



National Association of County & City Health Officials

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## **REQUEST FOR APPLICATIONS**

**Promoting Sexual Health among Heterosexual African American Men:  
Implementation and Evaluation of the “Health Is Power” Campaign**

**Release Date: October 12, 2016**

**Due Date: November 16, 2016**

## OVERVIEW

The National Association of County and City Health Officials (NACCHO) is the voice of the approximately 2,800 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal health departments work to protect and improve the health of all people and all communities. NACCHO provides and connects LHDs to resources to help LHD leaders develop public health policies and programs. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and effective policies to address the myriad of challenges facing communities.

Health Is Power is designed to promote sexual health among young heterosexual African American men, ages 18-30, using a positive, empowering, and community-focused approach. It was developed based on formative, concept- and message-testing research with members of the target audience. The objective of Health Is Power is to promote positive sexual health behaviors through a multi-phased campaign with messaging around 1) increased condom use; 2) healthy relationships; 3) STD prevention; and 4) open partner communication. The Health Is Power toolkit is a resource to support implementation, offering packaged materials and messaging for online and social- media distribution, as well as print and on- the- ground outreach. Toolkit materials are intended to be built upon and customized with agency logos, and they should include links to drive the target audience to relevant information, resources, services, or events conducted or provided by the agency or a trusted partner. Health Is Power is intended to be implemented by organizations and influencers who represent and reach the target audience. Additional information, including the toolkit, can be found at <http://www.ashasexualhealth.org/sexual-health/mens-health/health-power/>.

To support implementation and evaluation of Health Is Power, this demonstration site project will provide funding and technical assistance to LHDs, community-based organizations (CBOs), and other local groups aligned with the Health Is Power objectives, approach, and messaging. Lessons learned, best practices, recommendations, outreach and engagement strategies, and materials and messages developed through the demonstration projects will be shared broadly. This project is being supported with funding from the Centers for Disease Control and Prevention (CDC) Division of STD Prevention (DSTDP).

NACCHO will make approximately three awards of up to \$40,000 for this 15-month project. The project will occur in two phases. Phase 1 will run from the date of contract execution (expected to be January 2, 2017) to June 30, 2017. Phase 2 will begin on July 1, 2017 and end on or before March 31, 2018. Although the project is intended for two phases, funding for phase 2 is contingent upon receipt of federal funds to support activities.

For questions about this funding opportunity, contact Sarah Getachew at 202-507-4253 or [sgetachew@naccho.org](mailto:sgetachew@naccho.org).

## KEY DATES

Event	Date
Request for Applications Release	October 12, 2016
Letters of Intent (optional)	October 21, 2016 by 11:59 PM PDT
Application Submission Deadline	November 16, 2016 by 11:59 PM PDT
Anticipated Award Notification	December 5, 2016
Project Start	January 2, 2017

## LETTER OF INTENT

Letters of intent are not required, but are preferred. The letter of intent is not binding and does not enter into the review of a subsequent application. The information that it contains allows NACCHO staff to estimate the potential review workload and plan the review process. Letters of intent should be submitted via email to Sarah Getachew at [sgetachew@naccho.org](mailto:sgetachew@naccho.org) by **October 21, 2016**. Use as the Subject Line: “Health Is Power Demonstration Site Project: LOI.”

## ELIGIBILITY AND CONTRACT TERMS

This Request for Applications (RFA) is open to public and private entities, including LHDs, non-profit, faith-based, and community-based organizations. Applicants should have experience and expertise working with the target audience, a mission that is consistent with the objectives and messages of Health Is Power, and demonstrated ability to conduct a health communications or social marketing campaign. Additionally, applicants should be able to demonstrate local need for and potential impact of the implementation of a sexual health campaign focused on heterosexual African American men, ages 18-30.

Multiple applications from an organization are not allowable. However, organizations or agencies have the ability to submit joint applications. In this case, one organization/agency must be designated as the prime/lead (reimbursement from NACCHO will only be provided to that single entity) and the partnering agency must sign a Letter of Commitment that is submitted with the application.

