
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*If not using GTO, briefly describe the process or criteria used for identifying evidence-based prevention strategies and/or programs for universal and selected populations. In addition, please describe how identified strategies and/or programs will be prioritized for implementation. Start typing here →*

If NO, briefly describe time-table to accomplish. Start typing here →

- e. Identification of Prevention System Capacity Activities and/or Strategies.** Place an **X** in the appropriate box below. Please see the March 17, 2008 updated draft Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement (CE07-701) 2<sup>nd</sup> Edition (CE07-701) 2<sup>nd</sup> Edition (Pages 50) for definition(s), explanation(s) and resources.

	YES	NO
Have you identified activities and/or strategies to enhance the sexual violence prevention system capacity (optional)		

*If applicable, briefly describe the identified activities and/or strategies to enhance the sexual violence prevention system capacity. If applicable, start typing here →*

If applicable, feel free to share any additional information about your efforts to enhance the sexual violence prevention system capacity. If applicable, start typing here →

- f. Identification of Strategies to Increase the Capacity of State Health Department and Partners to Provide SV Prevention Training and TA.** Place an **X** in the appropriate box below.

	YES	NO
Have you identified strategies to increase the capacity of state health department and relevant partners to provide SV prevention training and TA		

*If YES, briefly describe the identified strategies to enhance the capacity of state health department and relevant partners to provide SV prevention training and TA. Start typing here →*

If NO, briefly describe time-table to accomplish. Start typing here →

Feel free to share any additional information about your efforts to enhance the capacity of state health department and relevant partners to provide SV prevention training and TA. Start typing here →

- g. Comprehensive Primary Prevention Plan.** Place an **X** in the appropriate box below. Please see the March 17, 2008 updated draft Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement (CE07-701) 2<sup>nd</sup> Edition (CE07-701) 2<sup>nd</sup> Edition (Pages 30 -31) for definition(s), explanation(s) and resources.

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	YES	NO
Have you completed a draft Comprehensive SV Primary Prevention Plan for years 3-8		

If NO, briefly describe time-table to accomplish. Start typing here →

*If yes, does your draft comprehensive SV Primary Prevention Plan include the following items. Place an X in the appropriate box below.*

	YES	NO
<b><u>New</u></b> RPE activities/strategies logic model (s) <sup>1</sup>		
Strategies and/or programs for universal and selected populations		
Plan of action for culturally appropriate primary prevention strategies and/or programs		
Strategies to support/enhance prevention programming capacity		
Strategies to support/enhance data and surveillance needs and/or strategies to support/enhance prevention system capacity (optional)		
Strategies for partner involvement		
Strategies to garner support from management/leadership to implement primary prevention strategies and/or programs		
Strategies to build training and technical assistance capacity		
Identification of strategies to support/enhance evaluation capacity		
Realignment of funding and staffing allocation		

Feel free to share any additional information about your comprehensive *SV Primary Prevention Plan* in the space provided. Start typing here →

### Section 3: RPE Program Implementation Activities

The following section of the annual report focuses on the RPE programmatic activities your state (Health Department, Sexual Assault Coalition & sub-contractors) were engaged in during the past budget period (November 1, 2007 to October 31, 2008). This data captures the current level of prevention programming implemented nationally through the RPE program. **Please skip sections that are not applicable to your state RPE program.** Place an X in the appropriate box below. Please see the March 17, 2008 updated draft Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement (CE07-701) 2<sup>nd</sup> Edition (Pages 18 - 22) for definition(s), explanation(s) and resources.

**A. Efforts to Prevent Sexual Violence.** Place an X in the appropriate box below.

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	YES	NO
Did your state engage in community mobilization, policy change, norms change or coalition building efforts to prevent sexual violence using RPE funds (see clarifications below)?		

*If your state did NOT engage in community mobilization, policy & norms change or coalition building efforts to prevent sexual violence using RPE funds and skip to Section 3 B.*

*Coalition Building: 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. Coalition building can occur at the state and/or community level.*

*Community Mobilization: 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.*

- 1. If applicable**, please indicate community mobilization, policy & norms change and/or coalition building efforts to prevent sexual violence engaged in by your state RPE program. Place an **X** in the appropriate box below.

	YES	NO
Community mobilization efforts?		
Policy change?		
Norms change?		
Coalition building with partners and key stakeholders?		

If YES regarding *Community mobilization* efforts, briefly describe. Start typing here →

If YES regarding *Policy change*, briefly describe. Start typing here →

If YES regarding *Norms change*, briefly describe. Start typing here →

If YES regarding *Coalition building* with partners and key stakeholders, briefly describe. Start typing here →

**B. RPE Training Programs for Professionals.** Place an **X** in the appropriate box below.

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	YES	NO
Did your state conduct RPE trainings for professionals using RPE funds?		

If your state did NOT conduct RPE trainings for professionals using RPE funds, skip to Section 3 C

3. **If applicable**, please indicate RPE training efforts completed in the previous budget period.
  - a. Total Number of professional trainings conducted. Start typing here →
  - b. Total Number of persons trained. Start typing here →
  - c. List types of professionals trained in the space provided. Start typing here →
  - d. List topics covered in professional trainings in the space provided. Start typing here →

4. In the space provided, **please provide a state summary of training for professionals** that address the following:

- Rationale for conducting RPE training with the professional groups or organizations selected.
- Trained professional groups' capacity to impact the primary prevention of Sexual Violence.
- Efforts aimed at changing organizational capacity, practices and policies to prevent sexual violence.
- Efforts made to ensure that RPE trainings were primary prevention focused.
- Successes and challenges associated with implementing training sessions.

Start typing here →

5. Feel free to share any additional information about your RPE professional training activities in space provided. Start typing here →

*C. RPE Educational Sessions. Place an X in the appropriate box below.*

	YES	NO
Did your state conduct RPE educational sessions using RPE funds?		

If your state did NOT conduct RPE educational sessions using RPE funds, skip to Section 3D

1. **If applicable**, please indicate RPE educational sessions completed in the previous budget period, [November 1, 2007 to October 31, 2008] by addressing the following:
  - a. Total Number of educational sessions conducted. Start typing here →
  - b. Total Number of participants Start typing here →
    - i. Elementary School Students Start typing here →

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- ii. Middle/Junior High School Students                      Start typing here →
- iii. High School Students    Start typing here →
- iv. College/University Students                                      Start typing here →

c. List any additional audiences for educational sessions in space provided. Start typing here →

d. List topics for educational sessions in space provided. Start typing here →

2. In the space provided, please provide **a state summary of RPE educational sessions** that address the following:

- Rationale for conducting RPE educational sessions with the audience(s) selected:
- Efforts made to ensure that RPE educational sessions were primary prevention focused and evidence based.
- Efforts to apply **any of the nine (9) prevention principles** as described in the Draft RPE Guidance Document.
- Efforts aimed at changing behaviors or norms.
- Successes and challenges associated with implementing educational sessions.

Start typing here →

Feel free to share any additional information about your RPE professional training activities in space provided. Start typing here →

*D. RPE Hotline Services. Place an X in the appropriate box below.*

	YES	NO
Did your state support hotlines using RPE funds?		

If your state did NOT support hotlines using RPE funds, skip to Section 3E

1. Names of organizations that are funded to provide hotline services using RPE resources in your state. Start typing here →

2. What percentage (%) of your state has access to hotline services?

3. Total number of calls received:

Feel free to share any additional information about your RPE Hotline Services in the space provided. Start typing here →



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*E. RPE Informational Materials. Place an X in the appropriate box below.*

	YES	NO
Did your state support RPE informational materials using RPE funds?		

If your state did NOT support RPE informational materials using RPE funds, skip to Section 3F.

1. If applicable, please indicate RPE Informational Materials developed or distributed using RPE resources in the previous budget period, [November 1, 2007 to October 31, 2008] in the space provided. Start typing here →

	Total Number
Total number of informational units distributed	
How many people viewed or listened to TV/Radio RPE funded media spots (PSA)	

2. List types & topics (i.e. pamphlets, posters, etc.) of **primary prevention** informational materials developed using RPE funds in space provided. Start typing here →

Feel free to share how informational materials are linked to your broader SV prevention efforts, and any other additional information in the space provided. Start typing here →

*F. RPE Surveillance. Place an X in the appropriate box below.*

*Please note that there is congressionally mandated 2% cap on surveillance activities that maybe funded with RPE funds.*

	YES	NO
Did your state conduct surveillance using RPE funds?		

If YES, please briefly describe surveillance efforts funded by RPE. Start typing here →

Indicate sources of SV surveillance data used to inform RPE program priorities. Place an X in the appropriate box below.

	YES	NO
Rape Crisis Center		
Hospital Emergency Room		
Other Hospital Data		
YRBS		
Local Victimization Survey		
State Victimization Survey		
BRFSS		

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National Victimization Data		
Uniform Crime Report		
State Perpetration data		
Local Perpetration data		
Other State Risk and Protective Factor Data (please specify)		

Feel free to share any additional information about your RPE surveillance trends or activities in the space provided. Start typing here →

**G. CDC Accountability Measures**

- Tracking of CDC PART Measure(s). Please see the March 17, 2008 updated draft Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement (CE07-701) 2<sup>nd</sup> Edition (Pages 123) for definition(s), explanation(s) and resources. The following is CDC required Office of Management and Budget (OMB) Performance Assessment Rating Tool (PART) measures related to the RPE program:

***Annual Performance Measure**-Reduced victimization of youth enrolled in grades 9-12 as measured by reduction in the lifetime prevalence of unwanted sexual intercourse (based on YRBS data). 7.7% of youth responding to the YRBS FY 2001 was established as baseline. The goal for FY 2009 is 6.7% of youth responding to the YRBS*

***Long-term Performance Measure**-Impact self-reported victimization of youth enrolled in grades 9-12 as measured by reduction in the lifetime prevalence of unwanted sexual intercourse (based on YRBS data). 7.7% of youth responding to the YRBS FY 2001 was established as baseline.*

	YES	NO
Does your state participate in the YRBS?		
If yes, does your state ask sexual behavior related questions on the YRBS?		
If yes, when was last YRBS completed in your state (year)?		
If yes, what is frequency of YRBS testing in your state?		
If yes, please indicate the most recent YRBS data related to the PART measure? Please answer in percentage (%):		

Place an **X** in the appropriate box below.

	YES	NO
If your state does not participate in YRBS or ask the sexual behavior related		

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questions, does your state have a survey or surveillance system that captures compatible information?		
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If yes, please briefly describe. Start typing here →

**2. RPE Faith-based Activities**

The purpose of these questions is to increase understanding and knowledge about faith-based projects throughout CDC. This information will NOT be used to evaluate the effectiveness of faith-based projects. The names of the faith-based organizations are necessary to complete a required CDC Faith-based Projects/Activities Inventory (You may be contacted by your Project Officer for additional information required to complete the inventory).

**Instructions:** If applicable, please complete the table below **detailing RPE activities involving faith-based organizations.** These projects are defined as those occurring in settings of or in partnership with organizations having religion or spirituality as a major tenet of their existence

Name of Faith-based Organization	F = Funded by RPE P = Partner with RPE but not funded	If funded by RPE, indicate dollar amount given to Faith-based Organization	Briefly describe RPE activities

**H. Progress Narrative**

**1. Update on Goals and Objectives**

Please provide a brief update on your stated goals and objectives for this past budget period. For each goal and objective, please utilize the following format to provide status.

*Use extra pages as necessary. If you require additional Goals and Objectives, you may copy and paste Goal and Objective formatting: Place your cursor at the beginning of the letter G in Goal and drag your cursor (highlight the text) until you reach the end of the section (“Evaluation Measure: Description. Start typing here →”. Hit Ctrl & C on your keyboard to copy that text. Then, move your cursor down to the end of the Goals and Objectives section and hit Ctrl & V on your keyboard to paste that text.*

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**Goal 1:**

- Description. Start typing here →

Objective 1:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Objective 2:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Objective 3:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Objective 4:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Evaluation Measure:

- Description. Start typing here →

**Goal 2:**

- Description. Start typing here →

Objective 1:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

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Objective 2:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Objective 3:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Objective 4:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Evaluation Measure:

- **Description.** Start typing here →

**Goal 3:**

- **Description.** Start typing here →

Objective 1:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Objective 2:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Objective 3:

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- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Objective 4:

- **Status (met/unmet/ongoing, scheduled to begin on – date-)** Start typing here →
- **Successes, Lessons Learned and Challenges.** Start typing here →
- **Comments.** Start typing here →

Evaluation Measure:

- **Description.** Start typing here →

**2. Please provide a brief description (3 paragraphs maximum) of the three (3) major overall RPE program successes for this past budget period that you would like CDC, other states & partner(s) to be aware of?**

Success #1      Start typing here →

Success #2      Start typing here →

Success #3      Start typing here →

**3. Please provide a brief description (3 paragraphs maximum) of the three (3) major overall RPE program challenges for this past budget period that you would like CDC, other states & partner(s) to be aware of?**

Challenge #1    Start typing here →

Challenge #2    Start typing here →



Challenge #3    Start typing here →

Please use space below to provide any other information about your state RPE Program that you think is important to share with CDC. Start typing here →

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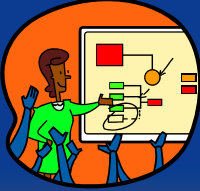
**K. RPE Program Profile**



**The National Rape Prevention  
and Education (RPE)  
Program Profile**

*DRAFT*

Based on FY 2007 Annual Reports submitted by 50  
of 52 RPE Grantees  
(updated Oct 2008)



**Margaret Brome**

Program Implementation and Dissemination Branch  
Division of Violence Prevention  
National Center for Injury Prevention and Control

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## **Purpose of National RPE Profile**



- Update RPE Grantees and other partners
- Use information for program planning
- Monitor trends and accomplishments over time
- Educate stakeholders

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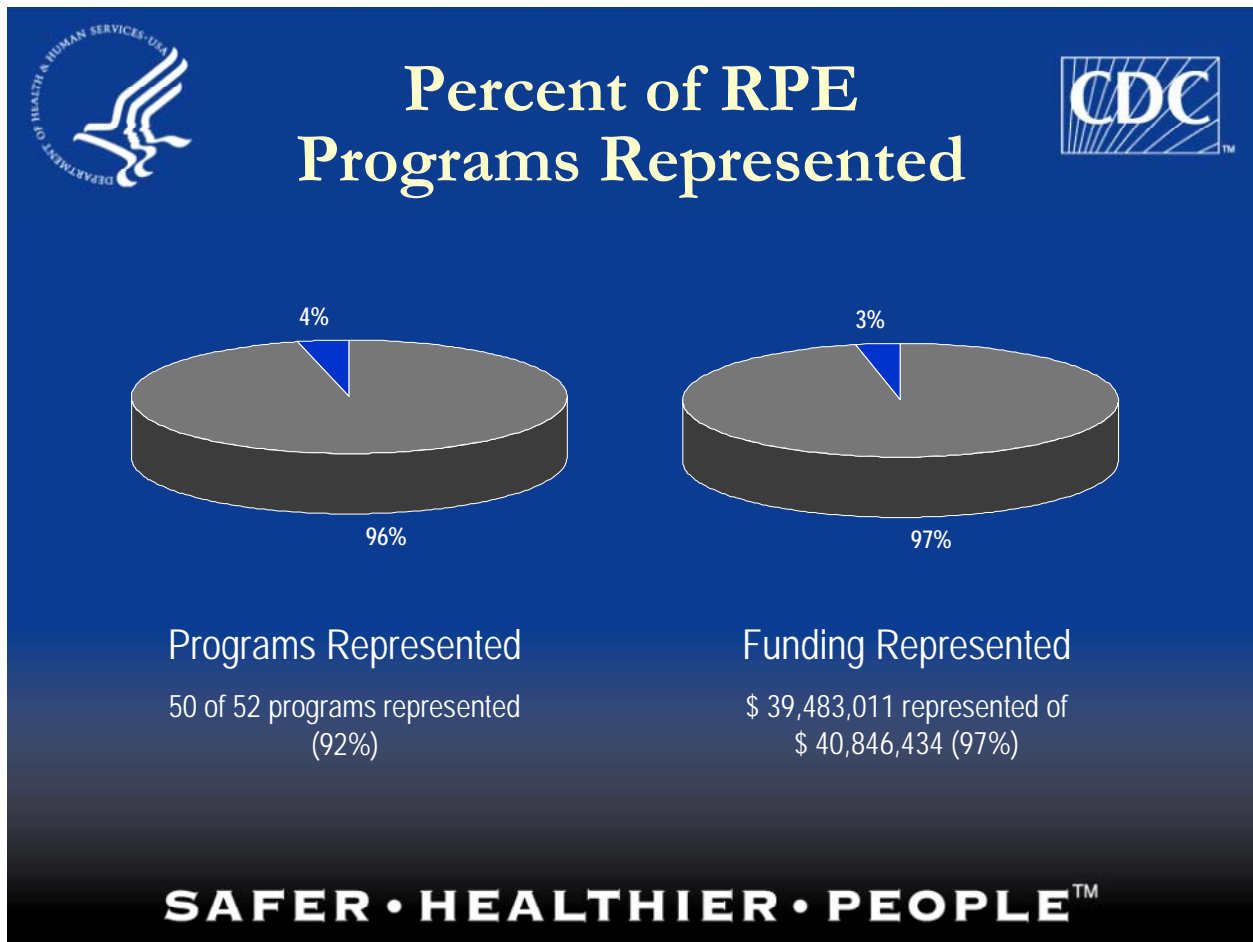
# Data Limitations

- A Partial Profile
  - ◆ Based upon Annual Reports from 50 of 52 programs\*
  - ◆ Information is imprecise
  - ◆ Limited scope
    - Does not address program impact