Acceptance of NACCHO’s [standard contract terms and conditions](#) is a requirement. For LHDs in Florida, please refer to NACCHO’s [Florida standard contract terms and conditions](#).

## METHOD OF PAYMENT

NACCHO will reimburse awardees quarterly, upon receipt of deliverables (e.g., progress reports) and invoices outlining project expenses. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule, if necessary.

## SCOPE OF WORK AND PROJECT REQUIREMENTS

The project will occur in two phases. Phase 1 will focus on planning and preparation for implementation and evaluation of Health Is Power. In Phase 2, awardees will implement and evaluate their locally-designed Health Is Power campaign.

NACCHO will provide an evaluation framework for the project, which can be customized by the demonstration sites to most appropriately monitor, measure, and assess project progress and outcomes. The evaluation framework will include both process and outcome measures to assess the achievement of project goals and objectives. Measures will include, but are not limited to: key activities, target audience and partner engagement, output and reach of campaign materials and messages, implementation success and challenges, and satisfaction among the target audience with the campaign materials, messages, and strategies. See the Evaluation and Refinement section of the Health Is Power toolkit for additional information on process and outcome measures for consideration.

#### Phase 1 (January 2, 2017 to June 30, 2017)

Phase 1 will focus on planning and preparing for implementation of Health Is Power. Activities during this phase should include:

- Assessing and engaging the target audience. As noted in the Health Is Power toolkit, the primary target audience is heterosexual African American men (18-30 years), though this audience may be narrowed or segmented, or other audiences may be considered as possible secondary audiences, if justified and appropriate for effective implementation. If the proposed target audience is narrowed, segmented, or expanded to include a secondary audience, the rationale for doing so should be described in the proposal.
- Engaging partners to inform and support the development, implementation, and evaluation of Health Is Power.
- Adapting and expanding the available Health Is Power messages and materials for the target audience. Information on where to access local sexual health services and additional sexual health information should accompany the Health is Power messages and materials.
- Determining strategies for reaching the target audience.
- Identifying or developing local efforts, events, promotions, and/or observances that can be leveraged to increase the impact of project activities.
- Developing a plan for carrying out and evaluating Health Is Power. The plan should include information on the communication mechanisms and strategies that will be used to reach the target audience, a timeline for dissemination of materials and messages, how partners will support campaign efforts, and how metrics and other measures will be collected to evaluate output and reach of campaign materials, as well as outcome measures to determine campaign effectiveness.

#### Phase 2 (July 1, 2017 to March 31, 2018)

During Phase 2, awardees will implement and evaluate Health Is Power in accordance with the plan developed in Phase 1. Following the completion of implementation and evaluation activities, awardees will document project activities, outcomes, accomplishments, and lessons learned in a final report. The final report should include information about effective strategies for engaging and reaching the target audience, key partners and stakeholders engaged, how messages and materials were adapted and expanded, methods for tracking the reach and effectiveness of campaign materials and messages, evaluation findings, and recommendations for

other organizations interested in implementing Health Is Power. Materials and messages developed through the project will be submitted with the final report. This information will be used to augment the existing Health Is Power toolkit and will be shared broadly with partners and stakeholders across the country.

#### **REPORTING AND ENGAGEMENT**

Awardees will participate in conference calls every four to eight weeks with NACCHO and CDC/DSTDP, as well as the other demonstration site project participants. An interim progress report will be due after Phase 1 and a final report will be due at the end of the project.

#### **SUPPORT AND TECHNICAL ASSISTANCE**

NACCHO will provide technical and capacity building assistance on topic areas relevant to the effective implementation and evaluation of Health is Power, such as:

- Background information related to the project, including development of the Health Is Power messaging toolkit;
- Engaging and reaching the target audience;
- Customizing materials and messages for local implementation;
- Outreach and marketing strategies and mechanisms;
- Strategic partner engagement and partnership development;
- Process and outcome evaluation, including a customizable evaluation framework; and
- NACCHO reimbursement process.

Support and assistance will primarily be provided during regularly scheduled conference calls every four to eight weeks, however individual sessions may be scheduled with NACCHO and/or CDC/DSTDP, as needed.