\* Excludes District of Columbia and Missouri

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## RPE Funding Streams



- RPE funds remaining at DOH **19%**
- RPE funds retained at coalition **12%**
- RPE funds retained at other agencies **2%**
- RPE funds to rape crisis centers **58%**
- RPE funds to non-profits **9%**

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## RPE Funded Entities



- Number of rape crisis centers funded **796**
- Number of funded  
Community-based organizations **86**
- Number of faith-based organizations funded **9**

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## RPE Program Partnership Activities

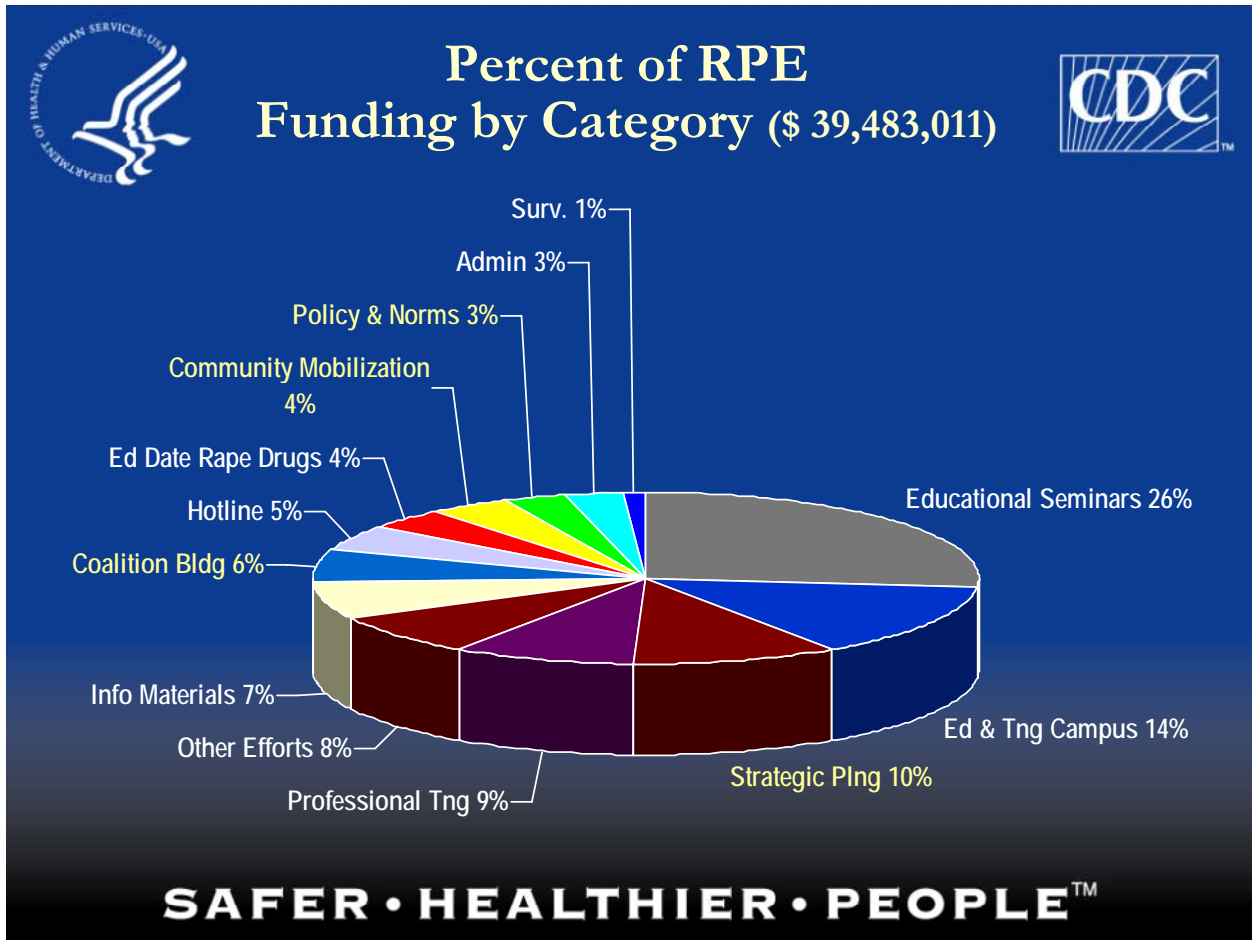


### Faith-based Organizations

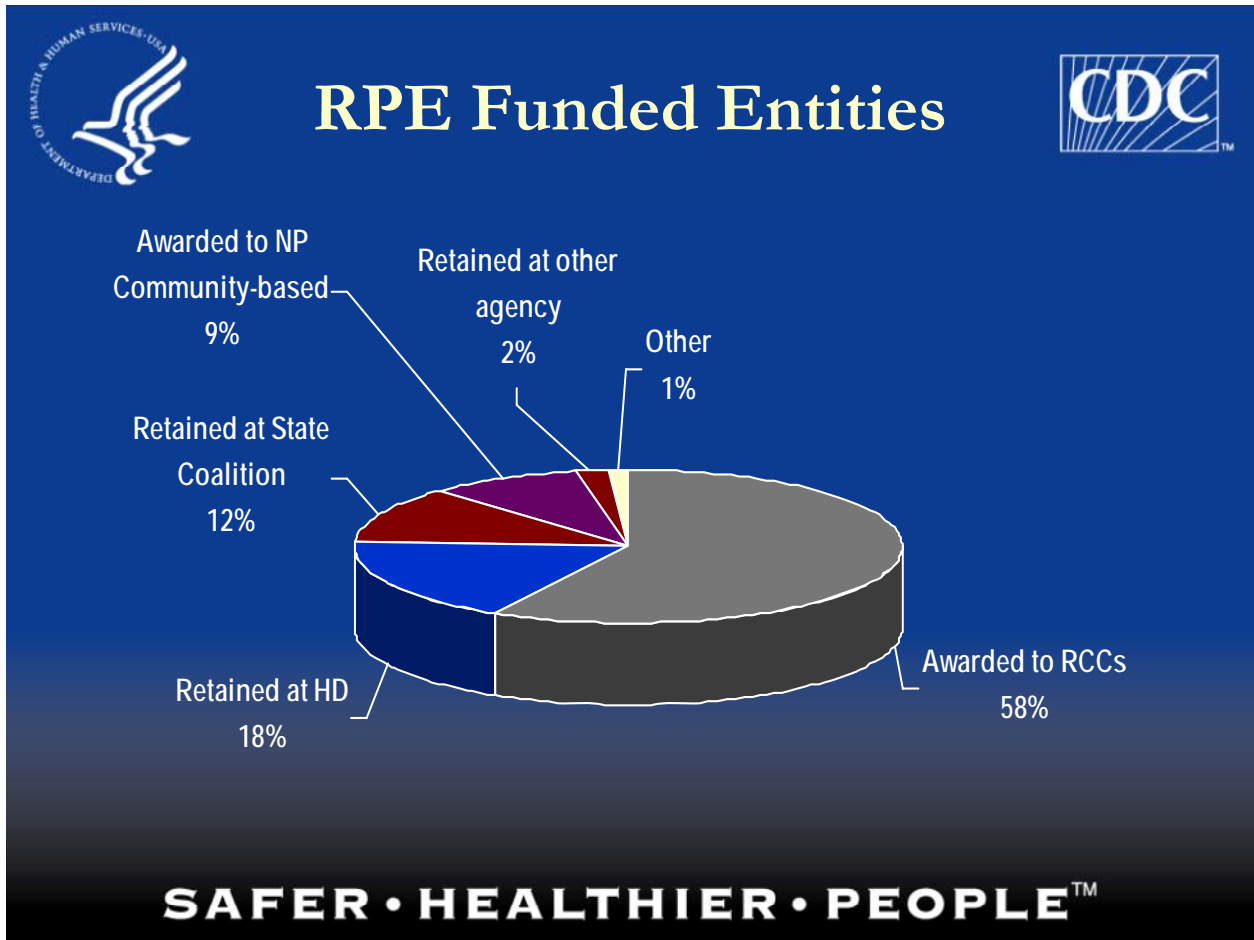
- Number of faith-based orgs funded by RPE: **9**
- Number of faith-based orgs partnered with RPE but not funded **23**
- Dollar amount allocated to faith-based orgs **\$197,065**

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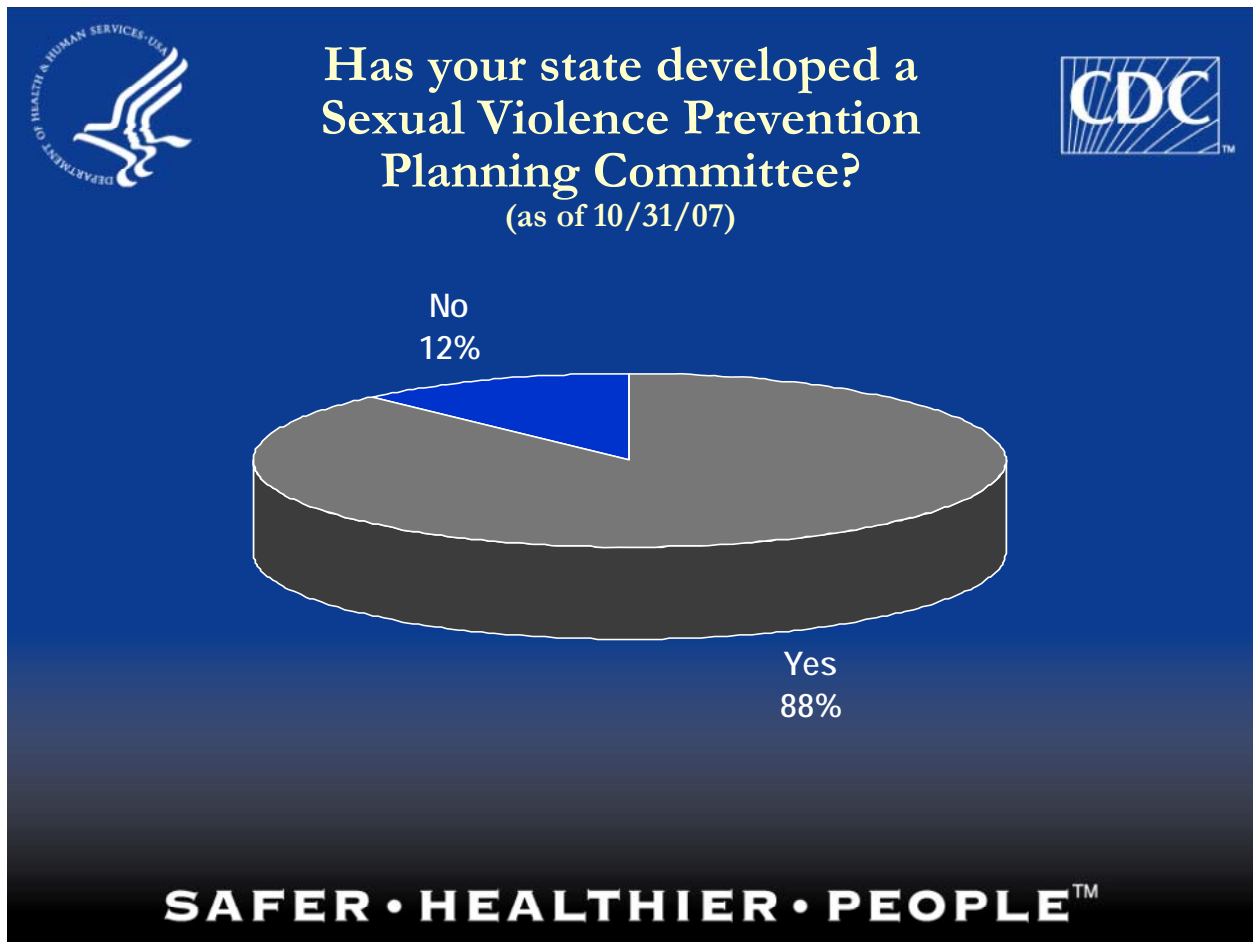
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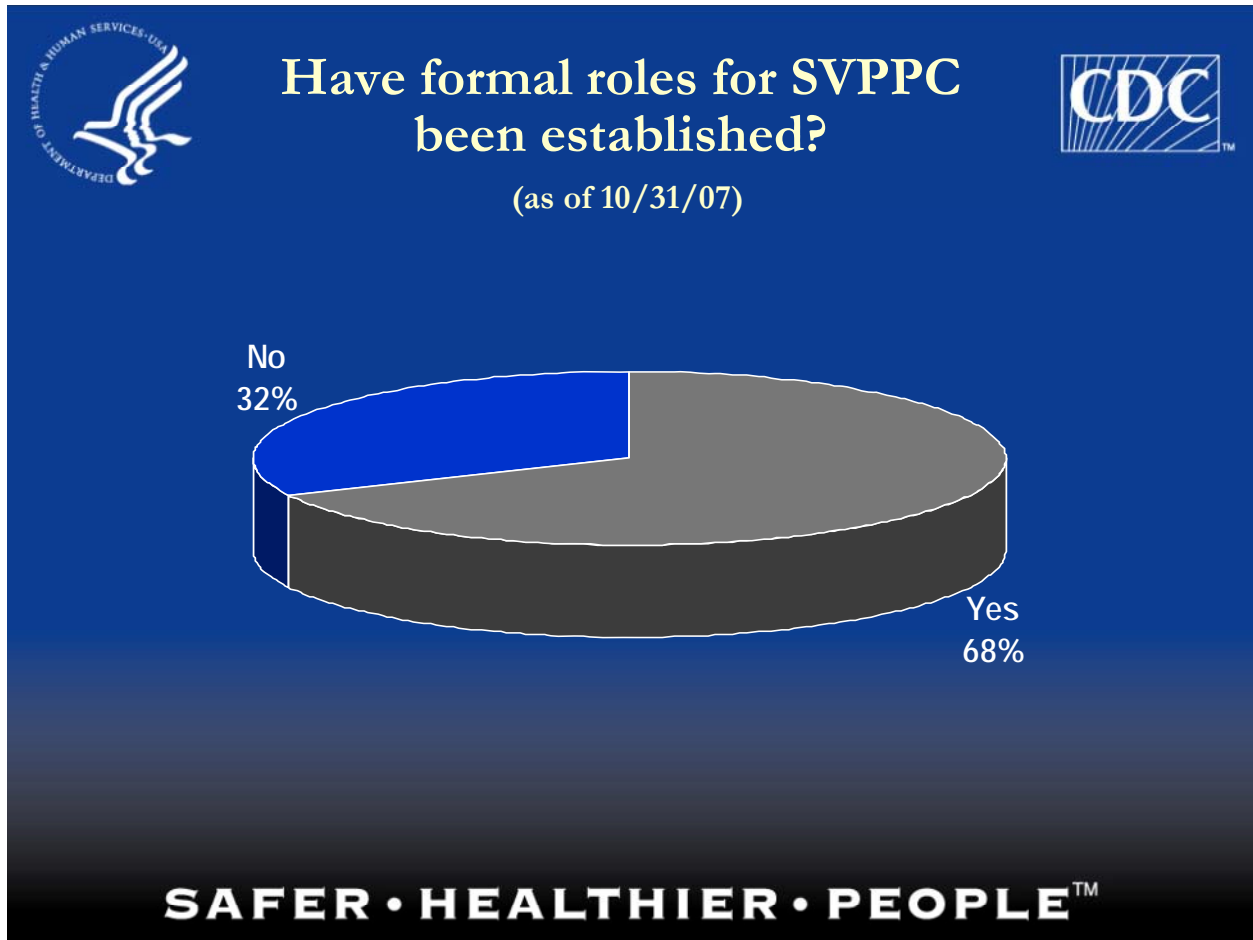


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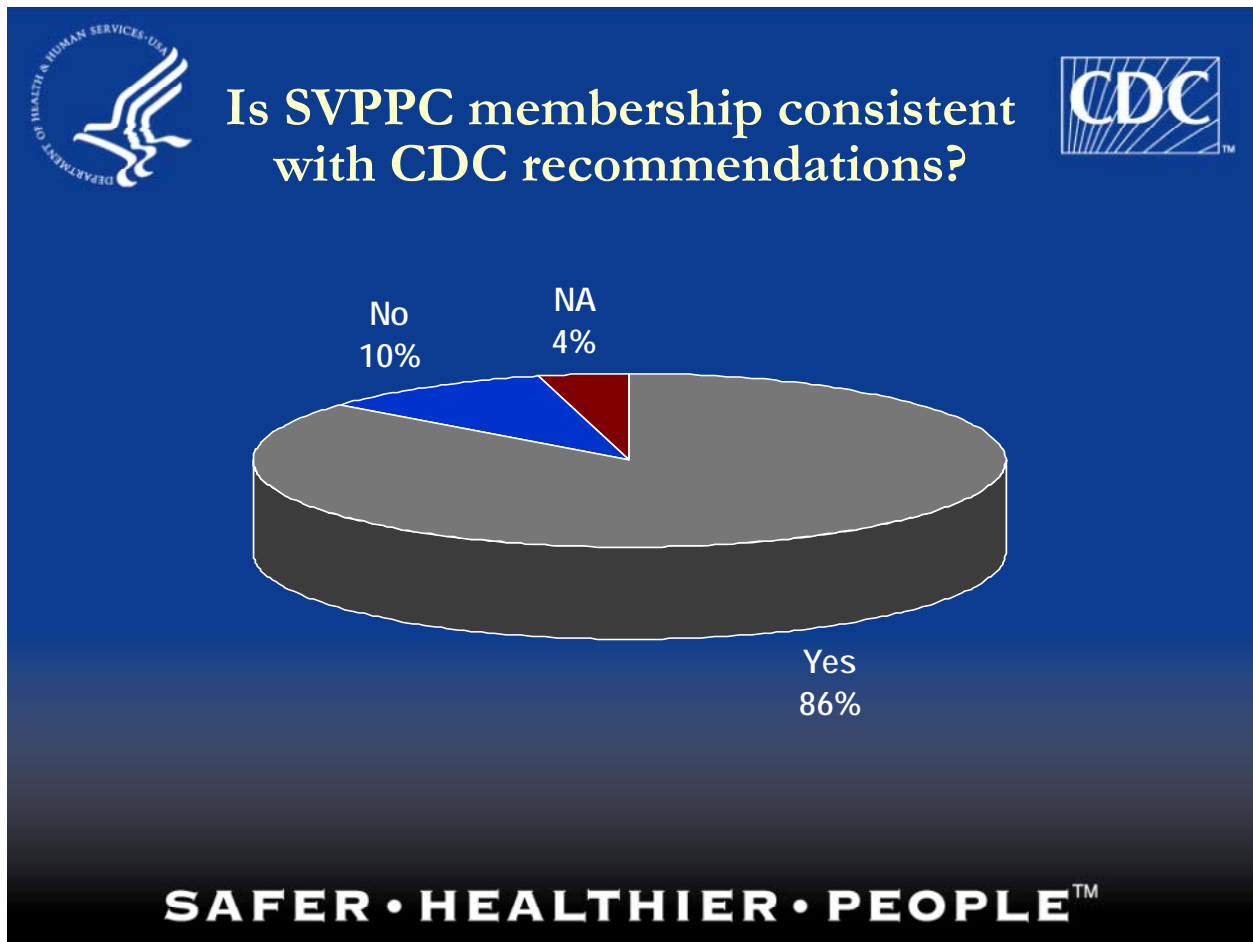