#### **PROPOSAL FORMAT AND CONTENT**

Text should be single-spaced and submitted in 12-point font. Tables may use alternate fonts, but must be easily readable. The application should not exceed eight pages. The cover page, budget and justification, resumes/CVs, and letters of support are not included in the page limit. The proposal should include the following sections:

**Cover Page:** Provide a cover sheet that includes the applicant's contact information.

**Introduction and Background:** This section should demonstrate an understanding of the need for a sexual health campaign for heterosexual African American men, ages 18-30 and describe how this project will assist with improving the sexual health of this target audience. If the proposed target audience is narrowed or segmented, or if secondary audiences are added to the original intended audience, detail on the rationale for doing so should be included. Local data and information should be used to describe the target audience and the context for implementation, including the community demographics and population size.

**Project Description:** This section should describe the approach the applicant will take to implementing and evaluating Health Is Power and meeting the project requirements as detailed in the Scope of Work and Project Requirements section. This section should clearly designate activities associated with each phase of the project.

**Work Plan:** In table format, include specific activities, deliverables, and a timeline for completion of the project. The work plan should differentiate between Phase 1 and Phase 2. Please note the timelines for each phase must fall within the following designated dates:

- Phase 1: January 2, 2017 to June 30, 2017
- Phase 2: July 1, 2017 to March 31, 2018

**Organizational Capacity and Experience:** This section should describe your organization's expertise, experience, and qualifications for conducting the project activities, including:

- How your organization's efforts align with the aims of this project;
- Capacity to reach and influence the target audience, including previous experience conducting outreach and education to this audience, especially related to sexual health;
- Existing partnerships/engagement with the target audience;
- Existing partnerships or relationships that will be leveraged to support project activities, and/or partnership development experience, especially as it relates to the target audience and sexual health;
- Demonstrated ability and capacity to develop and implement effective traditional, social, and/or digital media campaigns for youth and young adults; and
- Conduct process and outcome evaluations of public health campaigns/efforts that utilize traditional, social, and/or digital outreach and marketing strategies.

Identify key staff responsible for completing your proposed work and provide sufficient detail to demonstrate knowledge, skills, and abilities to perform the functions outlined in the RFA. Resumes/CVs for key staff responsible for carrying out project implementation should be included as attachments. Resumes/CVs do not count towards the total page limit.

**Budget:** Provide a line-item budget and budget justification narrative. The budget should be broken down by Phase 1 and Phase 2. This section is not included in the total page limit.

**Letter(s) of Support:**

Letters of support **are not** required, however they are recommended in the following circumstances:

- If the applicant is not a LHD, it is recommended that a letter of support, on official letterhead, from the local health officer be provided.
- If a community partner factors heavily into the project approach, it is recommended that a letter of support, on official letterhead, is provided by the partner organization.

Letters of support **are** required if:

- Organizations or agencies submit joint applications for this opportunity. In this case, one organization/agency must be designated as the prime/lead, and the partnering agency must sign a Letter of Commitment, on official letterhead.

### **SELECTION CRITERIA**

NACCHO and CDC/DSTDP will review and score applications. The criteria listed below will be used to evaluate proposals for the purpose of ranking them in relative position based on how fully each proposal meets the requirements of this RFA.

- Evidence of need for this effort among the target audience, ability to address needs of the target audience, and understanding of key issues related to the sexual health of the target audience
- Strength of the proposed approach for carrying out the project activities and requirements
- Extent to which the work plan includes clear and realistic objectives and activities for meeting the project requirements
- Evidence of a history of working with local partners to effect positive change
- Evidence of agency capacity to carry out the proposed activities
- Appropriateness and completeness of proposed budget
- Demonstration of overall commitment

### **SUBMISSION INSTRUCTIONS**

The deadline to submit applications is November 16, 2016 by 11:59 PM PDT. Applications should be submitted as a single PDF in an email to [sgetachew@naccho.org](mailto:sgetachew@naccho.org). Use as the Subject Line: "Health is Power Demonstration Site Application."