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## Average Number of SVPPC Members



**26**

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## State Health Department Representation on SVPPC



RPE Program Staff	Injury Program Staff	Maternal & Child Health Staff	Substance Abuse Prevention Staff	Other Health Depart. Staff	HIV / STD Staff	Adolescent Health / Youth Staff	County / City Health Department Staff	Reproductive Health Staff
Yes 43 No 7	Yes 31 No 19	Yes 30 No 20	Yes 11 No 39	Yes 19 No 31	Yes 13 No 37	Yes 26 No 24	Yes 12 No 38	Yes 14 No 33



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## Other State Agency Representation on SVPPC



Dept. of Education	Other State Agency	Law Enforcement Agency	Office of Attorney General	Dept. of Children & Family Services	Dept. of Justice	Emergency Preparedness
Yes 32 No 17	Yes 25 No 24	Yes 26 No 24	Yes 22 No 38	Yes 23 No 27	Yes 14 No 36	Yes 4 No 46



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## High Profile State Officials Representation on SVPPC



Governor's Office	State Legislature	City/County Administration	Other High Profile State Officials	Congressional Representative
Yes 8 No 42	Yes 5 No 45	Yes 5 No 45	Yes 2 No 46	Yes 1 No 49



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## State Sexual Assault Coalition Representation on SVPPC



Executive Director	SV Prevention Coordinator	Other State Sexual Assault Coalition Staff
Yes 26	Yes 25	Yes 24
No 24	No 25	No 26

## Dual State SV/DV Representation on SVPPC

Executive Director	SV Prevention Coordinator	DELTA Coordinator
Yes 12	Yes 17	Yes 6
No 34	No 29	No 38
N/A 4	N/A 4	N/A 5

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# State Domestic Violence Coalition Representation on SVPPC



Executive Director	Prevention Coordinator	DELTA Coordinator
Yes 14	Yes 13	Yes 11
No 35	No 36	No 38
NA 1	N/A 1	N/A 1



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# Community-based Organizations Representation on SVPPC



Rape Crisis Center	Youth Serving Orgs	Orgs Working with Men & Boys	Orgs Serving Marginalized Communities	Faith-Based Orgs	Hospitals	Community Health Centers	Area Health Education Centers	Substance Abuse Prevention Orgs	Orgs Serving Migrant Farm Workers
Yes 42 No 8	Yes 37 No 13	Yes 34 No 16	Yes 33 No 17	Yes 26 No 24	Yes 15 No 35	Yes 16 No 34	Yes 12 No 38	Yes 9 No 40	Yes 10 No 40



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## College & University Representation on SVPPC



State University	Private University or College	Community College
Yes 40	Yes 16	Yes 10
No 10	No 34	No 40



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## Racial / Ethnic Underserved Representation on SVPPC



Rural	Hispanic / Latino	African American	Persons with Disabilities	Gay Lesbian Bi-sexual Transgender & Questioning	Other	Native American	Asian Pacific Islander
Yes 36 No 14	Yes 28 No 22	Yes 26 No 24	Yes 25 No 25	Yes 25 No 25	Yes 20 No 28	Yes 18 No 32	Yes 11 No 39



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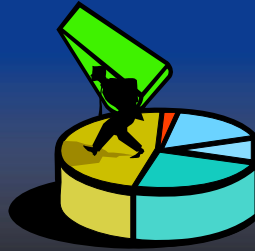
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## Planning Process & Evaluation Representation on SVPPC



Use GTO as Framework for Planning Activities?	Use Spectrum of Prevention for Planning Activities?	SV Planning Activities Expand Beyond Scope of RPE Project?	Use Community Tool Box for Planning Activities?	Developed Measures to Evaluate Planning Process?
Yes 43 (86%) No 7	Yes 36 (72%) No 14	Yes 33 (66%) No 17	Yes 29 (58%) No 21	Yes 26 (52%) No 24



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# RPE Program Implementation Activities



## Additional Efforts to Prevent Sexual Violence

Engage in Community Mobilization, Policy & Norms Change or Coalition Building to Prevent Sexual Violence using RPE Funds?	Community Mobilization Efforts?	Policy & Norms Change?	Coalition Building with Partners and Key Stakeholders?
Yes 43 (86%) No 7	66%	64%	86%



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# RPE Program Implementation Activities



## Training Programs for Professionals

Conduct RPE Training for Professionals using RPE Funds?	Total number of Persons Trained
Yes 46	370,046 *
No 4	

\*48 of 50 states responding



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# RPE Program Implementation Activities



## RPE Educational Sessions

Conduct RPE Educational Sessions Using RPE Funds?	Total number of Educational Sessions Conducted
Yes 46	125,246
No 4	

Total of Participants	2,721,687
Elementary School Students	605,059
Middle / Junior School Students	660,544
High School Students	761,393
College / University Students	173,905
Non-school Participants	520,786



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# RPE Program Implementation Activities



## RPE Hotline Services

Support Hotlines Using RPE Funds?	Total number Calls Received
Yes 22	335,598*
No 28	

\*48 of 50 states responding



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# RPE Program Implementation Activities



## RPE Informational Materials

Support Informational Materials using RPE Funds?
Yes 46
No 4

Number of People Viewed or Listened to TV / Radio RPE-Funded Media Spots (PSA)
13,443,635*

\*23 of 50 states responding



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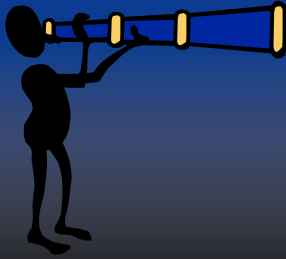


# RPE Program



## Use RPE Funds for Surveillance

Conduct Surveillance using RPE Funds?	R C C	Hosp. ER Room	Hosp. Other	Y R B S	B R F S S	Local Victimization Survey	State Victimization Survey	National Victimization Data	Uniform Crime Report	State Perpetration Data	Other State Risk & Protective Factor Data	
Yes	20	31	17	13	28	26	4	12	30	34	21	12
No	29	15	29	33	16	19	42	34	16	11	25	32



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# RPE Program



## CDC Accountability PART Measures

Participate in the YRBS?	Of those who answered yes, does your state ask sexual behavior related questions on the YRBS?	Survey or surveillance system that captures compatible information?
Yes 44 (88%) No 6	95%	Yes 10 (21%) No 35



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# Major Successes of RPE



The RPE grantees were asked to provide a brief description of the three major overall RPE program successes for the past budget year. The successes that the grantees selected have been summarized. **Partnership Building** was crucial to the success of 60% of the grantees that reported. The **Shift to Primary Prevention** was reported by about 42% of the grantees with **Data Collection** rounding out the top three overall. **Community Support** and **Training** were strong success factors reported by over 25% of the grantees followed by **Awareness/Marketing** and **School Relations**.

School relations could easily be grouped under community support and/or partnership building. There were so many grantees that specifically mentioned the ability to go into the local schools, that giving school relationships its own category allows us to see how the relationship with schools has strengthened.



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# Major Challenges of RPE



The top challenges for the RPE grantees during the most recent budget year are as follows. Forty-eight of the grantees reported their three most challenging issues. Half of the grantees felt that **a lack of funding** is one of the major obstacles to the successful implementation of the RPE program within their state. A little less than half of the grantees felt that it's been a struggle to obtain the support for **primary prevention** from the communities and areas that have long focused on the impact of sexual violence after it occurs. The third biggest challenge faced by 35% of the RPE program respondents is the high rate of staff change/turnover which makes it difficult to implement the programs successfully when personnel has limited experience and exposure to the process. Other challenges that impacted 15 or more percent of the respondents included **building partnerships** with other agencies that could assist in fostering a more successful prevention program, **evaluation support**, **lack of credible data** that will allow definitive measures related to if the program is working or not and the enormity of the task as it relates to **planning** violence prevention activities

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**Thank you!**



**Questions?**

**Margaret Brome**  
**Email: [mbrome@cdc.gov](mailto:mbrome@cdc.gov)**



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## **L. Resources**

### **Centers for Disease Control and Prevention (CDC) Resources**

#### **National Center for Injury Prevention and Control (NCIPC)**

[www.cdc.gov/ncipc](http://www.cdc.gov/ncipc)

Works to reduce morbidity, disability, mortality, and costs associated with injuries. Information about the Division of Violence Prevention and its activities are located at this website.

#### **NCIPC Sexual Violence Prevention homepage:**

<http://www.cdc.gov/ncipc/dvp/SV/default.htm>

#### **Sexual Violence Prevention: Beginning the Dialogue (2004)**

For free download, print, or order copy: <http://www.cdc.gov/ncipc/dvp/SVPrevention.pdf>

#### **Preventing Violence Against Women: Program Activities Guide**

<http://www.cdc.gov/ncipc/dvp/vawguide.htm>

Valle, LA, Hunt, D, Costa, M, Shively, M, Townsend, M, Kuck, S, Rhoads, WD, Baer, K.  
**Sexual and Intimate Partner Violence Prevention Programs Evaluation Guide.**

Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

#### **Rape in (State): A Report to the State**

The National Violence Against Women Prevention Research Center created estimates of the prevalence of rape in each state based on data from two national surveys. These reports were distributed to RPE Coordinators in 2003. To obtain a copy, please contact your project officer.

#### **National Sexual Violence Resource Center (NSVRC)**

[www.nsvrc.org](http://www.nsvrc.org)

Serves as a central clearinghouse for resources and research, providing information, help, and support. The Center influences policy, practice, and research by providing greater interaction, investigation, and review and by promoting awareness within the anti-sexual violence movement.

#### **VAWnet**

[www.vawnet.org](http://www.vawnet.org)

Online library provided through the National Electronic Network on Violence Against Women. Working in close collaboration with VAWnet participants, collects, preserves, and provides electronic access to information and materials developed to assist activists and organizations working on local, state, national, and international levels to end violence against all women and their children.

#### **National Youth Violence Prevention Resource Center (NYVPRC)**

[www.safeyouth.org/home.htm](http://www.safeyouth.org/home.htm)

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Central source of information on prevention and intervention programs, publications, research, and statistics on violence committed by and against children and teens. The resource center is a collaboration between CDC and other federal agencies.

### **Behavioral Risk Factor Surveillance System (BRFSS)**

[www.cdc.gov/brfss](http://www.cdc.gov/brfss)

Tracks health risks in the United States. Information from the survey is used to improve the health of the American people.

### **Youth Risk Behavior Surveillance System (YRBSS)**

[www.cdc.gov/nccdphp/dash/yrbs](http://www.cdc.gov/nccdphp/dash/yrbs)

Provides vital information on risk behaviors among young people to more effectively target and improve health programs.

### **Morbidity and Mortality Weekly Report (MMWR)**

[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

The *Morbidity and Mortality Weekly Report (MMWR)* Series is published by the CDC and contains data on specific diseases as reported by state and territorial health departments, other grantees, and CDC scientists. The *MMWR* weekly reports on infectious and chronic diseases, environmental hazards, natural or human-generated disasters, occupational diseases and injuries, and intentional and unintentional injuries. Also included are reports on topics of international interest and notices of events of interest to the public health community.

Following are a few *MMWR* articles that address violence against women.

Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence --- United States, 2005. *MMWR* 2008 Vol 57, No 5;113

<http://www.cdc.gov/mmwr/PDF/wk/mm5705.pdf>

Physical Dating Violence Among High School Students --- United States, 2003

*MMWR* 2006; 55(19); 532-535

<http://www.cdc.gov/mmwr/PDF/wk/mm5519.pdf>

Intimate Partner Violence Injuries --- Oklahoma, 2002

*MMWR* 2005; 54(41); 1041-1045

<http://www.cdc.gov/mmwr/PDF/wk/mm5441.pdf>

Surveillance for Fatal and Nonfatal Injuries --- United States, 2001

*MMWR* 2004; 53(SS07); 1-57

<http://www.cdc.gov/mmwr/PDF/ss/ss5307.pdf>

Building Data Systems for Monitoring and Responding to Violence Against Women

*MMWR* 2000;49(RR-11):1-18

[www.cdc.gov/mmwr/PDF/RR/RR4911.pdf](http://www.cdc.gov/mmwr/PDF/RR/RR4911.pdf)

Surveillance for Homicide Among Intimate Partners ---United States, 1981—1998

*MMWR* 2001;50(SS-03):1-24



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[www.cdc.gov/mmwr/PDF/SS/SS5003.pdf](http://www.cdc.gov/mmwr/PDF/SS/SS5003.pdf)

Prevalence of Selected Maternal Behaviors and Experiences, Pregnancy Risk Assessment Monitoring System (PRAMS), 1999

MMWR 2002;51(SS-02):1–32

[www.cdc.gov/mmwr/PDF/SS/SS5102.pdf](http://www.cdc.gov/mmwr/PDF/SS/SS5102.pdf)

School Health Guidelines to Prevent Unintentional Injuries and Violence

MMWR 2001;50(RR-22):1–46

[www.cdc.gov/mmwr/PDF/RR/RR5022.pdf](http://www.cdc.gov/mmwr/PDF/RR/RR5022.pdf)

APPENDIX B: Child and Adolescent Unintentional Injury, Violence, and Suicide-Prevention Resources

MMWR 2001;50(RR-22):67–70

[www.cdc.gov/mmwr/PDF/RR/RR5022.pdf](http://www.cdc.gov/mmwr/PDF/RR/RR5022.pdf)

The following MMWR addresses program evaluation in public health:

Framework for Program Evaluation in Public Health

MMWR 1999; 48(RR-11)

<http://www.cdc.gov/mmwr/PDF/RR/RR4811.pdf>

### **National Center for Chronic Disease Prevention and Health Promotion: Division of Adolescent & School Health**

<http://www.cdc.gov/nccdphp/dash/index.htm>

The Division of Adolescent and School Health (DASH) seeks to prevent the most serious health risk behaviors among children, adolescents and young adults. Information about the Division of Adolescent and School Health and its activities are located at this website.

### **CDC Funding Opportunities**

[www.cdc.gov/funding.htm](http://www.cdc.gov/funding.htm)

Allows organizations to electronically find grant opportunities at the Centers for Disease Control and Prevention.

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### Other Resources

Health Promotion Practice: A Journal of Health Promotion/Health Education Applications, Policy and Professional Issues. Special Issue: Evaluating Sexual Violence Prevention Programs. Supplement to Volume 10/Issue 1/January 2009. SAGE Publications. <http://hpp.sagepub.com>.

### Violence Against Women/Prevention Organizations

**NOTE:** This list presents some of the major national and international violence against women resources and organizations addressing violence against women. It is not exhaustive.

#### **American Institute on Domestic Violence**

2116 Rover Drive  
Lake Havasu City, AZ 86403  
Phone: 928-453-9015  
Fax: 775-522-9120

Website: [www.aidv-usa.com](http://www.aidv-usa.com)

Offers on-site workshops and conference presentations addressing the corporate cost of domestic violence in the workplace.

#### **An Abuse, Rape, and Domestic Violence Aid and Resource Collection (AARDVARC)**

Website: [www.aardvarc.org](http://www.aardvarc.org)  
E-mail: [aardvarcinfo@aol.com](mailto:aardvarcinfo@aol.com)

Provides wide range of information about child abuse, domestic violence, sexual assault, and stalking.

#### **Asian and Pacific Islander Institute on Domestic Violence**

942 Market Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94102  
Phone: 425-954-9964  
Fax: 415-954-9999  
Website: [www.apiafh.org/DV](http://www.apiafh.org/DV)

National network to raise awareness in Asian and Pacific Islander communities about domestic violence; to expand leadership and expertise within Asian and Pacific Islander communities about prevention, intervention, advocacy, and research; and to promote culturally relevant programming, research, and advocacy by identifying promising practices.

#### **Battered Women's Justice Project**

Phone: 800-903-0111  
Website: [www.bwjp.org](http://www.bwjp.org)

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Promotes systemic change within community organizations and government agencies engaged in the civil and criminal justice response to domestic violence to create true institutional accountability in the goal of ensuring safety for battered women and their families.

### **Domestic Violence Intervention Project**

Phone: 800-903-0111 ext. 1

Fax: 218-722-0779

E-mail: bwjp@aol.com

Addresses the criminal justice system's response to domestic violence, including the development of batterers' programs.

### **Pennsylvania Coalition Against Domestic Violence**

6400 Flank Drive, Suite 1300

Harrisburg, PA 17112

Phone: 800-903-0111 ext. 2

Addresses civil court access and legal representation issues for battered women.

### **National Clearinghouse for the Defense of Battered Women**

125 South 9th Street, Suite 302

Philadelphia, PA 19107

Phone: 800-903-0111 ext. 3

Assists battered women charged with crimes and members of their defense teams.

### **Center for the Study and Prevention of Violence**

Institute of Behavioral Science

University of Colorado at Boulder

Campus Box 439 Boulder, CO 80309-0439

Phone: 303-492-8465

Fax: 303-443-3297

Website: [www.colorado.edu/cpsv](http://www.colorado.edu/cpsv)

Working from a multi-disciplinary platform on the subject of violence, facilitates cooperation between the research community and the practitioners and policymakers. CSPV makes research and resources available to the public through topical searches on customized databases; offers technical assistance for developing and evaluating violence prevention programs, and analyzes data and conducts other projects on the causes of violence and the effectiveness of prevention and intervention programs.

### **Communities Against Violence Network**

Website: [www.cavnet2.org](http://www.cavnet2.org)

Provides an interactive online database of information; an international network of professionals; and real-time voice conferencing with professionals and survivors, from all over the world. CAVNET seeks to address violence against women, youth violence, and crimes against people with disabilities.

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### **Corporate Alliance to End Partner Violence**

2416 E. Washington Street, Suite E  
Bloomington, IL 61704-4472  
Phone: 309-664-0667  
Fax: 309-664-0747  
Website: [www.caepv.org](http://www.caepv.org)

National non-profit alliance of corporations and businesses throughout the U.S. and Canada, united to aid in preventing partner violence. CAEPV provides technical assistance and materials to help corporations and businesses address domestic violence in their workplaces.

### **Domestic Violence Resource Network**

A project of the National Resource Center on Domestic Violence  
Phone: 800-537-2238  
Fax: 717-545-9456

Network of domestic violence resource centers. Each resource center works on a specific domestic violence-related subject area or with a unique audience. Each resource center also conducts a variety of activities including technical assistance; training; policy development; identifying model programs; development of policies and publications; and assistance to individuals, organizations, and agencies.

### **End Violence Against Women**

E-mail: [endvaw@jhucp.org](mailto:endvaw@jhucp.org)  
Website: [www.endvaw.org](http://www.endvaw.org)

Developed by the staff of the Johns Hopkins Population Information Program (JHU/PIP) as part of its ongoing effort to collect and share materials produced in the worldwide effort to end violence against women. JHU/PIP has established the Violence Against Women Resource Center at its offices in Baltimore, Maryland, and serves health professionals who seek information and resources on this subject.

### **FaithTrust Institute** (formerly the Center for the Prevention of Domestic and Sexual Violence)

2400 45<sup>th</sup> Street, Suite 10  
Seattle, WA 98103  
Phone: 206.634.1903  
Fax: 206.634.0115  
Website: [www.cpsdv.org](http://www.cpsdv.org)

Interreligious educational resource addressing issues of sexual and domestic violence. The Center's goal is to engage religious leaders in the task of ending abuse and to prepare human services professionals to recognize and attend to the religious questions and issues that may arise in their work with women and children in crisis.

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### **The Family Violence Prevention Fund**

383 Rhode Island Street, Suite 304  
San Francisco, CA 94103-5133  
Phone: 415-252-8900  
Fax: 415-252-8991  
Website: [www.fvvpf.org](http://www.fvvpf.org)

National non-profit organization most noted for its national public education campaign “There’s No Excuse for Domestic Violence.” The Fund also has a National Health Initiative on Domestic Violence to train health care providers throughout the nation to recognize signs of abuse and to intervene effectively to help battered women. Hallmarks of this initiative include: the Ten-State Pilot Health Care Response to Domestic Violence program working to develop and implement state-wide plans for a comprehensive health care system response to domestic violence; and the FVVPF’s Health Resource Center on Domestic Violence, which acts as the nation’s clearinghouse for information on the health care response to domestic violence. Other projects include the Judicial Education Project, the Child Welfare Project, the National Workplace Resource Center on Domestic Violence, and the Battered Immigrant Women’s Rights Project.

### **Health Resource Center on Domestic Violence**

383 Rhode Island Street, Suite #304  
San Francisco, CA 94103-5133  
Phone: 888-Rx-ABUSE (792-2873)  
Fax: 415-252-8991  
Website: [www.fvvpf.org/health](http://www.fvvpf.org/health)

Provides resource and training material, technical assistance, information and referrals, and models for local, state, and national health policymakers to support those interested in developing a comprehensive health care response.

### **The Institute on Domestic Violence in the African American Community**

University of Minnesota/School of Social Work  
290 Peters Hall  
1404 Gortner Avenue  
St. Paul, MN 55108-6142  
Phone: 877-643-8222  
Fax: 612-624-9201  
Website: [www.dvinstitute.org](http://www.dvinstitute.org)

Seeks to create a community of African American scholars and practitioners working in the area of violence in the African American community, further scholarship in the area of African American violence, raise consciousness of the impact of violence in the African American community, inform public policy, organize and facilitate local and national conferences and training forums, and identify community needs and recommend best practices.

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### **Minnesota Center Against Violence and Abuse**

School of Social Work  
University of Minnesota  
105 Peters Hall, 1404 Gortner Avenue  
St. Paul, MN 55108-6142  
Phone: 612-624-0721  
Fax: 612-625-4288  
Website: [www.mincava.umn.edu](http://www.mincava.umn.edu)

Clearinghouse offering educational resources about all types of violence. Materials and information include syllabi for higher education, published research, funding sources, upcoming training events, individuals or organizations that serve as resources, and searchable databases with more than 700 training manuals, videos, and other education resources. MINCAVA is also part of a cooperative project—the Violence Against Women Online Resources ([www.vaw.umn.edu](http://www.vaw.umn.edu))—with the United States Department of Justice, Office of Justice Programs, Violence Against Women Office. This site provides law, criminal justice, and social service professionals with current information about interventions to stop violence against women.

### **National Alliance to End Sexual Assault**

c/o Connecticut Crisis Sexual Assault Services, Inc.  
96 Pitkin Street  
East Hartford, CT 06108  
Phone: 860-282-9881  
Fax: 860-291-9335

Member organization of state sexual assault coalitions that provides national legislative and policy advocacy.

### **National Center for Victims of Crime**

2000 M Street NW, Suite 480  
Washington, DC 20036  
Phone: 202-467-8700  
Toll-free victims' hotline: 800-FYI-CALL (394-2255)  
Fax: 202-467-8701  
Website: [www.ncvc.org](http://www.ncvc.org)

National non-profit organization that provides public policy advocacy; training and technical assistance to victim service organizations, counselors, attorneys, criminal justice agencies, and allied professionals; and a virtual library containing publications, current statistics with references, a list of recommended readings, and bibliographies.

## **The National Rape Prevention and Education (RPE) Program Orientation and Guidance Manual**

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### **National Coalition Against Domestic Violence**

P.O. Box 18749  
Denver, CO 8021  
Phone: 303.839.1852  
Fax: 303.831.9251  
Website: [www.ncadv.org](http://www.ncadv.org)

Member organization of domestic violence coalitions and service programs. Provides training, technical assistance, legislative and policy advocacy, promotional and educational materials, and products on domestic violence; coordinates a national collaborative effort to help battered women in removing the physical scars of abuse; and works to raise awareness about domestic violence.

### **National Domestic Violence Hotline**

P.O. Box 161810  
Austin, TX 78716  
Hotline: 800-779-SAFE (7233)  
TTY: 800-787-3224  
Business phone: 512-453-8117  
Fax: 512-453-8541  
Website: [www.ndvh.org](http://www.ndvh.org)

Connects individuals to help in their area using a nationwide database that includes detailed information on domestic violence shelters, other emergency shelters, legal advocacy and assistance programs, and social service programs. Help is available in English or Spanish, 24 hours a day, seven days a week. Interpreters are available to translate an additional 139 languages.

### **National Latino Alliance for the Elimination of Domestic Violence (The Alianza)**

P.O. Box 322086  
Ft. Washington Station  
New York, NY 10032  
Phone: 646-672-1404 or 1-800-342-9908  
Fax: 800-216-2404  
E-mail: [information@DVAlianza.org](mailto:information@DVAlianza.org)  
Website: [www.DVAlianza.org](http://www.DVAlianza.org)

Group of nationally recognized Latina and Latino advocates, community activists, practitioners, researchers, and survivors of domestic violence working together to promote understanding, sustain dialogue, and generate solutions to eliminate domestic violence affecting Latino communities, with an understanding of the sacredness of all relations and communities. Support from ACF/DHHS has allowed the Alianza to establish El Centro: National Latino Research Center on Domestic Violence and the Alianza Training and Technical Assistance (T/TA) Division.

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### **National Network to End Domestic Violence**

660 Pennsylvania Avenue SE, Suite 303  
Washington, DC 20003  
Phone: 202.543.5566  
Website: [www.nnedv.org](http://www.nnedv.org)

Member organization of state domestic violence coalitions. NNEDV provides legislative and policy advocacy on behalf of the state domestic violence coalitions and, through the National Network to End Domestic Violence Fund, provides training, technical assistance, and funds to domestic violence advocates.

### **National Network to End Violence Against Immigrant Women**

Website: [www.immigrantwomennetwork.org](http://www.immigrantwomennetwork.org)

A broad-based coalition of more than five hundred organizations and individuals that advocate, provide services, and offer assistance to immigrant victims of domestic violence, sexual assault, and trafficking. The Network is co-chaired by the Family Violence Prevention Fund, The Immigrant Women Program of Legal Momentum (formerly NOW Legal Defense and Education Fund), and ASISTA Immigration Technical Assistance Project. The three co-chair organizations contribute their special expertise and experience to the technical assistance, training and advocacy leadership the Network provides.

### **National Resource Center on Domestic Violence (NRC)**

6400 Flank Drive, Suite 1300  
Harrisburg, PA 17112-2778  
Phone: 800-537-2238  
TTY: 800-553-2508  
Fax: 717-545-9456  
Website: [www.vawnet.org](http://www.vawnet.org)

Provides comprehensive information and resources, policy development, and technical assistance designed to enhance community response to and prevention of domestic violence. There are 40 NRC publications, as well as NRC project descriptions and project publication lists available via VAWnet. NRC projects include the Building Comprehensive Solutions to Domestic Violence Initiative, the Public Education Technical Assistance Project, and VAWnet.

### **National Center on Domestic and Sexual Violence**

2300 Pasadena Drive  
Austin, TX 78757  
Phone: 512-407-9020  
Fax: 512-407-9022  
Website: [www.ncdsv.org](http://www.ncdsv.org)

Designs, provides, and customizes training and consultation, influences policy, promotes collaboration and enhances diversity with the goal of ending domestic and sexual violence.



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### **National Violence Against Women Prevention Research Center (NVAWPRC)**

Phone: 843-792-2945

Fax: 843-792-3388

Website: [www.musc.edu/vawprevention](http://www.musc.edu/vawprevention)

Fosters collaboration among advocates, practitioners, policymakers, and researchers; serves as a clearinghouse for prevention strategies; and keeps researchers and practitioners aware of training opportunities, policy decisions, and recent research findings.

### **National Women's Health Information Center (NWHIC)**

Office on Women's Health

Department of Health and Human Services

200 Independence Avenue SW, Room 730B

Washington, DC 20201

Phone: 202-690-7650]

Toll-free: 800-994-9662/TDD 800-220-5446

Fax: 202-205-2631

Website: [www.4woman.gov/owh](http://www.4woman.gov/owh)

A clearinghouse for women's health information, the NWHIC links to a wide variety of women's health-related material developed by the Department of Health and Human Services, other federal agencies, and private sector resources. Through a comprehensive web site and toll-free call center, NWHIC serves the entire United States, Puerto Rico, and the U.S. Virgin Islands. Toll-free phone lines open Monday through Friday, 9 a.m. to 6 p.m. EST, serve both English- and Spanish-speaking callers.

### **Office for Victims of Crime**

**U. S. Department of Justice**

Website: [www.ojp.usdoj.gov/ovc/](http://www.ojp.usdoj.gov/ovc/)

Established by the 1984 Victims of Crime Act (VOCA) to oversee diverse programs that benefit victims of crime, OVC provides substantial funding to state victim assistance and compensation programs—the lifeline services that help victims heal. The office supports training designed to educate criminal justice and allied professionals about the rights and needs of crime victims. OVC also sponsors an annual event in April to commemorate National Crime Victims Rights Week (NCVRW).

### **Partnerships Against Violence Network**

Phone: 301-504-5462

E-mail: [jgladstone@nalusda.gov](mailto:jgladstone@nalusda.gov)

Website: [www.pavnet.org](http://www.pavnet.org)

A “virtual library” of information about violence and youth-at-risk, representing data from seven different federal agencies. Violence prevention professionals can communicate and share resources through the PAVNET mail group. The PAVNET Research Database is an online, searchable source of information about current federally funded research on violence. The database includes reference documents, descriptions of promising programs, curricula, organizations providing technical assistance, and funding sources. It also has an electronic network (listserv) that provides a forum for discussion on anti-violence issues: [PAVNET@NAL.USDA.GOV](mailto:PAVNET@NAL.USDA.GOV).

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### **The Prevention Institute**

265 29th Street  
Oakland, CA 94611  
Phone: 510-444-7738  
Fax: 510-663-1280  
Website: [www.preventioninstitute.org](http://www.preventioninstitute.org)

National non-profit organization established to advocate for prevention. The Institute develops methodology and strategy to strengthen and expand primary prevention practice.

### **Rape, Abuse & Incest National Network (RAINN)**

Hotline: 800-656-HOPE (4673)  
Website: [www.rainn.org](http://www.rainn.org)

The nation's largest anti-sexual assault organization. RAINN operates the National Sexual Assault Hotline, 800-656-HOPE, and carries out programs to prevent sexual assault, help victims, and ensure that rapists are brought to justice. Its website includes statistics, counseling resources, prevention tips, and news.

### **Resource Center on Domestic Violence: Child Protection and Custody**

P.O. Box 8970  
Reno, NV 89507  
Phone: 800-52-PEACE (527-3223)  
Fax: 775-784-6160  
Website: [www.ncjfcj.unr.edu](http://www.ncjfcj.unr.edu)

Provides information, materials consultation, and technical assistance related to child protection and custody within the context of domestic violence.

### **Sacred Circle: Native Resource Center to End Violence Against Native Women**

P.O. Box 638  
Kyle, SD 57752  
Phone: 877-733-7623 (red-road)  
Fax: 605-341-2472  
E-mail: [scircle@sacred-circle.com](mailto:scircle@sacred-circle.com)

Provides technical assistance, policy development, training institutes, and resource information regarding domestic violence and sexual assault to develop coordinated agency responses in American Indian/Alaska Native tribal communities.

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### **The Stalking Resource Center**

c/o National Center for Victims of Crime  
2000 M Street NW, Suite 480  
Washington, DC 20036  
Phone: 202-467-8700  
Fax: 202-467-8701  
Website: [www.ncvc.org](http://www.ncvc.org)

A project of the National Center for Victims of Crime, funded through the Violence Against Women Office, U.S. Department of Justice. The Stalking Resource Center has established a clearinghouse of information and resources to inform and support local, multi-disciplinary stalking response programs nationwide; developed a national peer-to-peer exchange program to provide targeted, on-site problem-solving assistance to VAWO Arrest grantee jurisdictions; and organized a nationwide network of local practitioners representing VAWO grantee jurisdictions to support their multi-disciplinary approaches to stalking.

### **Violence Against Women Office**

#### **U.S. Department of Justice**

810 7th Street, NW  
Washington, DC 20531  
Phone: 202-307-6026  
TTY: 202-307-2277  
Fax: 202-307-3911  
Website: [www.ojp.usdoj.gov/vawo/](http://www.ojp.usdoj.gov/vawo/)

Works with U.S. attorneys to ensure enforcement of the federal criminal statutes contained in the 1994 Violence Against Women Act, assists the Attorney General in formulating policy related to civil and criminal justice for women, and administers more than \$270 million a year in grants to help states, tribes, and local communities transform the way in which criminal justice systems respond to crimes of domestic violence, sexual assault, and stalking. The Violence Against Women Office also works with victim advocates and law enforcement in developing grant programs that support a wide range of services for victims of domestic violence, sexual assault, and stalking, including: advocacy, emergency shelter, law enforcement protection, and legal aid. Additionally the Violence Against Women Office is leading efforts nationally and abroad to intervene in and prosecute crimes of trafficking in women and children and is addressing domestic violence issues in international fora.

### **World Health Organization Department of Injuries and Violence Prevention**

Website: [www.who.int/health\\_topics/violence/en/](http://www.who.int/health_topics/violence/en/)

Leads global action to prevent violence and unintentional injuries as major threats to public health. The department's goals are to 1) facilitate international science-based efforts to prevent violence and unintentional injuries and promote safety; 2) promote and facilitate international violence and injury prevention research; 3) promote improved standards of teaching and training for violence and injury prevention and safety promotion; 4) foster multi-disciplinary collaboration between relevant global, regional, and national stakeholders; 5) compile and disseminate best practices of violence and injury prevention and control; 6) facilitate implementation of violence and injury prevention and control at the country level; and 7) collate, analyze, and disseminate global data on violence and unintentional injuries.

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### **World Report on Violence and Health**

Website: [www.who.int/violence\\_injury\\_prevention/violence/world\\_report/wrvh1/en/](http://www.who.int/violence_injury_prevention/violence/world_report/wrvh1/en/)

Released October 3, 2002, the report raises awareness about the problem of violence globally, makes the case that violence is preventable, and highlights the crucial role that public health has to play in addressing its causes and consequences.

Direct Link to Chapter 6 – Sexual Violence:

[http://www.who.int/violence\\_injury\\_prevention/violence/global\\_campaign/en/chap6.pdf](http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf)