

**South Carolina Department of Public Health  
State Personal Responsibility Education Program Grant  
FY 2026 Grant Year**

**REQUEST FOR GRANT APPLICATIONS (RFGA)**

**CFDA Number: 93.235**

**Posting Date: October 10, 2025**

**ATTENTION! IMPORTANT DETAIL!**

**Your application must be submitted electronically or in a sealed package. (Original + 4 copies marked as “Copy”) RFGA Number and Deadline/Closing Date (see below) must appear on package exterior.**

|  |  |
|--|--|
| <b>Deadline/Closing Date for Applications:</b> | <b>November 7, 2025 - By 2:30 PM EST</b> |
| <b>RFGA Number: FY2026-RFGA-MC-410</b>         |  |

| <b>Submit your sealed package to either of the following addresses:</b>  |  |
|--|--|
| <b>MAILING ADDRESS:</b><br>DPH – Public Health Grant Agreements<br>Bureau of Business Management<br>P.O. Box 2046<br>West Columbia, SC 29171 | <b>PHYSICAL ADDRESS:</b><br>DPH – Public Health Grant Agreements<br>Bureau of Business Management Columbia Mills<br>400 Otarre Parkway<br>Cayce, SC 29033<br><br>See additional physical address information below |

**Number of Copies to be submitted: One (1) original and four (4) copies each marked as “Copy.” Email Submission: [RFGA@dph.sc.gov](mailto:RFGA@dph.sc.gov)**

The South Carolina Department of Public Health (DPH) requests applications for State Personal Responsibility Education Program Grant funds. Funding for this grant is contingent on DPH’s receipt of federal funds from the U.S. Department of Health and Human Services (US DHHS), Administration on Children, Youth and Families (ACYF) and on FY2026 appropriations.

Applications will be accepted until the closing date stated in this RFGA. Applications will be evaluated first by the DPH Personal Responsibility Education Program (PREP) staff for eligibility, responsiveness, and responsibility, then by a panel of independent reviewers based on the scoring criteria stated in this RFGA. Failure to comply with the requirements of this RFGA may result in the disqualification of the application. Note that performance on previous grants will be considered in the evaluation and scoring of applications.

Award of a federal subaward under this RFGA will be in DPH’s sole discretion and will be contingent on execution of a federal subaward agreement, completion of any pending reviews and audits of applicants and satisfactory resolution of issues found as directed by the Department. By submitting your application, you agree to the terms of DPH’s draft federal subaward agreement (Attachment I). DPH may change or add terms if appropriate to address concerns specific to a particular grantee.

### **Eligibility:**

- Be a state or local non-profit 501(c)(3) organization who has a documented history of providing comprehensive teen pregnancy prevention program or adolescent health services.
- Have documented financial ability to operate on a cost reimbursement basis.

### **The organization selected will be expected to:**

- Have the ability to perform grant requirements in full with integrity and reliability, as well as through documented evaluation of performance measures.
- Have documented history of working with adolescents under 21.
- Be willing to create and lead community mobilization efforts, OR
- Be willing to participate in an existing community group and address adolescent reproductive health.
- Be willing to be innovative and explore non-traditional strategies of reaching adolescents.
- Be committed to positive youth development, and inclusive and trauma-informed best practices.
- Convene a group of 10-15 adolescents in their service area to participate in Adolescent Health Youth Advisory Council. (Applicable to youth development funding track only)

Applicant must have the capability in all respects to perform fully the grant requirements and the integrity and reliability which will assure good faith performance which may be substantiated by past performance.

The programs/curricula to be used **must meet all the Title V, Section 513 definitions (also see Section IIIA.4 herein) as defined in the 2018 Social Security Act and must complete the Professional Learning Standards for Sex Education Assessment Tool.**

### **How to Apply:**

See the Request for Grant Applications (RFGA) Section III for details regarding information to be included with your submission. A cover letter should be included and signed by an authorized representative of the applicant. Eligible applicants must submit the required documents to either the mailing address or physical address listed above. Email submissions will be received at [RFGA@dph.sc.gov](mailto:RFGA@dph.sc.gov).

### **Deadline:**

The deadline for receiving all applications is **November 7, 2025** by 2:30P.M. EST.

### **Questions & Answers:**

Questions will be accepted until **October 20, until 5:00 PM EST**. All questions must be submitted in writing to Charkeishia Moore at [moorecl@dph.sc.gov](mailto:moorecl@dph.sc.gov). Responses will be emailed and posted on the DPH website.

**Available Funding Date:** Awards are contingent on receipt of federal funds and appropriations by the South Carolina General Assembly. Final selection of successful applicants is anticipated to be made and notifications released on or before **November 20, 2025**. Final Subaward Agreement will be effective when signed by both the subrecipient and DPH. Only work done in accordance with the effective dates of the Subaward Agreement will be compensated. A draft copy of the Subaward Agreement is included in this RFGA (Attachment I).

**Budget Form for Personal Responsibility Education Program Applications:** Each application must be accompanied by a budget summary and narrative justification demonstrating that the project can be carried out

for the budget requested. If applicants are currently receiving funding (Federal, State or Private) from additional sources, a “Cost Allocation Methodology” must be included with the budget. A sample budget template is included in Attachment II. Applications received without a budget proposal will be rejected and not considered by the review panel.

For updates after initial posting of this Request for Grant Application process, please visit our website at: <https://dph.sc.gov/health-wellness/child-teen-health/personal-responsibility-education-program-prep-grant>.

All vendors must have a state vendor number to receive reimbursement from DPH. To obtain a state vendor number, visit [www.procurement.sc.gov](http://www.procurement.sc.gov) and select New Vendor Registration. (To determine if your organization is already registered, go to “Vendor Search”). Upon registration, you will be assigned a state vendor number. Vendors and Grantees must keep their vendor information current. If you are already registered, you can update your information by selecting Change Vendor Registration. (Please note that vendor registration does not substitute for any obligation to register with the S.C. Secretary of State or S.C. Department of Revenue. You can register with these agencies at <https://sos.sc.gov/>.)

#### **Additional Physical Address Information:**

**All visitors should enter the campus at the 12th Street Extension entrance (the Saxe Gotha entrance is employee only). Visitors will check in with the guard at this gate, provide their identification, their license plate number, purpose for their visit and agency they are meeting with. After checking in with the guard, visitors must use the main entrance at Building D.**

**Visitors will deliver the application to the front desk receptionist, who will date and time stamp the application. The receptionist will lock the application in a secure drop box. The receptionist will notify Contracts Approval Staff to pick up the secure application.**

**Parking Visitors may park anywhere on campus, however a spot close to the Building D entrance is recommended, if available. The two parking garages have two levels with stair access; they do not have elevators. All handicap parking spaces will be located on the top levels of the parking garages and in the surface parking lots.**

#### **Public Information, Confidentiality**

DPH is subject to the S.C. Freedom of Information Act (FOIA), S.C. Code Ann. § 30-4-10 et seq. All records and information prepared, owned, used, possessed, or retained by DPH are public records and are subject to public disclosure unless exempt from FOIA as determined by DPH.

**South Carolina Department of Public Health (DPH)**  
**State Personal Responsibility Education Program (PREP) - FY 2025 Grant Year**  
**Request for Grant Applications (RFGA #: FY2026-RFGA-MC-410)**

**I. BACKGROUND**

The Personal Responsibility Education Program (PREP) is authorized and funded by Section 513 of the Social Security Act (42 U.S.C. § 713), as amended by Section 50503 of the Bipartisan Budget Act of 2018 (Pub. L. No. 115-123)

**II. SCOPE OF GRANT PROPOSAL**

DPH solicits proposals from state and local public or non-profit organizations to educate youth using evidence-based interventions to prevent teen pregnancies in South Carolina, with a focus on high-priority populations, and to work with the local community to further these efforts utilizing PREP strategies to youth ages 10-19 as outlined in Table A. The organization(s) must have the documented infrastructure capacity to operate on a cost reimbursement basis.

**FUNDING FOR APPLICANTS IS DEPENDENT UPON RECEIPT OF FEDERAL FUNDS BY DPH.**

Projects must focus on the health and social well-being of youth ages 10-19 through the reduction of teen pregnancies and sexually transmitted diseases by delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth. The purpose of the Personal Responsibility Education Program is to educate youth using evidence-based interventions to prevent teen pregnancies and sexually transmitted infections in South Carolina, with a focus on high-priority populations, and to work with the local community to further these efforts.

Personal Responsibility Education (Adolescent reproductive health) programs that promote the use of contraceptives are ELIGIBLE for funding under this RFGA. If information on contraceptives is provided, it must be medically accurate and complete and ensure that students understand that contraception offers physical risk reduction but not risk elimination. Education can include demonstrations, simulations, or distribution of contraceptive devices.

Each awarded applicant shall use PREP funds administered by DPH to provide services in the same or substantially same manner as detailed in DPH's FY2026 SC State PREP Plan, which can be found at: <https://dph.sc.gov>

**A. Federal Subaward Period (Program Period and Budget Period):**

The program and budget period is approximately Twelve (12) months and will begin on **October 1, 2025** or when Federal Subawards are fully executed, whichever is later, and will end on **September 30, 2026**. Awards are subject to funding availability from U.S. DHHS to DPH.

**B. Available Funding:**

Original RFGA/awards may be increased or decreased due to amount and/or availability of funding at the time of the awards. If funds are not appropriated, the RFGA/award may be canceled. The total dollar amount available under this RFGA totals \$400,000.00 dependent on an approved state

application and availability of federal funds. The dollar amount awarded to the selected applicant(s) will be based on fund availability and the strength of applications submitted in response to the RFGA as evaluated by the review panel. The total dollar amount available under this RFGA may not exceed **\$400,000.00**. DPH may award funds to more than one applicant based on the scope and strength of applications received as determined by the review panel. If there are three or more valid applications, the top application as scored by the review panel will receive 50% of the funding, the 2<sup>nd</sup> highest 30%, and the 3<sup>rd</sup> highest 20%. If there are two valid applications, the top scored application will receive 60% of the funding and the other application 40%. The PREP Program will post the Notice of Award on the DPH website at: <https://dph.sc.gov/health-wellness/child-teen-health/personal-responsibility-education-program-prep-grant>.

C. Cost Sharing/Match Requirements and restrictions:

There is no cost sharing/match requirement for these federal funds. Awardees must agree to use these funds only in accordance with the provisions of all applicable federal and state laws, regulations, policies and other terms and conditions governing this program and governing the use of federal funds. General and program specific Terms and Conditions can be found at:

<https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants>

**NOTE:** These funds may not be used for the following:

1. To supplant ongoing or usual activities of any organization involved in the project
2. To reimburse pre-award costs
3. To support planning efforts and other activities associated with the program or application
4. For fundraising, political education or lobbying activities
5. To purchase or improve land, or to purchase, construct, or make permanent improvements to any building.

D. Eligibility

- Be a state or local non-profit 501(c)(3) agency who has documented history of providing comprehensive teen pregnancy prevention program or adolescent health services.
- Have documented financial ability to operate on a cost reimbursement basis.
- Have documented history of working with adolescents under 21.

Qualifications:

- Have ability to perform grant requirements in full with integrity and reliability, as well as through documented evaluation of performance measures.
- Be willing to create and lead community mobilization efforts, OR
- Be willing to participate in an existing community group and address adolescent reproductive health.
- Be willing to be innovative and explore non-traditional strategies of reaching adolescents.
- Committed to positive youth development, and inclusive and trauma-informed best practices.
- Convene a group of 10-15 adolescents in their service area to participate in Adolescent Health Youth Advisory Council. (Applicable to youth development funding track only)

E. Risk Assessment

As noted in [2 C.F.R 200.332](#), DPH as the pass-through entity of federal grant awards is responsible for monitoring subrecipients for compliance with all requirements of the award and applicable federal, state, county and municipal laws, ordinances, rules, and regulations.

Pre-award - DPH has adopted a best practice approach of performing pre-award risk assessments before applicants receive Federal subawards. This best practice is consistent with 2 CFR 205. The pre-award risk assessment ( **Attachment III**) is in the form of a survey/questionnaire to be completed by the applicants/potential subrecipients. A completed pre-award risk assessment survey must be included with the application.

Post-award - The post-award frequency of future monitoring will be determined by identification of any risk factors which would indicate a need for increased monitoring. Actual subrecipient performance will be monitored on an ongoing basis.

Methods for evaluating risk and ensuring compliance may include but are not limited to:

1. Collecting risk assessment surveys
2. Performing desk audits of documentation
3. Reviewing the actions taken by the subrecipients to ensure obligations of subawards are being met
4. Interviewing the subrecipients, their clients and program staff
5. Reviewing financial stability (financial statements)
6. Assessing the quality of management systems and ability to meet the management standards prescribed in 2 CFR 200
7. Reviewing the prior history of the subrecipient's performance in managing Federal awards
8. Reviewing findings from audits

**F. Service Delivery Area/Target Population:**

Target youth between the ages of 10 and 19 who are at high-risk for becoming pregnant or have special circumstances, including living in or aging out of foster care, being homeless, living with HIV/AIDS, being victims of human trafficking, being pregnant or a mother under 21 years of age, or residing in an area with high teen birth rates. States may also target services to populations that have higher than the national rate of teen birth rates.

Applicants should utilize Table A below to guide in the selection of targeted county/counties for program delivery. Priority areas are designated (1 through 6, with 1=highest priority) based on the most recent rates available for a subset of the indicators mentioned. **Applicants must implement in-person PREP services and outreach efforts in Priority Areas 1-3, and the number of youth reached cannot include newsletters (only in-person and virtual implementation). Activities proposed in Priority Areas 4-6 may be considered and approved with proper justification. Please Note: Reviewers may deduct up to (3) points for activities provided in Priority Areas 4-6 if proper justification is not provided.**

Planning, service coordination, and communication are encouraged so that only one (1) organization and/or program type is funded in each area with federal resources. Current subrecipients provide direct services to adolescents in schools and/or community organizations physically located in the following counties: Darlington, Colleton, Florence, Williamsburg, Charleston, Berkeley, Dorchester, and Richland. Efforts should also be made to coordinate plans with prevention services provided by other youth-serving partners to create a multi-pronged approach to teen pregnancy prevention across the state.

**Table A: Priority Target County Areas for FY 2026 PREP Funding**

| Priority Area<br>1   | Priority Area<br>2   | Priority Area<br>3   | Priority Area<br>4   | Priority Area<br>5   | Priority Area<br>6   |
|--|--|--|--|--|--|
| Counties<br>scoring above<br>the SC State<br>Rate 5 of 5<br>Variables  | Counties<br>scoring<br>above the SC<br>State<br>Rate 4 of 5<br>Variables   | Counties<br>scoring<br>above the SC<br>State<br>Rate 3 of 5<br>Variables | Counties<br>scoring<br>above the SC<br>State<br>Rate 2 of 5<br>Variables                   | Counties<br>scoring<br>above the SC<br>State<br>Rate 1 of 5<br>Variables | Counties<br>scoring<br>below the SC<br>State<br>Rate 5 of 5<br>Variables |
| Allendale<br>Barnwell<br>Chester<br>Fairfield<br>Greenwood<br>Jasper<br>Lee<br>Newberry<br>Orangeburg<br>Union | Aiken<br>Cherokee<br>Chesterfield<br>Clarendon<br>Colleton<br>Darlington<br>Dillon<br>Florence<br>Hampton<br>Marion<br>Marlboro<br>McCormick<br>Williamsburg | Anderson<br>Lancaster<br>Laurens<br>Richland<br>Sumter                   | Bamberg<br>Calhoun<br>Charleston<br>Edgefield<br>Georgetown<br>Kershaw<br>Oconee<br>Saluda | Abbeville<br>Beaufort<br>Horry<br>Lexington<br>York                      | Berkeley<br>Dorchester<br>Greenville<br>Pickens<br>Spartanburg           |

The information above reflects SC's priority for PREP education based on (1) out of wedlock birth rates; ages 10-19, (2) birth rates; ages 10-19, (3) abortion rates; ages 10-19, (4) sexual transmitted disease rates; ages 10-19, and (5) pregnancy rates; ages 10-19. Rankings are based on 3-year rates by county 2018-2020 for females 10-19 years of age. Data Source: SCDPH, Division of Biostatistics and STI/HIV Prevention Program.

**G. State Goal and Performance Measures:**

The purpose of the PREP program is to enable organizations to improve the health and social well-being of youth ages 10-19 through the reduction of pregnancies and sexually transmitted diseases.

The program provides youth with knowledge and skills that can be applied throughout their lives by supporting projects focused on classroom instruction, youth development/community service learning and peer leadership.

Programs are medically accurate, culturally relevant, age-appropriate, implemented with fidelity, and employ research-based or evidence-informed strategies that have been demonstrated to be effective in reducing the rate of teen pregnancy and reducing the incidence of sexually transmitted infection among youth.

Program elements must include delaying sexual activity, increasing condom or contraceptive use for sexually active youth, reducing the number of partners, or reducing pregnancy among youth.

The target population for this grant is defined as adolescents that are the highest risk or vulnerable for pregnancies or otherwise have special circumstances, including youth in foster care, homeless youth, youth with HIV/AIDS, victims of human trafficking, pregnant individuals who are under 21 years of age and their partners, mothers who are under 21 years of age and their partners, and youth residing in areas with high birth rates for youth.

**III. SCOPE OF WORK/SPECIFICATIONS:**

**A. REQUIRED ACTIVITIES:**

The successful applicant(s) awarded under this grant application shall:

1. Ensure its facilitators attend all required training and other training necessary for program oversight and compliance.
2. Participate in all technical assistance and capacity-building requests related to this funding.
3. Establish a community referral network. As appropriate, refer youth to teen-friendly family planning services and submit referral data via SharePoint.
4. Establish condom access points and report data in SharePoint. PREP funds cannot be used to purchase condoms.
5. Host a minimum of four parent-child communication community events to increase the parents' capacity to communicate with their children about love, sex, and relationships and report data via SharePoint.
6. Implement an evidence-based/ informed teen pregnancy prevention program previously approved by the pass-through entity.
7. Work with DPH to develop a sustainability plan to continue implementation of the selected evidence-based program after the grant period ends.
8. Establish or join a community work group (CWG) to demonstrate local partnerships through the process of planning and implementing both the community referral network and community-wide parent-child communication activities.

**B. FINANCIAL REQUIREMENTS:**

1. Funded subrecipients must be prepared to provide, upon request by DPH, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:



- a) Financial Management: Financial records will be reviewed to ensure compliance with generally accepted accounting requirements. The records should provide accurate, current, and complete disclosure of financial results. Financial records must identify the source and application of funds and must be supported by invoices and other source documentation (balance sheet and profit/loss statement). DPH's programmatic approval is needed for any purchases over the amount of \$1,000.00 except for purchasing curricula, utility costs, and personnel costs.
- b) Program Progress: Progress in providing PREP programs and expending funds will be reviewed. If applicants are currently receiving funding (Federal, State or Private) from additional sources, subrecipients must provide a "Cost Allocation Methodology" budget.
- c) A reimbursement grant provides funding to grantees after expenses have been incurred. Adequate documentation is required in order to obtain cost reimbursement payments. Only costs incurred within the contract term are eligible for reimbursement. Reimbursement should not be requested for the cost of goods or services that will benefit a prior or future period or another program. Reimbursements are made solely based on the costs accrued in the previous month from which the invoice is being submitted. Invoices are not to be based on a 12-month scale. Submission of a budget, budget narrative and implementation/work plan is required (see Attachment II for narrative guidance and a budget template). **Please note: Personnel Costs (to include salaries and fringe costs) CANNOT exceed more than 75% of the requested budget.**

**Administration costs cannot exceed more than 10% of the total budget amount.**

**Administration costs are those costs that are not directly related to the scope of work for this grant.** Administrative costs include operating and maintenance of facilities; general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; costs of audits (if required); management and oversight activities of specific programs under this Subaward; development and establishment of reimbursement and accounting systems; and overhead.

2. Applicants must develop a twelve (12) month budget summary and budget narrative, which clearly explains how the funds will be used (see Attachment II).
3. If applicants utilize an indirect cost rate, they must provide a copy of the approved indirect cost rate letter from the federal cognizant agency. Applicants without a federally negotiated indirect rate may elect to utilize a *de minimis* indirect cost rate of 15% of modified total direct costs. The Code of Federal Regulations can be found at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRd93f2a98b1f6455/section-200.414>. No funds may be used to make cash payments to intended recipients of services.
4. Upon request, funded subrecipients must provide an audited financial statement that reflects the latest completed independent financial audit with the organization's response to any identified audit exception. This must demonstrate that the funded subrecipient has the infrastructure and experience to efficiently and effectively manage the funding applied for.
5. Subrecipients must comply with the procurement standards of 2 C.F.R. 200.318-200.327 and applicable provisions of the S.C. Procurement Code. All procurements must be approved by DPH program manager before completion.

### C. GRANT REPORTING REQUIREMENTS:

The funded subrecipient(s) will provide programmatic and financial reports as required by the federal PREP Program. These requirements are:

#### 1. Monthly Invoicing (Excel Document)

Subrecipients must submit invoices by the 15<sup>th</sup> of every month. If the 15<sup>th</sup> is on a Saturday or Sunday, the invoices should be submitted on or before the preceding Friday. Failure to provide timely invoicing may result in the delay of payment approval and reimbursement. Monthly invoices should include supporting documents: vendor invoices, bills of lading, purchase orders, payment vouchers, payroll records, time sheets, and bank statements and reconciliations.

#### 2. Monthly Implementation Plan and Activity Log Submission

Subrecipients are required to submit monthly implementation plans and activity logs to program staff by the 15<sup>th</sup> of the month. These logs will need to detail all activities and programming related to the PREP program. Failure to provide in a timely manner may result in a delay of payment approval.

#### 3. Report Data Submission

Subrecipients will participate in a state-level evaluation to monitor effectiveness of the overall Abstinence and Contraception by sharing demographic and implementation data on a monthly basis. Failure to provide timely data reporting may result in the suspension of payment approval until such time that the required report has been received by DPH.

Subrecipients will submit monthly data to DPH and are required to complete the Federal semi-annual performance reports. Subrecipient(s) must agree to monitor and report to DPH on program implementation and outcomes through performance measures to be provided by ACYF. ACYF anticipates that subrecipients will be required to track five broad categories of performance measures:

- (1) output measures (e.g., number of youth served, hours of service delivery);
- (2) fidelity/adaptation;
- (3) implementation (e.g., community partnerships, competence in working with the identified population);
- (4) short-term outcome measures (e.g., behavioral, knowledge, and intentions) and
- (5) community data (e.g., STI rates, teen birth rates, and other rates of risk behavior).

Subrecipient semi-annual narrative and data report information is due to DPH:

- By **April 30, 2026** – for the period **October 1, 2025 - March 31, 2026**  
By **October 30, 2026** – for the period **April 1, 2026 – September 30, 2026**. (Dates subject to change based on federal reporting requirements.)

#### 4. Quarterly Subrecipient Meetings

DPH will schedule quarterly meetings with subrecipients for the purpose of providing an oral overview of Federal Subaward efforts for compliance, year-to-date achievements, barriers, future programmatic plans, and program sustainability efforts/activities.

5. Facilitation Observation Monitoring

DPH will conduct quarterly facilitation observations to observe facilitators delivering curriculum based on implementation schedules provided by the subrecipient. The site review process provides an opportunity to meet with program staff to discuss program implementation and provide training and technical assistance, as needed. Subrecipient will be notified via email at least two weeks prior to a routine on-site review. DPH reserves the right to conduct unannounced reviews at its discretion.

6. Additional Documentation and Reporting Requirements:

Within 15 days after signing the Federal Subaward Agreement subrecipients will provide Federal Funding Accountability and Transparency Act (FFATA) information via e-mail to DPH PREP staff in accordance with the terms listed in the Federal Subaward Agreement.

7. Annual Subrecipient Risk Assessment

Subrecipient performance will be monitored on an ongoing basis. The post-award frequency of future monitoring will be determined by identification of any risk factors which would indicate a need for increased monitoring (See Attachment III).

D. GRANT ACCOUNTABILITY/EVALUATION MEASURES:

The funded subrecipient(s) awarded under this grant opportunity will be expected to:

1. Utilize proven effective evaluation methodologies and strategies to monitor, measure, and report programmatic progress, achievement, and successes.
2. Assure the confidentiality and data security of client-specific information.
3. Funded subrecipients must allow DPH and/or staff from U.S. Department of Health and Human Services Administration on Children, Youth, and Families on-site for site visits and must make financial, programmatic, evaluation, and other records available as requested.
4. Participate in collection of ACYF-required performance measures for evidence-based programs and monthly reporting of them to DPH and/or the state-level evaluator. These include but are not limited to:
  - a) Having youth complete federally mandated entry and exit surveys
  - b) Recording attendance data for youth participating in evidence-based programs
  - c) Recording implementation data such as hours of programming delivered, and dates and times of delivery.
5. The following annual background checks are required for any staff, volunteers, or subcontractors who provide education to minors: (see Attachment V)
  - a) A state background check (i.e., S.C. Department of Social Services)
  - b) State and National Sexual Offender Registry Checks; and
  - c) Central Registry Check through SC Department of Social Services
  - d) The following findings will disqualify an employee or volunteer from providing education or other services to minors:
    - Registered Sex Offender,

- Substantiated history of any type of child abuse or neglect,
- Crimes against children,
- Felony offenses against persons,
- Crimes defined as public indecency,
- Crimes involving the use of weapons,
- Any violent crimes, or
- Any felony drug-related offense.

Background checks for each employee or volunteer must be submitted before implementation of activities, during DPH scheduled visits, or upon request. Subrecipients must have documentation of date of first service provision by staff/volunteers and date of background check, which must be completed prior to date of first service. Subrecipients must include adequate funding in their budgets to cover the costs of the required background checks. Estimated cost of these background checks is \$50 per person and should be included in the budget. DPH will reimburse up to \$50 per employee or volunteer.

**E. GRANT BUDGET:**

The subaward(s) will be awarded for a period of approximately twelve (12) months, from **October 1, 2025-September 30, 2026**. Total amount of funding available is \$400,000.00.

If throughout the course of a grant year a budget revision is necessary and exceeds ten percent (10%) of the amount allocated for that budget category, the applicant must make a written request to DPH for approval of the revision. **The budget revision will not be authorized unless the applicant receives written approval from DPH.**

Subrecipients shall not subcontract any of the work or services to be covered by this Federal Subaward without the prior written approval of DPH (see Attachment I, Terms and Conditions, item 2).

**F. INFORMATION FOR APPLICANTS TO SUBMIT - SCORING CRITERIA:**

1. Format Requirements: Proposals must be prepared on 8 X 11-inch paper, 12-point font, Times New Roman, 1.5-inch spacing with 1-inch margins and bound in a standard 3-ring binder. Pages should be printed on one side and numbered.
2. Information must be provided in the order in which it is requested.
3. Proposals must have dividers separating and identifying items in sections as they appear in the table of contents. Content within each divided section must be provided in the order requested and must be clearly labeled. (Dividers are not included in the page number count.)
4. Proposal packets must not exceed a total of 100 pages. All pages must be clearly numbered in one serial number set, handwritten if necessary. Page one (1) should begin with the Table of Contents. Table of Contents is excluded from the 100-page count requirement.
5. Submit one original and four (4) copies, each in separate binders. Copies should each be marked "Copy".
6. Subrecipients have the option to submit their application electronically to [RFGA@dph.sc.gov](mailto:RFGA@dph.sc.gov).

To be considered for award, all proposals must include, at minimum, responses to the information requested as outlined below. Scoring points associated with each section are noted in parentheses. Organizations applying should restate each of the items listed below and provide their response immediately thereafter. Proposals will be evaluated by a review panel using the criteria outlined below. All

proposals have the potential of earning 100 points. **If for any reason, the applicant did not follow the requested guidelines, the application will not be considered for evaluation.**

#### **IV. ALL INFORMATION SHOULD BE PRESENTED IN THE LISTED ORDER:**

##### **A. COVER LETTER**

The cover letter must include the following information:

1. A summary of the applicant's ability to perform the services described herein and a statement that the applicant is willing to perform those services and enter a federal subaward agreement with DPH (see Attachment I – Sample Federal Subaward).
2. The cover letter must be signed by a person who has the authority to commit the organization to a Federal Subaward.
3. Service Area: The location of proposed program delivery with county/counties and zip codes(s).
4. Curriculum: List of proposed curriculums, version, and all support materials to be used for the project.
5. Budget amount: requested amount.
6. Contact Person Information: Name, address, phone number, email address.

##### **B. TABLE OF CONTENTS**

Provide a **one-page** Table of Contents that includes all the items 1-5 listed below. Applicant should number the following sections in the proposal for easier point allocation by panel members. Each topic and the scoring elements for each are defined in greater detail below.

1. Program Assurances
2. Organizational History, Experience and Qualifications
3. Program Description
4. Implementation Plan with Goals and Objectives
5. Reporting and Evaluation
6. Budget and Budget Narrative

##### **C. REQUIRED ELEMENTS AND SCORING CRITERIA**

1. PROGRAM ASSURANCES (Not scored, but required for application to be considered responsive.)
  - a. Applicants must provide a letter of certification that an independent review has been conducted of the defined program curriculum and that the information contained meets all the federal PREP A-C guidelines as defined by Section 513 of the Social Security Act.  
(See Section b. 2)
  - b. Applicants must provide a letter of certification stating that the curriculum defined within the application packet has been reviewed and found to be medically accurate and complete for the target population to be served. This means that the information is verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable; or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. (See Attachment VI).

- c. Provide documentation of the evidence-base or evidence-support of the PREP curriculum and its effectiveness for the chosen population. Applicants must utilize an evidence-based or evidence-informed approach and/or effective strategies that have demonstrated impacts on delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth. Applicants should select curriculum with proven effectiveness for the target populations to be served. Evidence-based is defined by ACYF as “interventions, strategies, approaches, and/or program models that have been evaluated using rigorous evaluation design such as randomized controlled or high-quality quasi-experimental trials and that have demonstrated positive impacts for youth, families, and communities”. Evidence-informed is defined as “interventions, strategies, approaches, and/or program models that bring together the best available research, professional expertise, and input from youth and families to identify and deliver services that have promise to achieve positive outcomes for youth, families, and communities.”
  - d. Applicants must provide a letter of assurance, signed by the organization’s leadership, that the program will not violate any portion of the SC Comprehensive Health Education Act if implemented in a school setting. The letter should be signed by a person who has the authority to commit the organization to a Federal Subaward.
  - e. Applicants must provide school, community, or faith-based partner letters of support (if applicable). These letters of support **MUST** be current and signed within the past year.
  - f. Applicants must provide a completed W-9 Form.
  - g. All documents and letters **MUST** be up to date. Documents dated before **2025** will no longer be accepted.
  - h. Applicants must complete and submit a pre-award Subrecipient Risk Assessment survey (Attachment III). **Note: If applicant completed a risk assessment survey in 2024 with a previous application, submission of an additional risk assessment is not required.**
2. ORGANIZATIONAL HISTORY, EXPERIENCE, AND QUALIFICATIONS (10 points possible)
- a. Describe the length of time the organization has been in existence and its previous experience in providing adolescent reproductive health education. Include the length of time using the curriculum for which funding is being applied.
  - b. Provide:
    1. Organizational chart (a list is not an acceptable substitute) reflecting the applying organization’s governance, programs/services, and staffing. The organizational chart must include staff names, positions, and titles.
    2. List the names and titles of the members of the organization’s Board of Directors.
    3. List all the organization’s offices and locations (including street addresses and telephone numbers).
    4. The organization’s IRS 501(c)(3) determination letter.
  - c. Provide a Certificate of Existence, also known as a Certificate of Good Standing, from the Secretary of State. This certificate states that an entity is in good standing with the Secretary of State’s Office, and has, to the best of the Secretary of State’s knowledge, filed all required tax returns with the Department of Revenue. The Certificate can be requested via: <https://businessfilings.sc.gov/BusinessFiling/Entity/Search>
  - d. List any lawsuits that have been filed against the applicant for all services related to those that will be provided under this PREP grant. Include the status and a background on the claim. If not applicable, state that that no lawsuits have been filed against the applicant related to services that will be provided under this PREP grant.

- e. Applicants must provide a strong rationale for funding based on sustained and documented history of providing abstinence and contraceptive program services for which funds are being requested. This includes achievement of prior grant performance, outcomes, and timely submission of reports. Organizations that have received DPH funds in the last five (5) years must also report the success of their outreach.
  - f. State whether the organization or anyone in the organization or on the Board of Directors has a conflict of interest as described in Paragraph XIII.+26 of the Federal Subaward Agreement. If so, provide details of the conflict of interest.
3. PROGRAM DESCRIPTION AND IMPLEMENTATION PLAN (20 points possible)
- a. Describe the ability to begin provision of services within thirty (30) days of subaward execution.
  - b. Identify the selected priority area. Subrecipients are encouraged to plan services in Priority Areas 1-3. However, if services are planned for Priority Area 4-6, the applicant must provide justification for the inclusion of lower priority counties, such as plans to serve a high-risk youth population or a larger number of youths. (See Table A). **Please Note: Reviewers may deduct up to (3) points for activities provided in Priority Areas 4-6 if proper justification is not provided.**
  - b. Identify and describe the target youth population, between the ages of 10-19 to be served.
  - c. Describe the utilization of a positive youth development (PYD) approach and include at least three of the six following adulthood preparation subjects that will be used in program implementation.
    - i Healthy relationships
    - ii Adolescent development
    - iii Financial literacy
    - iv Parent-child communication
    - v Educational and career success
    - vi Healthy life skills
  - d. Explain how formal training is provided for educators on the program's strategies, approaches, and interventions, including fidelity. This training must be delivered by professionals who can monitor performance and provide follow-up technical assistance.
  - e. Identify a plan for providing referral resources for program participants to prevention-related, supportive healthcare service providers as needed (e.g., substance abuse, tobacco cessation, mental health, and intimate partner violence). Programs should include how referrals will be made to other services and how follow-up will take place, when appropriate.
  - f. Describe the method of notifying parents of the youth to be served about the content to be provided and with the opportunity to preview the curriculum and exempt their children from the program if desired.
  - g. Describe any training that educator staff will receive to promote a trauma-informed approach, which involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress, as well as the behavioral and mental health consequences of trauma.
4. IMPLEMENTATION PLAN WITH GOALS AND OBJECTIVES (50 points possible)
- a. Describe how your program will provide personal responsibility education to vulnerable youth populations, to include but not limited to, youth living in under-resourced regions and areas with high rates of teen births and STIs, youth in or aging out of foster care or adjudication systems, youth who are victims of trafficking, runaway and homeless youth, and others.

- b. Provide data that demonstrates how the program replicates evidence-based effective programs or substantially incorporates elements of effective programs that have been proven on the basis of rigorous scientific research to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth.
  - c. Describe how harassment based on race, sexual orientation, gender (male or female), religion and national origin are prohibited.
  - d. Describe how staff will promote a trauma-informed approach.
  - e. Describe services that any formal partners will be providing and their role toward accomplishing stated objectives. Describe how your organization will collaborate with these partners while providing abstinence and contraceptive and/or mentoring programs within the area to be served.
  - f. Utilize SMART (Specific, Measurable, Achievable, Relevant and Timed) format for stating objectives to describe the project's reach and impact objectives to clearly define goals and objectives based on the grant program's goals and objectives.
  - g. Describe any potential barriers and how they will be addressed.
5. REPORTING AND EVALUATION (10 points possible)
- a. Describe the experience the organization has in record keeping of when and how services are provided and evaluating programs to the target population.
  - b. Describe the system your organization will use to collect data on attendance, demographic information of the youth served, unduplicated counts of youth served, and evaluation of success in demonstrating impacts on sexual behaviors of program participants. Include protocols and timelines for data collection.
  - c. Applicant must agree to collect all the federally developed PREP performance measures provided by ACYF and report them to DPH and/or state level evaluator monthly, in preparation for the semi-annual reports as required in April 2026 and October 2026. Applicant must also agree to participate in a National Evaluation if the state is selected by ACYF.
6. BUDGET NARRATIVE AND SUMMARY (10 points possible)
- a. Organizations seeking fiscal support must develop a twelve (12) month budget summary and narrative for **October 1, 2025 - September 30, 2026**, which clearly explains how the funds will be used to support PREP programs. Applicants must provide detailed narrative justifications for all planned expenditures by budget category. The justification must define all key program personnel by name, position title, qualifications (including education and experience), primary program function, linkage to one or more annual performance objectives, and percentage of time on the project (see Attachment II for a sample budget summary form and instructions for completing narrative justification).
  - b. Describe how the applicant will track program income, revenue, and expenditures.
  - c. All costs must be allowable, adequately documented, necessary to the award and reasonable when compared to market prices for similar goods and services. **Curriculum cost must be comparable to that of other PREP curriculum. Reimbursement of costs more than \$350-400 for instructor manuals and \$10 for student workbooks is generally not allowed, without justification of higher costs.**
  - d. If the applicant has received previous funding from DPH and is using the same curriculum and materials, state the number, if any, of student or teacher's books that remain on hand. The cost



of additional materials needed to serve the estimated number of participants should be included in the budget.

- e. All travel-related expenses must adhere to SC governmental state guidelines. An overview of State/DPH Travel Reimbursement Policies for Vendors can be found in Attachment I-C (pg. 39).
- f. Indirect Expenses – If applicant utilizes an indirect cost rate, they must provide a copy of the approved indirect cost rate letter from the federal cognizant agency. Applicants without a federally negotiated indirect rate may elect to utilize a de minimis indirect cost rate of 150% of modified total direct costs. <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRd93f2a98b1f6455/section-200.414>. No more than ten percent (10%) of the total grant may be used for administrative costs.
- g. Budget Revision – If, throughout the course of a grant year, budget revision is necessary and exceeds ten percent (10%) of the amount allocated for that budget category, the applicant must make a written request to DPH for approval of the revision. The budget revision will not be authorized until the applicant receives written approval from DPH.

### **ATTACHMENTS:**

Attachment I. Draft Federal Subaward Agreement

Attachment I-A. Subaward Source of Funding

Attachment I-B. FFATA Data Checklist

Attachment I-C. Overview of South Carolina State Travel Reimbursement Policy

Attachment I-D. 2021 Act No. 94 SECTION 117.105

Attachment II. Budget Template and Instructions for Narrative Justification

Attachment III. DPH Subrecipient Risk Assessment Survey

Attachment IV. Procedure for Dispute Resolution

Attachment V. Policy and Procedures for Background Checks for Grant Recipient and Subrecipient Staff Working with Minors

Attachment VI. Medical Accuracy Guidance

**FEDERAL SUBAWARD**  
**BETWEEN**  
**SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH**  
**AND**

**Insert the Subrecipient's Full Legal Name as specified on W-9/SCEIS**

This Federal Subaward shall be between the South Carolina Department of Public Health (DPH a.k.a. Passthrough Entity) and **Insert the subrecipient's Full Legal Name as specified on W-9/SCEIS** (a.k.a. Subrecipient).

**I. PURPOSE:**

The primary purpose of this funding is to educate youth using evidence-based interventions to prevent teen pregnancies and sexually transmitted infections in South Carolina, with a focus on high-priority populations, and to work with the local community to further these efforts.

**II. SCOPE OF SERVICES**

**A. Subrecipient shall:**

1. Ensure its facilitators attend all required training and other training necessary for program oversight and compliance.
2. Participate in all technical assistance and capacity-building requests related to this funding.
3. Establish a community referral network. As appropriate, refer youth to teen-friendly family planning services and submit referral data via SharePoint.
4. Establish condom access points and report data in SharePoint. PREP funds cannot be used to purchase condoms.
5. Host a minimum of four parent-child communication community events to increase the parents' capacity to communicate with their children about love, sex, and relationships and report data via SharePoint.
6. Implement an evidence-based/ informed teen pregnancy prevention program previously approved by the pass-through entity.
7. Work with DPH to develop a sustainability plan to continue implementation of the selected evidence-based program after the grant period ends.
8. Establish or join a community work group (CWG) to demonstrate local partnerships through the process of planning and implementing both the community referral network and community-wide parent-child communication activities.

**III. DPH shall:**

1. Provide Technical Assistance for Subrecipient and other affiliated organizations as needed to accomplish the purpose of this Subaward.

2. Meet with Subrecipient program management staff quarterly during the grant period.
3. Observe each Subrecipient funded per quarter. A schedule of observation will be organized with each subrecipient. Facilitators must complete the required training with their first observation occurring within six (6) months of completing training.

#### **IV. SOURCE OF FUNDING and AMOUNT**

The current amount of funding per this subaward is up to \$400,000.00 from the following sources:

**SOF1 “State Personal Responsibility Education Program” Up to \$400,000.00**

Attachment(s) SOF1 contains the federal award identification information as required by 2 CFR §200.332(b) and is incorporated into this subaward.

#### **V. PROJECT PERIOD**

The federal project period for SOF1 “State Personal Responsibility Education Program” begins on **October 1, 2025 and ends on September 30, 2026.**

#### **VI. PERIOD OF PERFORMANCE**

This Subaward shall become effective on October 1, 2025 or whenever all parties have signed, whichever is later and ends no later than September 30, 2026.

Subrecipient must not begin work before the effective date unless specifically directed by DPH.

#### **VII. COMPENSATION**

- A. DPH agrees to reimburse the Subrecipient for reasonable and necessary costs incurred in the provision of services as described in the Scope of Services Section up to the amount of \$ \_\_\_\_\_.  
In no event, will the total amount to be paid under this Subaward exceed \$ \_\_\_\_\_, inclusive of all expenses.
- B. **Budget** Compensation will only be made for allowable costs consistent with the approved budget incorporated into this Subaward.
- C. **Equipment** means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the \$5,000 capitalization level. DPH retains title to all equipment purchased under this Subaward.
- D. **Indirect Cost** If Subrecipient utilizes an approved federally negotiated indirect cost rate, Subrecipient must provide a copy of the approved indirect cost rate letter from its federal cognizant agency. Any Subrecipient that has never received and does not have a current negotiated indirect cost rate, may elect to charge a de minimis rate of up to 15% of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as the Subrecipient chooses to negotiate/re-negotiate a rate, which the non-Federal entity may do at any time. If chosen, the Subrecipient must submit the breakdown of the MTDC to DPH.
- E. **Prior Approvals** Subrecipient must obtain prior approval before obligating or expending Subaward funds for equipment, permanent improvements or any purchase above the simplified acquisition threshold. The simplified acquisition threshold is adjusted periodically for inflation. The current amount is \$250,000. Please refer to the applicable Federal Acquisition Regulations (FAR) found at <https://www.acquisition.gov/far/part->

No revisions to the approved budget may be made without prior written approval from DPH.

Subrecipient shall not subcontract any of the work or services covered by this Subaward without DPH's prior written approval.

Subrecipient must obtain approval prior for the sale or replacement of any equipment purchased under this Subaward.

F. **Prohibited Items** No Subaward funds may be used for the purchase of real property.

## G. Travel

Reimbursement of Subrecipient's travel expenses, including mileage and subsistence (meals), incurred in connection with the services under this Subaward will be limited to the standard rates for State employee travel in effect during the period of this Subaward and will be included within the maximum amount of the Subaward. The standard rates for mileage and subsistence can be found at <https://cg.sc.gov/guidance-and-forms-state-agencies/travel-forms-and-mileage-rate>. All rates are subject to the Office of the Comptroller General's policies and procedures in effect for the calendar year and are subject to change.

Reimbursement for room and board will be at the established federal General Services Administration (GSA) rate or below for the area of travel. The standard GSA rates for hotels can be found at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. All rates are updated and published each federal fiscal year and are subject to seasonal fluctuations. GSA rates must be verified prior to making each reservation.

Subrecipient must submit itemized lodging receipts showing a zero balance when seeking reimbursement. Out-of-state travel may be eligible for reimbursement only if approved in advance in writing. The request for approval must include a breakdown of all proposed travel expenses including, but not limited to, airfare, registration, and lodging and an explanation of how the travel is related to the activities described in the Scope of Services.

DPH can provide a letter to Subrecipient stating that Subrecipient is performing work on behalf of DPH under Subaward No. **Number** and that Subrecipient is eligible and authorized to receive government rates or discounts as provided to State employees. However, this letter does not guarantee that the hotel/motel will honor the government rate.

## VIII. NO INTEREST OR LATE FEES

No interest or late payment charges will be paid except as provided by S.C. Code Section 11-35-45, which provides Subrecipient's exclusive means of recovering any type of interest from DPH. Subrecipient waives imposition of an interest penalty unless the invoice submitted specifies that the late penalty is applicable. DPH shall not otherwise be liable for the payment of interest on any debt or claim arising out of or related to this Subaward for any reason.

## IX. METHOD OF PAYMENT/INVOICING

Subrecipient shall submit a **Monthly** request for payment (invoice) for services rendered as outlined in the Scope of Services and approved budget. Reimbursement will be for actual allowable costs incurred and must be consistent with the approved budget incorporated into this Subaward. Only expenditures obligated during the

Subaward period of performance can be submitted for reimbursement. The invoice should be received by DPH within fifteen (15) days after the end of each month. Please refer to the attachment “SUBAWARD INVOICES AND SUPPORTING DOCUMENTATION” for details on invoice submission and supporting documentation.

## **X. REPORTING REQUIREMENTS**

### **A. Annual Risk Assessment Survey**

On an annual basis, Subrecipient will be required to complete and return a risk assessment survey.

### **B. Audit Verification**

On an annual basis, Subrecipient will be required to complete and return a statement verifying Subrecipient’s status as to the single audit requirement.

### **C. Audit Results**

If a single audit, program specific audit, or agreed upon procedures engagement is conducted, Subrecipient will be required to submit the full text of the Schedule of Findings and Questioned Costs or the Auditors Report with the Corrective Action Plan.

### **D. Cost Allocation**

If Subrecipient manages multiple funding sources, Subrecipient’s cost allocation plan must be submitted upon request. Sufficient detail must be provided to address the different categories of expenditure in the approved budget.

### **E. FFATA**

Funding for this Subaward may be subject to the Federal Funding Accountability and Transparency Act (FFATA).

If the annual value of this Subaward is equal to or greater than \$30,000 at any time during this Subaward period of performance, Subrecipient is required to complete and return the attached Subaward FFATA checklist. The completed FFATA checklist (if applicable) must be returned to prior to submitting the first invoice for payment.

If Subrecipient is required to complete the FFATA checklist, DO NOT enter this information into the Federal Reporting database. DPH maintains that responsibility.

### **F. Programmatic Reporting**

The Subrecipient will comply with reporting requirements as outlined in the RFGA and as otherwise required by DPH:

1. Organizations or individuals awarded grants must provide monthly reports, implementation plans, and expenditures to DPH as outlined in the PREP manual. The PREP manual will be provided once Subawards are fully executed. Monthly reports along with supporting documents are due within fifteen (15) days of the end of each month. Subrecipients failing to submit reports within thirty (30) days of the end of each quarter will be terminated.
2. Attend quarterly meetings with DPH PREP program staff for the purpose of providing an oral and written overview of Federal Subaward efforts for compliance, year-to-date achievements, barriers, future programmatic plans, and program sustainability efforts/activities.
3. The Subrecipient agrees to participate fully if the state is selected by ACFY for a site visit or a National Evaluation.
4. Semi-Annual Federal Reports: The Subrecipient will submit monthly data to DPH required to complete the state semi-annual performance report within 15 calendar days of the end of each month. Subrecipient

agrees to monitor and report to DPH on program implementation and outcomes through performance measures to be provided by ACYF. Semi-annual narrative and data reports are due to DPH PREP staff:

- By April 30, 2026 – for the period October 1, 2025 - March 31, 2026
- By October 30, 2026– for the period April 1, 2026– September 30, 2026 (dates subject to change based on federal reporting requirements)

#### **XI. SAM (System for Award Management)**

On an annual basis, Subrecipient is required to maintain an active registration in SAM. Failure to comply may result in a suspension of payments and possibly a termination of the Subaward.

#### **XII. ACCESS TO RECORDS**

Subrecipient must permit DPH and auditors to have access to Subrecipient's records and financial statements in order to meet the requirements of the Subaward. Subrecipient must allow DPH and auditors to attend activities and events paid for or sponsored from this Subaward. Subrecipient must allow DPH to inspect or monitor in person, activities performed in accordance with the scope of services and paid for or sponsored from this Subaward.

#### **XIII. CLOSEOUT OF SUBAWARD**

Subrecipient is responsible for implementing the necessary administrative actions to close-out the Subaward. Administrative actions may include but are not limited to:

- liquidate all obligations
- expenditure adjustments +/-
- refunding unobligated cash balances
- financial reporting
- program performance reporting
- accounting for real and personal property if applicable
- patent and invention certifications if applicable
- records retention
- perform audits

#### **XIV. TERMS AND CONDITIONS**

Subrecipient is responsible for the efficient and effective administration of the federal Subaward through the application of sound management practices. Subrecipient is responsible for administering federal funds in a manner consistent with the underlying agreements, program objectives, and the terms and conditions of the federal award. Subrecipient is responsible for understanding and maintaining compliance with the 2 CFR 200 "Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards."

1. **SMALL AND MINORITY BUSINESSES** When possible, Subrecipient should ensure that small businesses, minority businesses, women's business enterprises, veteran-owned businesses, and labor surplus area firms (See U.S. Department of Labor's list) are considered as set forth in 2 C.F.R. §321.
2. **SUBCONTRACTORS** Subrecipient shall not subcontract any of the work or services covered by this Subaward without DPH's prior written approval.
3. **ASSIGNMENT** Subrecipient cannot assign nor transfer the Subaward or any of its provisions without DPH's written consent. Any attempted assignment or transfer not in compliance with this provision is null and void. A change in ownership of Subrecipient is considered an assignment.

4. **AMENDMENTS** The Subaward may only be amended by written agreement executed by both parties.
5. **RECORD KEEPING, AUDITS, & INSPECTIONS** Subrecipient shall create and maintain adequate records to document all matters covered by this Subaward. Subrecipient shall retain all such records for three (3) years or other longer period required by law after termination, cancellation, or expiration of the Subaward, and make records available for inspection and copying and audit at any time DPH deems necessary. If any litigation, claim, or audit has begun but is not completed or if audit findings have not been resolved at the end of the required retention period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken. The Subrecipient shall allow DPH to inspect facilities and locations where activities under this Subaward are to be performed on reasonable notice. Unjustified failure to produce any records or materials required under this Subaward may result in immediate termination of this Subaward with no further obligation on the part of DPH.

Subrecipient must dispose of records containing DPH confidential information in a secure manner such as shredding or incineration once the required retention period has ended. Confidential information means information known or maintained in any form, whether recorded or not, consisting of protected health information, other health information, personal information, personal identifying information, confidential business information, and any other information required by law to be treated as confidential, designated as confidential by DPH, or known or believed by Subrecipient or Subrecipient's employee or agent to be claimed as confidential or entitled to confidential treatment.

Subrecipient is responsible for the creation and maintenance of its own records in accordance with professional standards and for compliance with HIPAA, the South Carolina Physicians' Patient Records Act, and other laws. DPH assumes no responsibility for the creation, maintenance, completeness, or accuracy of Subrecipient's records, or for compliance of any person or entity other than DPH with HIPAA, the South Carolina Physicians' Patient Records Act, or other laws.

6. **TERMINATION**

- a. DPH may terminate this Subaward by providing thirty (30) days written notice of termination to the Subrecipient.
  - b. DPH funds for this Subaward are payable from federal sources. If funds are not granted or otherwise available to DPH to pay the charges or fund activities under this Subaward, it shall terminate upon written notice to Subrecipient without any further obligation by DPH, except the obligation to pay for allowable expenses already incurred. Unavailability of funds will be determined in DPH's sole discretion. DPH has no duty to reallocate funds from other programs or funds not granted specifically for the purposes of this Subaward.
  - c. DPH may terminate this Subaward for cause, default, or negligence on Subrecipient's part at any time without thirty days advance written notice. Failure to comply with the terms and conditions of this Subaward may result in a delay in payment, request for additional documentation, audit, termination of the Subaward and prohibition of receiving additional awards from DPH. DPH may, at its option, allow Subrecipient a reasonable time to cure the default before termination.
7. **NON-DISCRIMINATION** No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this Subaward on the grounds of race, religion, color, sex, age, national origin, disability, pregnancy, veteran's status, or any other basis prohibited

by law. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DPH.

Subrecipients that administer or provide DPH programs, activities, and services are required to adopt policies and procedures that ensure individuals with disabilities are provided with an equal opportunity to participate and equally effective communication when accessing any DPH-funded programs, activities and services.

8. **INSURANCE** During the term of this Subaward, Subrecipient will purchase and maintain from a company or companies lawfully authorized to do business in South Carolina, such insurance as will protect Subrecipient from the types of claims which may arise out of or result from Subrecipient's activities under the Subaward and for which Subrecipient may be legally liable. The insurance required by this provision must be in a sufficient and reasonable amount of coverage and include, at a minimum, professional liability and/or malpractice insurance covering any professional services to be performed under the Subaward, and general liability insurance. If coverage is claims-based, Subrecipient must maintain in force and effect any "claims made" coverage for a minimum of three years after the completion of all work or services to be provided under the Subaward. Subrecipient may be required to name DPH on its insurance policies as an additional insured and to provide DPH with satisfactory evidence of coverage. If Subrecipient is a South Carolina governmental body, it may satisfy this requirement by maintaining insurance through the S.C. Insurance Reserve Fund as provided by South Carolina law. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its own employees.
9. **DRUG FREE WORKPLACE** By signing this Subaward, Subrecipient certifies that it will comply with all applicable provisions of the Drug-free Workplace Act, S. C. Code of Laws, Section 44-107-10 et seq., as amended.
10. **STANDARD OF PERFORMANCE** Subrecipient will perform all services under this Subaward with at least the ordinary care and skill customary in the profession or trade. Subrecipient and Subrecipient's employees will comply with all professional rules of conduct applicable to the provision of services under the Subaward.
11. **NON-INDEMNIFICATION; LIMITATION ON TORT LIABILITY** Any term or condition of this Subaward or any related agreements is void to the extent it: (1) requires the State or its political subdivisions, agencies or employees to indemnify, hold harmless, defend, or pay attorney's fees to anyone for any reason; or (2) would have the purpose or effect of increasing or expanding any liability of the State or its political subdivisions, agencies or employees for any act, error, or omission subject to the South Carolina Tort Claims Act, whether characterized as tort, contract, equitable indemnification, or any other theory or claim.
12. **RELATIONSHIP OF THE PARTIES** Neither party is an employee, agent, partner, or joint venturer of the other. Neither party has the right or authority to control or direct the activities of the other or of the other's employees, or the right or authority to bind the other to any agreement with a third party or to incur any obligation or liability on behalf of the other party, unless expressly authorized in this Subaward. Neither party assumes any liability for any claims, demands, expenses, liabilities, or losses that may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services under this Subaward. Subrecipient's employees are not and shall not be considered DPH employees. Subrecipient shall not take any action or make any statement that suggests or implies that Subrecipient or its employees are employees, agents, partners, or joint venturers of DPH or have any right or authority to bind DPH to any agreement with a third party or to incur any obligation or liability on behalf of DPH except to the extent expressly authorized in this Subaward.
13. **CHOICE OF LAW** The Subaward, any dispute, claim, or controversy relating to the Subaward and all the



rights and obligations of the Parties shall, in all respects, be interpreted, construed, enforced and governed by and under the laws of the State of South Carolina, except its choice of law rules.

14. **DISPUTES** All disputes, claims, or controversies relating to the Subaward must only be brought in the South Carolina Court of Common Pleas for Richland County or in the United States District Court for the District of South Carolina, Columbia Division. By signing this Subaward, Subrecipient consents to exclusive jurisdiction and service of process in South Carolina and to venue pursuant to this Subaward. Subrecipient agrees that any act by DPH regarding the Subaward is not a waiver by DPH of its sovereign immunity or immunity under the Eleventh Amendment of the United States Constitution and does not represent DPH's consent to the jurisdiction of any court or agency of any other state.
15. **DEBARMENT** Subrecipient certifies that it has not been debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts or grants by any state, federal or local agency. This certification is a material representation of fact upon which reliance was placed when entering into this Subaward. If it is later determined that Subrecipient knowingly or in bad faith rendered an erroneous certification, DPH may terminate the Subaward for cause in addition to other remedies available.
16. **SERVICE OF PROCESS** Subrecipient consents to service of process by certified mail (return receipt requested) to the address provided as Subrecipient's Notice Address herein, or by personal service or by any other manner that is permitted by law, in or outside South Carolina. Notice by certified mail is deemed effective when received.
17. **NOTICE** All notices under this Subaward may be given by personal delivery, fax or email (with confirmed receipt), or express, registered, or certified mail, FedEx or other common express delivery service, return receipt requested, postage prepaid, and addressed as indicated below (or to such other persons, addresses and fax numbers as a party may designate by notice to the other parties). Notice shall be effective when received or, if delivery by mail or other delivery service is refused, then upon deposit in the mail or other delivery service.

**SUBRECIPIENT:**

Name:

Address:

Telephone:

Phone:

Fax:

Email:

**DPH PROGRAM:**

Charkeishia Moore

PREP Program Manager

SC Department of Public Health

P.O. Box 2046

West Columbia, SC 29171

Phone: (803) 898-0811

Fax: (803) 898-2065

Email: moorecl@dph.sc.gov

If any individual named above is no longer employed by the party in the same position at the time notice is to be given, and the party has failed to designate another person to be notified, then notice may be given to the named person's successor, if known, at the same address or by mail to the named person's office.

18. **COMPLIANCE WITH LAWS** Subrecipient shall comply with all applicable laws and regulations in the performance of this Subaward.
19. **THIRD PARTY BENEFICIARY** This Subaward is made solely and specifically among and for the benefit of the Parties, and their successors and assigns, and no other person will have any rights, interest, or claims or be entitled to any benefits under or on account of this Subaward as a third party beneficiary or otherwise.
20. **INSOLVENCY, BANKRUPTCY, DISSOLUTION** (a) Notice. Subrecipient shall notify DPH in writing within five (5) business days of the initiation of insolvency, receivership, or bankruptcy proceedings, whether voluntary or involuntary, and not less than thirty (30) calendar days before dissolution or termination of business. Notification shall include, as applicable, the date the petition was filed, anticipated date of dissolution or closure of business, identity of the court in which the petition was filed, a copy of the petition, and a listing of all State contracts and grants against which final payment has not been made. This obligation remains in effect until completion of performance and final payment under this Subaward. (b) Termination. This Subaward is voidable and subject to immediate termination by DPH upon Subrecipient's insolvency, appointment of a receiver, filing of bankruptcy proceedings, making an assignment for the benefit of creditors, dissolution (if an organization), death (if an individual), or ceasing to do business.
21. **SEVERABILITY** The invalidity or unenforceability of any provision of this Subaward shall not affect the validity or enforceability of any other provision, which shall remain in full force and effect.
22. **WAIVER** DPH does not waive any prior or subsequent breach of the terms of this Subaward by making payments on the Subaward, by failing to terminate the Subaward for lack of performance, or by failing to enforce any term of the Subaward. Only the DPH Contracts Manager has actual authority to waive any of DPH's rights under this Subaward. Any waiver must be in writing.
23. **PLACE OF CONTRACTING** This Subaward is deemed to be negotiated, made, and performed in the State of South Carolina.
24. **ATTACHMENTS/ADDENDA** Attachments, addenda, or other materials attached to the Subaward are specifically incorporated into and made part of this Subaward. This Subaward, with all attachments, represents the entire understanding and agreement between the parties with respect to the subject matter of this Subaward and supersedes all prior oral and written and all contemporaneous oral negotiations, commitments and understandings between such parties. The terms of this Subaward without those attachments take priority over any conflicting or inconsistent terms of any other document, invoice, or communication between the parties, even if attached to the Subaward. Attachments include:
  - Source of Funding (SOF)
  - FFATA Checklist
  - Budget
  - Subaward Invoices and Supporting Documentation
  - DPH Overview of State of SC Travel Reimbursement Policies for Vendors and Subrecipients
  - Risk Assessment
25. **PREVENTING AND REPORTING, FRAUD, WASTE AND ABUSE** DPH has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs,

including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, grantee or contractor shall direct, participate in, approve, or tolerate any violation of federal or state laws regarding FWA in government programs.

Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other "whistleblower" statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the Federal and State laws prohibiting false claims and DPH's policies and procedures regarding false claims may be obtained from DPH's Grant Compliance Director or Bureau of Business Management.

Any employee, agent, contractor, or grantee of DPH who submits a false claim in violation of federal or State laws will be reported to appropriate authorities.

If Subrecipient or Subrecipient's agents or employees have reason to suspect FWA in DPH programs, this information should be reported in confidence to DPH. A report may be made by writing to the Office of Internal Audits, DPH, 400 Otarre Parkway Cayce, SC 29033; or by calling the DPH Fraud, Waste and Abuse Hotline at 803-898-4869 or toll-free at 1-866-206-5202. Subrecipient is required to inform Subrecipient's employees of the existence of DPH's policy prohibiting FWA and the procedures for reporting FWA to the agency. Subrecipient must also inform Subrecipient's employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

26. **OTHER REPRESENTATIONS OF SUBRECIPIENT** Subrecipient represents, warrants, and covenants:
- (a) Subrecipient has and will maintain the professional, technical, logistical, financial, and other ability to perform its obligations under this Subaward.
  - (b) Subrecipient's execution and performance of this Subaward do not and will not violate or conflict with any other obligation of Subrecipient.
  - (c) Subrecipient has no conflict of interest with its obligations under this Subaward.
  - (d) Subrecipient has not initiated or been the subject of insolvency, receivership, or bankruptcy proceedings, whether voluntary or involuntary, within the last seven years.
  - (e) Subrecipient has not previously been found in breach or default of any government contract or grant and is not the subject of any investigation (to its knowledge) or pending litigation for breach or default of any government subaward or grant, except as disclosed on an Exhibit to this Subaward.
  - (f) Subrecipient is not and has not been subject to a Corporate Integrity Agreement within the last seven years, except as disclosed on an exhibit to this Subaward.
  - (g) Subrecipient is a [specify entity type, e.g., corporation/limited liability company/other \_] duly organized, validly existing and in good standing under the laws of SC and authorized to transact business in South

Carolina, with full power and authority to execute and perform its obligations under this Subaward.

27. **COUNTERPARTS AND FACSIMILE SIGNATURES** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one agreement. A facsimile, scanned, or electronically entered handwritten signature to this Agreement shall be deemed an original and binding upon the signing party.
28. **SURVIVAL** Clauses which by their nature require performance or forbearance after the Subaward period will survive termination, cancellation, or expiration of the Subaward unless expressly provided otherwise in the Subaward or an amendment.
29. **TIME** Unless specified otherwise: (a) “days” in this Subaward means calendar days; (b) in computing any period of time prescribed or allowed by this Subaward, the day of the event from which the designated period of time begins to run is not included; (c) if the final day of the designated period falls on a Saturday, Sunday or legal holiday for the state or federal government, then the period shall run to the end of the next business day.
30. **NO ENDORSEMENT** Subrecipient will not take any action or make any statement, or request DPH take any action or make any statement, that suggests or implies that DPH or the State of South Carolina endorses Subrecipient or its services. Subrecipient shall not publish any comments or quotes by State employees, or include the State in either news releases or a published list of customers, without the prior written approval of the DPH Contracts Manager.
31. **CONFLICT OF INTEREST** Subrecipient, as a non-Federal entity, must comply with 2 CFR §200.112 and §200.318 (c). Subrecipient must comply with conflict of interest policies of the federal awarding agency and must disclose in writing any potential conflicts of interest to DPH in accordance with applicable federal awarding agency policy. Subrecipient must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. No employee, officer, or agent of Subrecipient may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. Subrecipient’s officers, employees, and agents may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, Subrecipient may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by Subrecipient’s officers, employees, or agents.

If Subrecipient has a parent, affiliate, or subsidiary organization that is not a state or local government or Indian tribe, Subrecipient must also maintain written standards of conduct covering organizational conflicts of interest. Organizational conflicts of interest means that because of relationships with a parent company, affiliate, or subsidiary organization, Subrecipient is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization.

32. **SUBRECIPIENT AUDIT REQUIREMENTS** Subrecipients, except for-profit entities, must submit a certification of total federal and state grant expenditures upon request from DPH. If Subrecipient expends \$1,000,000 or more in federal awards from all sources during the fiscal year, Subrecipient must have a single or program-specific audit conducted for that fiscal year, in accordance with the provisions of 2 CFR Part 200,

## Subpart F.

Subrecipient shall complete and submit the audit within the earlier of 30 calendar days after receipt of the auditor's reports(s), or nine months after the end of the audit period. -Subrecipient agrees to send one copy of any audit conducted under the provisions of 2 CFR Part 200, Subpart F, to:

SC Department of Public Health  
Controller, Bureau of Financial Management  
400 Otarre Parkway  
Cayce, SC 29033

Entities which are audited as part of the State of South Carolina Statewide Single Audit are not required to furnish a copy of that audit report to DPH's Office of Internal Audits.

Non-federal entities that expend less than \$1,000,000 a year in total federal awards, from all sources, are exempt from the Federal audit requirements of 2 CFR Part 200, Subpart F for that year, but records must be available for review or audit by appropriate officials of the federal agency, pass-through entity, and General Accounting Office (GAO).

A subrecipient is prohibited from charging the cost of an audit to federal awards if the subrecipient expended less than \$1,000,000 from all sources of federal funding in the subrecipient's fiscal year. If the subrecipient expends less than \$1,000,000 in federal funding from all sources in the subrecipient's fiscal year, but obtains an audit paid for by non-federal funding, then DPH requests a copy of that audit to be sent to:

SC Department of Public Health  
Controller, Bureau of Financial Management  
400 Otarre Parkway  
Cayce, SC 29033  
Phone: (803) 898-3390

If a subrecipient utilizes an indirect cost rate, the subrecipient must provide a copy of the approved indirect cost rate letter from its federal cognizant agency OR an indirect cost rate reviewed and approved by an external auditor in accordance with GAAP. Otherwise, only direct charges will be allowed under the terms and conditions of this Agreement.

33. **FFATA REPORTING** As a recipient of federal funds, Subrecipient is required to report the following minimum data elements to DPH. Additional data elements may be required by subsequent OMB guidance or regulation.

*(DO NOT ENTER THIS INFORMATION IN THE FEDERAL REPORTING DATABASE, ONLY REPORT IT BACK TO DPH. THE DPH BUREAU OF FINANCIAL MANAGEMENT IS RESPONSIBLE FOR REPORTING THIS INFORMATION TO THE FEDERAL GOVERNMENT.)*

- a. *Unique Entity Identifier (UEI) number*
- b. *Contract number*
- c. *Subrecipient name as registered in the Central Contractor Registration*
- d. *Amount of award received*
- e. *Total Amount of contract award*
- f. *Date contract was signed by both parties*

- g. *Total contract period*
- h. *Physical location of primary place of performance*
  - 1. *State*
  - 2. *Population*
  - 3. *City*
  - 4. *Congressional District*
  - 5. *County*
  - 6. *Area of Benefit (i.e., state, county, city, school district)*
- i. *Top 5 most highly compensated officers and their compensation*

34. **AUDIT** Subrecipients who are not required to obtain a single or program specific audit may be required to obtain limited scope audits if the quarterly compliance reports, site visits and other information obtained by DPH raise reasonable concern regarding compliance with contract conditions. Such engagements may not be paid for by DPH pass-through funds.
35. **LOBBYING** Contractors and Grantees, including subcontractors, sub grantees, and subrecipients who receive federal funds pursuant to this agreement, are prohibited from using any of the federal funds to engage in lobbying activities, and must adhere to applicable statutes and regulations as a condition of receiving the federal funds. These prohibited activities include both direct and "grass roots" lobbying at the federal, state, and local levels, legislative and executive functions.

No part of any grant or contract funds will be used to pay the salary or expenses of any person related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. This prohibition shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

31 U.S.C. § 1352 certification (45 CFR Part 93).

The undersigned certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. NOTE: These amounts are adjusted annually for inflation at 45 CFR part 102.

36. **REVISIONS OF LAW:** The provisions of the Subaward are subject to revision of State or federal statutes and regulations and requirements governing (name or subject of grant, etc.).
37. **LICENSE/ACCREDITATION:** Subrecipient represents and warrants that Subrecipient and Subrecipient's employees and/or agents who will perform services under this Subaward currently hold in good standing all federal and state licenses (including professional licenses), certifications, approvals, and accreditations necessary to perform services under this Subaward, and Subrecipient has not received notice from any governmental body of any violation or threatened or actual suspension or revocation of any such licenses, certifications, approvals, or accreditations. Subrecipient and its employees/agents shall maintain licenses, certifications, and accreditations in good standing during the term of this Subaward. Subrecipient will immediately notify DPH if a board, association, or other licensing or accrediting authority takes any action to revoke or suspend the license, certification, approval, or accreditation of Subrecipient or Subrecipient's employees or agents providing or performing services under this Subaward.
38. **HIPPA TRAINING:** Before participating in any DPH clinical activity or rendering any service to DPH and its clients under this Subaward, Subrecipient will ensure that its employees/agents are educated and trained regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related regulations pertaining to the privacy and security of protected health information (the HIPAA Privacy Rule.) Subrecipient will provide documentation of successful completion of this training to the Contracts Manager before initiating performance of this Subaward. If this training has not been conducted, or documentation of training has not been provided, Subrecipient and its employees/agents will be required to receive necessary instruction using DPH's e-learning system before initiating performance of this Subaward.
39. **INDEMNIFICATION:**  
"Claim" in this provision means a claim, demand, suit, cause of action, loss or liability. Notwithstanding any limitation in this Subaward, and to the fullest extent permitted by law, Subrecipient shall defend, indemnify, and hold DPH and its officers, directors, agents, and employees harmless from any Claims made by a third party for bodily injury, sickness, disease or death, defamation, invasion of privacy rights, breach of confidentiality obligations, infringement of intellectual property rights, or for injury to or destruction of tangible property arising out of or in connection with any act or omission of Subrecipient, in whole or in part, in the performance of services pursuant to this Subaward. Further, Subrecipient shall defend and hold DPH harmless from any claims against DPH by a third party as a result of the Subrecipient's breach of this Subaward, including any breach of confidentiality by a person to whom Subrecipient disclosed confidential information in violation of this Subaward. Subrecipient shall not be liable for any claims by a third party proven to have arisen or resulted solely from the negligence of DPH. This indemnification shall include reasonable expenses including attorney's fees and expert witness fees incurred by defending such claims. DPH shall provide timely written notice to

Subrecipient of the assertion of the claims alleged to be covered under this clause. Subrecipient's obligations hereunder are in no way limited by any protection afforded under workers' compensation acts, disability benefits acts, or other employee benefit acts. This clause shall not negate, abridge, or reduce any other rights or obligations of indemnity which would otherwise exist. The obligations of this paragraph shall survive termination, cancellation, or expiration of the Subaward.

The parties to the Subaward hereby agree to any and all provisions of the Subaward as stipulated here.

SOUTH CAROLINA DEPARTMENT OF SUBRECIPIENT  
PUBLIC HEALTH

BY:  
Kristen H. Shealy  
Deputy Director, MCH Bureau

BY:

DATE:

DATE:

MAILING ADDRESS:  
Public Health Bureau of Maternal and Child  
Health  
400 Otarre Parkway  
Cayce, SC 29033  
(803) 319-8333

MAILING ADDRESS:

REMITTANCE ADDRESS:

TAX/EMPLOYER ID#:

TYPE OF ENTITY (check one):

- ☐ Corporation
- ☐ LLC
- ☐ Partnership
- ☐ Nonprofit organization
- ☐ Government agency or political subdivision -  
specify state if not SC:
- ☐ Other Governmental body (specify) \_\_\_\_\_
- ☐ Individual/sole proprietor
- ☐ Other (specify) \_\_\_\_\_

*This is a sample copy of a Federal  
Subaward, For information purposes.  
Awarded applicant would be required to  
sign a Federal Subaward with SCDPH  
before any billable services could be  
provided. A Federal Subaward will be  
mailed to awarded applicant for signature  
after the award posting period has ended.*

If a corporation or LLC, or nonprofit organization:  
State of incorporation/organization:  
SC

Registered agent and address in South Carolina:

\_\_\_\_\_  
\_\_\_\_\_

SCDLLR or other license #

\_\_\_\_\_



**ATTACHMENT I-A**  
**SUBAWARD SOURCE OF FUNDING (SOF) # 1**

- (1) Subaward # \_\_\_\_\_ (2) Subaward Amendment # \_\_\_\_\_
- (3) Subrecipient Name \_\_\_\_\_
- (4) Subrecipient's Unique Entity Identifier (UEI#) \_\_\_\_\_
- (5) Grant Award Title State Personal Responsibility Education Program FY2026
- (6) Federal Award Identification Number (FAIN) 2501SCPREP (7) FAIN Date October 1, 2025
- (8) Primary Grant Project Period Start Date October 1, 2025 End Date September 30, 2026
- (9) Subaward Project Period Start Date October 1, 2025 End Date September 30, 2026
- (10) Current Subaward Period of Performance Start Date October 1, 2025 End Date September 30, 2026
- (11) Amount of Federal Funds Obligated by this Action \$ \_\_\_\_\_
- (12) Prior Periods Obligated \$ 0.00 (13) Obligated Total \$ \_\_\_\_\_
- (14) Total Amount of Federal Award Committed to the Subrecipient \$ \_\_\_\_\_
- (15) Federal Award Project Description

- (16) Federal Awarding Agency U.S. Department of Health and Human Services, Administration for Child & Families
- (17) Passthrough Entity South Carolina Department of Public Health
- (18) ALN # 93.235 (19) Assistance Listing Title State Personal Responsibility Education Program FY2026
- (20) Is the Subaward Research and Development? Yes \_\_\_\_\_ No X

**SUBAWARD SOURCE OF FUNDING (SOF) # 1** \_\_\_\_\_

(21) DPH's Federally Negotiated Rate at time of Grant Award \_\_\_\_\_ % (NOT TO BE USED BY SUBRECIPIENT)

(22) Subrecipient's Indirect Cost: Federally Negotiated Rate\* % \*\*Deminimis \_\_\_\_\_ No Indirect \_\_\_\_\_

**\*The signing of this SOF is NOT an approval of the Subrecipient's IDC rate.**

**\*\*A copy of the approved federally negotiated rate agreement must be submitted to DPH prior to 1<sup>st</sup> payment.**

**\*\*\*A detailed breakdown of the various cost elements that constitute the MTDC must be submitted to DPH prior to 1<sup>st</sup> payment**

(23) Passthrough Entity (DPH) Contact Information

| NAME             | ADDRESS                               | EMAIL                | PHONE NUMBER |
|------------------|---------------------------------------|----------------------|--------------|
| Finance Director | 400 Otarre Parkway<br>Cayce, SC 29033 | GrantsMgt@dph.sc.gov | N/A          |
| Program          |                                       |                      |              |
| Program          |                                       |                      |              |
| Program          |                                       |                      |              |
| Program          |                                       |                      |              |

Prepared by \_\_\_\_\_  
(Program Signature)

\_\_\_\_\_  
Date

Prepared by \_\_\_\_\_  
(Finance Signature)

\_\_\_\_\_  
Date

**ATTACHMENT I-B**  
**FFATA DATA CHECKLIST**  
(Return Completed Checklist with Signed Subaward)  
**FFATA DATA CHECKLIST FOR SOURCE OF FUNDING (SOF) # 1**  
**Primary Grant Award / Passthrough Entity Data**

- (1) Subaward (2) Subaward Amendment N/A
- (3) ALN # 93.235 (4) Assistance Listing Title: State Personal Responsibility Education FY2026
- (5) Federal Awarding Agency U.S. Department of Health and Human Services, Administration for Child & Families
- (6) Grant Award Title State Personal Responsibility Education Program FY2026
- (7) Grant Award Date October 1, 2025 (8) Federal Award Identification Number (FAIN) 2501SCPREP
- (9) Total Grant Award Amount \$ (10) DPH Unique Entity Identifier (UEI#) JNZSNC4MUMS7
- (11) DPH Principal Place of Performance 400 Otarre Parkway, Cayce, SC 29033
- (12) Federal Award Project Description

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Subaward / Subrecipient Data  
(To be completed by the Subrecipient)

- (13) Subrecipient Name \_\_\_\_\_
- (14) Subrecipient DBA Name \_\_\_\_\_
- (15) Subrecipient Unique Entity Identifier (UEI #) \_\_\_\_\_
- (16) Subrecipient Address (include zip +4 digits) \_\_\_\_\_
- (17) Subaward Date \_\_\_\_\_ (18) Subaward Amount (must be >=\$30,000) \$ \_\_\_\_\_
- (19) Subaward Principal place of Performance \_\_\_\_\_
- (20) Subaward Area of Benefit (Congressional Districts) \_\_\_\_\_
- (21) Subrecipient Parent Unique Entity Identifier (UEI #) \_\_\_\_\_

### FFATA DATA CHECKLIST: EXECUTIVE COMPENSATION

(22) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: 80% or more of its annual gross revenues in U.S. Federal Contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes No

(23) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: \$25 million or more in annual gross revenues from U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes No

If the answer to question 22 and question 23 are both NO, this questionnaire is complete, otherwise continue to question 3.

(24) Does the public have access to information about the compensation of senior executives of the subrecipient organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under the Securities Exchange Act of 1934 or the Internal Revenue Code of 1986? Yes No

If yes, questionnaire is complete, otherwise list the names and compensation of the Subrecipient's five most highly compensated officers.

(25) List the names and total compensation of the five most highly compensated officers of the subrecipient as listed in the subrecipient's System for Award Management profile, as applicable in the space provided below.

| NAME | TOTAL COMPENSATION |
|------|--------------------|
| 1.   |                    |
| 2.   |                    |
| 3.   |                    |
| 4.   |                    |
| 5.   |                    |

(26) Subrecipient Completed by (signature): \_\_\_\_\_

(27) Subrecipient Completed by (printed): \_\_\_\_\_

(28) Date: \_\_\_\_\_

## Overview of State of SC/DPH Travel Reimbursement Policies for

### Vendors & Subrecipients

Updated June 2025

Non-state employees, including sub-recipients, who are on official, approved travel status for DPH related-business AND whose contract with DPH states specifically that they follow the State travel reimbursement policies follow the same State/DPH travel reimbursement policies that State employees follow. And they must provide the same documentation and receipts that a state employee would provide.

DPH and the State Comptroller General's Office have the authority to deny any travel reimbursement requests that do not follow the State and DPH travel reimbursement policies. This overview is not a substitute for reading and understanding the full travel reimbursement policies in the DPH Travel Manual. Please see the manual for more detailed information.

Note that if a non-state employee is traveling from out-of-state to SC while on official, approved travel status for DPH related-business, all of the trip's reimbursable expenses are processed as in-state and the meals follow the State of SC's in-state rates. If a non-state employee travels from SC to out-of-state while on official, approved travel status for DPH related-business, all of the trip's reimbursable expenses are processed as out-of-state and the meals follow the State of SC's out-of-state rates.

### TRAVEL REIMBURSEMENT DOCUMENTATION REQUIREMENTS:

**1. DPH 103 Manual Travel Expense Report.** A DPH manual travel expense report is available upon request in PDF and Excel formats. The vendor must complete a DPH 103 Manual Travel Expense Report or comparable form and must include the following information:

- the itemized expenses for each day
- the departure time from home or office for the first day of their trip
- the arrival time to home or office for the last day of their trip
- signature for the vendor's traveling employee
- signature for the DPH supervisor involved with the vendor's project

**2. DPH 104 Out-of-State Travel Form.** This form is required to be completed if DPH is reimbursing or paying travel expenses for DPH related-business conducted outside of the state of South Carolina.

**3. DPH 178 Travel Log.** Optional, available tool for the traveler to keep track of their travel expenses.

**4. Receipts.**

- Itemized, paid receipts are required for the following types of expenses:
  - **Lodging.** Must show hotel name, hotel address, name of room occupant, dates of stay, amount charged for nightly rate, taxes and fees, and total amount due. When reimbursing the employee, the hotel invoice must show a zero balance to support reimbursing the employee.
  - **Airfare.** Must show airfare rate/charges and flight itinerary. Airline baggage fees are reimbursable and require receipt.
  - **Other transportation** such as major buses, Amtrak and rental cars. Taxis, subways, metro, etc., do not require receipt; however, please explain amounts on travel form.
  - **Miscellaneous expenses**, such as the following, purchased for DPH-related business use while on travel status:
    - parking,

- telephone calls,
- internet/wi-fi access,
- gasoline for rental or State cars. Receipt must include vehicle tag number. (Considered Misc. Travel Expense but uses 5031530000 Gasoline GL code),
- faxes,
- maps, and other supplies
- **Registration fees.** Must include paid registration receipt showing event name, dates, amount paid, and an agenda showing if meals are included in fee or not.
- Receipts are NOT required for the following reimbursable travel however, providing a receipt is strongly encouraged:
  - Regular meal receipts at or below State allowances and not included in registration fees are not required.
  - Tolls, taxi, subway, airport shuttle, metro, and portage (mandatory charge for carrying bags in/out of hotel, **NOT** a tip).

## OVERVIEW OF MOST COMMON TRAVEL EXPENSES:

### MILEAGE.

- Mileage is only reimbursed when driving their own car. Mileage is not reimbursed for using a rental car.
- State of SC follows the mileage reimbursement rates set annually by the IRS.

| MILEAGE TYPE         | Reimbursement Rate* for travel dates... |
|----------------------|---|
|                      | <u>1/2/2025-12/31/2025</u>              |
| <b>REGULAR MILES</b> | <b>\$ \$.70 per mile</b>                |
| <b>REDUCED MILES</b> | <b>\$ \$.60 per mile</b>                |

*\*Rate published by the Office of the Comptroller General. Rate may change annually on Jan 1.*

### MEALS.

- Must be at least 10 miles from their assigned headquarters and residence on official, approved travel status for DPH related-business for DPH to reimburse for meals.
- **DPH follows the State of SC meal reimbursement rates, NOT the Federal GSA meal and incidental rates.**
- Meals for non-state employees who are on official, approved travel status for DPH-related business are reimbursable ONLY at the State daily allowable meal amounts.
- **DAILY MEAL ALLOWANCE RATES**

| DAILY            |  |  | In-State | Out-of-State | Departure from home or HQ... Arrival back to |
|------------------|--|--|----------|--------------|--|
| <b>Breakfast</b> |  |  | \$8.00   | \$10.00      | prior to 6:30 am after 11:00 am*             |
| <b>Lunch</b>     |  |  | \$10.00  | \$15.00      | prior to 11:00 after 1:30 pm                 |
| <b>Dinner</b>    |  |  | \$17.00  | \$25.00      | prior to 5:15 pm after 8:30 pm               |
| <b>Maximu</b>    |  |  | \$35.00  | \$50.00      | prior to 6:30 am after 8:30 pm               |

*\*The time limitation for breakfast will not apply for overnight trips with early morning returns.*

- The travel expense report must include the departure time from home or headquarters for the first day of the trip and the arrival time back to home or headquarters for the last day of the trip.
  - For the first day of the trip, they would use the Departure column in the table above to decide which

meals they are eligible for based on their departure time. For example, they must depart home or HQ before 6:30am on the first day to be eligible for breakfast reimbursement.

- For the middle days of the trip, times are not required, and they receive the maximum in-state or out-of-state daily amount for meals, if meals are not included already in a registration or hotel stay.
- For the last day of the trip, they would use the Arrival column in the table above to decide which meals they are eligible for based on their arrival time. For example, they must arrive back at home or HQ after 8:30pm on the last day to be eligible for dinner reimbursement.
- Meals for one-day trips (no overnight stay) follow the same daily allowable amounts listed above but they follow special rules for reimbursement eligibility.
  - One Day Trip (No Overnight Stay and Meal NOT Included with Registration). In most cases, one-day meals are NOT reimbursable. If the employee has a one-day trip with no overnight stay, meals are not reimbursable unless they are at least 10 miles from headquarters and residence AND meet these other requirements:
    - Dinner is reimbursable only if the employee leaves headquarters before 5:15 pm and returns after 10:00 pm.
    - Breakfast and lunch are not reimbursable for one-day trips unless the employee has written Bureau Director approval AND follows the departure and arrival times for both meals.
    - Meals already paid as part of a registration fee are not reimbursable to the employee.
  - Any meals claimed for a one-day trip are subject to income tax, except for non-optional meals included in registration fees. Please talk with your tax consultant regarding any reporting requirements.
- If the non-state employee attends a conference or meeting where the registration fee includes a meal, then the non-state employee is not reimbursed for that meal, unless a valid, written justification is provided to explain why they couldn't participate in the meal.
  - Meals Included with Registrations:
    - If an employee is requesting reimbursement for a registration fee they paid that includes a meal(s) (breakfast, lunch, or dinner; NOT a continental breakfast or "reception"), State policy requires that meals included in registration fees at no option be separated from the total amount of the registration fee and claimed as a meal at the State rate on the travel document. This does not result in any loss of reimbursement to the employee, but is simply a matter of accounting.
    - If a meal is included in a direct bill registration fee or lodging fee, the employee should not claim additional reimbursement unless the employee is unable to eat the included meal and pays for a substitute meal out-of-pocket. The claim will be restricted to the same rates as any other meal reimbursement.
- If the hotel provides a hot breakfast (including a hot protein like eggs, bacon, etc.; does not include a "continental" breakfast) as part of the hotel rate, they do not receive a separate breakfast reimbursement. They only receive a breakfast reimbursement if they pay for breakfast out of their own pocket and it meets the time-of-day restrictions for the meal reimbursements.

## LODGING.

- Must be at least 50 miles from their assigned headquarters and residence on official, approved travel status for DPH related-business for DPH to reimburse or pay hotel direct bill for overnight accommodations.
- Paid lodging "folio" receipt showing nightly rate is required for reimbursement.
- **State of SC agencies follow the official GSA maximum lodging rates, available at [GSA.gov](https://www.gsa.gov).** The nightly rate before taxes charged by the hotel must be at or below the GSA max lodging rate. The GSA max lodging rate is before taxes. Taxes on the GSA max lodging rate are reimbursable.
- Be aware that some hotels may say they have a "government" or "special" rate, but it may still be higher than the official GSA max lodging rate. State of SC only acknowledges the official GSA max rate.

- **AIRFARE.** When making airline reservations, whoever makes the reservation should secure the most cost-efficient flight, taking advantage of any cost savings that may be available at the time of travel. In accordance to State policy, "State agencies and employees shall select air carriers based on cost and time criteria, not on whether frequent flyer premiums are given. First class and business class airlines tickets are not allowed." The employee must fly at the lowest rate available and any extras will be at the employee's cost.
- Itemized airfare receipt is required showing entire itinerary.
- Baggage fee is reimbursable and baggage receipts must be included with travel reimbursement claim.
- Any charges for flight changes must include an explanation/justification. Charges for flight changes can only be reimbursed if there is a cost benefit to Agency to change the flight.

**RENTAL CAR.** If the non-state employee drives a RENTAL CAR while on official, approved travel status for DPH related-business, then the mandatory, non-optional expenses on the rental company's invoice can be paid.

- Requires paid receipt.
- In addition to the fee to rent the car, the rental company may also charge for mileage used while the car is rented, where they check the rental car's odometer before and after the trip. If that is on the rental company's bill, DPH can pay that.
- Optional items can NOT be paid or reimbursed by DPH.
- DPH can NOT reimburse the non-state employee for personal-car mileage at the current IRS mileage rates when a rental car is used instead of a personal car.
- DPH can reimburse the non-state employee for gasoline for the rental car during the rental period. The gas receipt or credit card statement showing the expense must be provided WITH the rental car's license plate number written on the receipt. Note that the rental car license plate often appears on the rental car receipt or contract. Gas for a rental or State car is considered a Misc. Travel Expense but uses 5031530000 Gasoline GL code.

**TAXI, AIRPORT SHUTTLE, AND METRO.** These three types of "other transportation" do NOT require receipts but are reimbursable. If they do have the paid receipt, it is nice to see it with the travel reimbursement, but again, the receipt is not required for these, however, providing a receipt is strongly encouraged. Tips are **NOT** reimbursable.

**TOLL ROADS.** Reimbursable but receipts are NOT required.

**TIPS VS. PORTERAGE.** Tips are **NOT** reimbursable. Porterage, a mandatory charge for carrying bags in/out of a hotel, is reimbursable and does NOT require a receipt however, providing a receipt is strongly encouraged.

#### **MISCELLANEOUS TRAVEL EXPENSES.**

- Reimbursed with a paid receipt:
  - parking fees,
  - gas for rental or State car (with car license plate number written on receipt) (considered a Misc. Travel Expense but uses 5031530000 Gasoline GL code),
  - internet/Wi-Fi access for business use,
  - hotel safe fees for business use,
  - phone calls for business use.
- Reimbursed but do not require a receipt however, providing a receipt is strongly encouraged
  - tolls,
  - porterage (charge for carrying bags in/out of hotel-- NOT A TIP).



## ATTACHMENT I-D

—2021 Act No. 94  
SECTION 117.105

### 117.105. (GP: Continuation of Teen Pregnancy Prevention Project Accountability)

Qualifying organizations applying for General Funds provided as a special item in this act and titled Continuation of Teen Pregnancy Prevention must include in its application a proposed annual budget and agreement to provide quarterly reports to the grantor state agency detailing the expenditure of funds and the project's accomplishments which shall include:

#### (1) Financial:

(a) Personnel costs, including employer contributions, by position for each of the following areas: administration, training, and education, as well as for other positions as identified;

(b) Operational costs identified in the application;

(c) One-time costs over \$500 for such items as supplies;

Administration costs may not exceed ten percent of the total project budget. For purposes of this provision, "Administration" is defined as expenses other than educational.

(2) Description of program and curriculum to be used;

(3) Description of training;

(4) Schedule and brief description of project activities for each quarter;

(5) Participation reports on the following:

(a) Number of persons who participated;

(b) Total number of hours provided;

(c) Number of train the trainer events;

(d) Other data regarding the activities of the project;

(6) Description of the project evaluation to be used;

(7) Copy of latest completed independent financial audit and agency's response to any audit exceptions;

(8) Qualifications of project personnel; (9) Best Practices to be used; and

(10) Evidence Based Curriculum.

An organization awarded a grant must provide these quarterly reports to the grantor state agency within fifteen days of the end of each quarter. Grantees failing to submit reports with thirty days of the end of each quarter shall have their grant terminated.

## ATTACHMENT II

### BUDGET TEMPLATE AND INSTRUCTIONS FOR NARRATIVE JUSTIFICATION

#### I. General Information:

For each cost category listed in the budget, provide a detailed narrative justification for all requested costs that is consistent with the purpose, objectives, and proposed program activities in your plan. Be specific about the costs under each broad category

#### II. Cost Sharing:

Costs benefiting two (2) or more activities funded with more than one (1) federal grant program and/ or other state or local funding should be shared based on the proportional benefit. For any budget category/item, if your PREP grant costs are shared with other funding sources you should show what portion or percentage is for the PREP grant and what portion benefits other funding. The total annual projected costs for your organization for an item (e.g., rent, utilities) should be shown to validate the portion shown for the PREP grant effort. For example, XYZ Organization's annual rent is \$30,000 and there are 10 staff and 10 office spaces. One staff conducts PREP Education classes, while nine staff conduct other unrelated programs. Therefore, 10% (\$3,000) is charged for rent cost for State PREP grant.

#### III. Administrative costs:

Administrative costs include operating and maintain facilities; general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration, and accounting; depreciation or use allowances on buildings and equipment; costs of audits (if required); management and oversight activities of specific programs under this Subaward; development and establishment of reimbursement and accounting systems; and overhead and indirect costs. Administrative costs may be reflected in several of the budget categories (e.g., personnel, supplies, other and indirect), and should be identified in the budget description for any specific item.

#### IV. Unallowable costs:

These are costs of your organization that are not allowed because of Subaward/RFGA, State and or Federal laws and regulations. Examples include but are not limited to administrative costs more than the amount allowed by a federal grant, fines/penalties, late fees, fund raising costs, lobbying costs, bad debts, alcoholic beverages, bonuses, construction, meals for staff within 50 miles of headquarters and not associated with conference/meeting.

#### V. Specific Budget Categories

Personnel: List each person (s) by name, title annual and/or hourly salary, amount of time on program. Include staff proposed to be hired if position is vacant or new. Provide a summary description of their job duties related to programs in this proposal. If partial funding is requested for a position, then indicate the other sources of funding for this position, the amount, and responsibilities under these funding sources. Separate personnel costs for program/direct service providers and administrative positions.

Fringe Benefit/Employer Contributions: List each type of fringe benefit and how it is calculated (such as FICA, Medicare, unemployment, workmen's compensation and all other payroll taxes, health and dental insurance, life insurance, retirement, annual leave, etc.). If a composite percentage rate is used for all benefits provided,

sufficient documentation should be provided to justify the composite rate. Employer contributions for each staff person should be equal to the percent of the FTE allocated for a particular staff (e.g., if a person is funded 75% from these funds, then employer contributions from these funds should equal 75%).

Travel: List all anticipated travel costs. The costs must directly benefit and be specific to the work in connection with the services or activities described in Scope of Work of the RFGA. All travel must be limited to local and direct services and training/conferences that directly relate to the delivery of planned programs. Travel will be included within the maximum amount of the Subaward.

Equipment: List each type of equipment, who will use it, purpose for the equipment purchase, the vendor and price/quote. Cost sharing must be applied if equipment will be used for other than Abstinence Education activities. Equipment should be identified as office, educational/training or other.

Supplies: Supplies are items that cost under \$500 and have “life” of less than a year. These include educational materials, printed material, office supplies, etc.

Contracted Services: These are services you are buying from somewhere else. Contract services include consulting fees and subcontractors. Specify if the contracted service is for administration or direct program services. Subcontractors should be listed separately. **All subcontractors must be approved by DPH.**

Provide the following for each subcontractor:

- 1.How the contract was obtained (competitive bid process, etc.)
- 2.Target audience, as applicable
- 3.Period of contract performance
- 4.Type of contract (fixed, ongoing, etc.)
5. Type of organizations solicited
- 6.Description of activities to be provided
- 7.Detailed budget justification for broad categories

Other: Describe each item listed in this category in terms of what it is, who will benefit and why it is necessary. If the item will be shared with other programs or administrative/overhead expenses, then cost sharing must be applied and the proportion of the cost for this grant must be indicated. This category should include items such as rent; printing (offset) of brochures/materials; photocopying/duplication; telephone; internet service, postage; utilities (gas, electric, water/sewer); security system; pest control, training and/or meeting expenses (details all costs including room expenses, AV equipment rental, speaker fees, refreshments); insurance; accounting/bookkeeping; data processing; bank charges; dues and subscriptions; and equipment maintenance (if not included in equipment category and not included in the base for the indirect cost rate).

Indirect Costs (Overhead/General and Administrative): – if applicable: Indirect costs may be reflected if your organization has a Federal approved indirect cost rate. If your organization has an established indirect cost rate, give the rate, the base or basis against which the rate is applied, and the costs included in the rate. Examples of indirect costs include bookkeeping, office furniture, and administrative oversight. If your organization uses an indirect cost rate, then the items included should not be listed under other budget categories. Provide the source

for your indirect cost rate if one is used. \*Note: Applicants without a federally negotiated indirect rate may elect to utilize a *de minis* indirect cost rate of 15% of direct costs OR the costs can be clearly reflected in the appropriate budget categories above.

### Monthly Budget Summary Example

|  |   |              |          |           |                 |  |                |
|--|---|--------------|----------|-----------|-----------------|--|----------------|
| Proposal Budget for: (Subrecipient name) PREP grant: <u>PREP Grant FY 2026</u> |   |              |          |           |                 |  |                |
| DPH Contract#:   |   |              |          |           |                 |  |                |
| Federal Grant ID#:   |   |              |          |           |                 |  |                |
| <b>12 Month Budget (October 01, 2025 – September 30, 2026)</b>                 |   |              |          |           |                 | <b>DPH Grant</b>                         | <b>In-Kind</b> |
| <b>Personnel Related Expenses:</b>   |   |              |          |           |                 |  |                |
| <b>1 Salary &amp; Wage Cost:</b>   |   |              |          |           |                 | <b>\$</b>                                | <b>\$</b>      |
|  | John Smith  | \$ per month | 12months | \$ salary | 100% on project | \$                                       | \$             |
| a.   | <b>Function:</b> This position provides direct educational instruction  |              |          |           |                 |  |                |
|  | Tom Jones   | \$ per month | 12months | \$ salary | 25% on project  | \$                                       | \$             |
| b.   | <b>Function:</b> This position provides administrative support for the project.                                   |              |          |           |                 |  |                |
| <b>2 Fringe Benefit Cost:</b>  |   |              |          |           |                 | <b>\$</b>                                | <b>\$</b>      |
| % of total salary and wage cost  |   |              |          |           |                 | <b>3 In-Direct Cost: (if applicable)</b> |                |
|  |   |              |          |           |                 |  |                |
| <b>Total Personnel Related Expenses</b>  |   |              |          |           |                 | <b>\$</b>                                | <b>\$</b>      |
| <b>Operational Expenses:</b>   |   |              |          |           |                 |  |                |
| 1  | <b>Contracted/Consultant Program Cost:</b> \$ a. ABC Baptist Church (XXX County) staff time and \$ meeting space  |              |          |           |                 |  |                |
| b.   | XYZ Middle School (XXX County) staff time and \$ classroom  |              |          |           |                 |  |                |
| 2  | <b>Equipment Cost:</b> \$ a. 1-tablet (IPAD), plus monthly air card fee, to support (staff) working in XXX County |              |          |           |                 | \$                                       | \$             |
| b.   | 1-office computer system to be used by  |              |          |           |                 | \$                                       | \$             |
| 3  | <b>Supply Cost:</b> \$ a. General Office: \$ per month times 1.25 FTEs  |              |          |           |                 | \$                                       | \$             |
|  | \$ times 12 months (FTE # FROM EXAMPLE ABOVE)   |              |          |           |                 |  |                |
| b.   | Program Materials: Training supplies \$   |              |          |           |                 | \$                                       |                |
| c.   | Evaluation Materials: (\$ times # of students) \$   |              |          |           |                 | \$                                       |                |
| 4  | <b>Travel Cost:</b> \$ a. In-State: miles X 12 months X 1-staff member  |              |          |           |                 |  |                |
|  | \$ working in XXX County at \$ per mile   |              |          |           |                 |  |                |
| b.   | Out-Of-State (if applicable)  |              |          |           |                 | \$                                       | \$             |
| 5  | Other   |              |          |           |                 | \$                                       | \$             |
| <b>Total Operating Expenses</b>  |   |              |          |           |                 | <b>\$</b>                                | <b>\$</b>      |
| <b>Total Projected Budget</b> \$   |   |              |          |           |                 |  |                |
| \$   |   |              |          |           |                 |  |                |

ATTACHMENT III

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

SUBRECIPIENT RISK ASSESSMENT SURVEY

FY:2026

Date:

Subrecipient Name:

Address:

Address:

1. Please indicate your financial fiscal year: Start Date: \_\_\_\_ End Date: \_\_\_\_
2. Did your organization expend more than \$750,000 in federal grant awards during your last fiscal year?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - (a) If yes, has your 2 CFR 200 single audit been completed? Yes \_\_\_\_\_ No \_\_\_\_\_
  - (b) If no, please provide the reason why your 2 CFR 200 single audit has not been completed and/or a target date for completion.  
\_\_\_\_\_
- ~~3. Were there any findings because of your most recently completed audit of federal funds?~~  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - (a) If yes, please attach a copy of the finding(s) or supply the published and a copy of your formal response/corrective action plan to all audit findings.
4. Has your organization ever been deemed high risk by another passthrough entity?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. What type of financial management system does your organization use? (i.e., Spreadsheet, accounting software package, accounting system, etc.) \_\_\_\_\_
  - (a) If you use an accounting package or system, please provide the name of the software.  
\_\_\_\_\_
6. Does your organization segregate duties between authorization, recording, and custody functions related to procurement, cash management, and payment processes?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you have controls in place to prevent duplicate payments to vendors?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly describe or list controls: \_\_\_\_\_

8. Does your organization have a time and attendance system supporting payroll?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does your organization allocate costs across multiple grant programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please describe the methodology used to allocate costs. \_\_\_\_\_

---

10. Do your accounting and financial management system follow Generally Accepted Accounting Principles?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Does your organization charge indirect cost to federal grants? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please describe how it is allocated (base vs pool, de minimis-MTDC).

\_\_\_\_\_

12. Does your organization currently have a federally approved negotiated indirect cost allocation plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If No, have you ever had one? Yes \_\_\_\_\_ / When? \_\_\_\_\_ No \_\_\_\_\_

13. Does your financial management system allow you to segregate indirect vs. direct costs, and define and manage existing or planned indirect cost rates?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

14. Does your financial management system account for and segregate grant funds?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Does your financial management system allow you to compare actual expenditures or outlays to budgeted amounts for each grant?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. Does your organization have a policy addressing who is authorized to request payment from the grantor (passthrough entity), what procedures are used to ensure that requests are accurate, and when drawdown of funds will occur?

Yes \_\_\_ No

17. Does your financial management system provide for effective control over and accountability for all funds, property, and other assets?

Yes \_\_\_\_\_ No \_\_\_\_\_

18. Does your organization have an active Federal System and Award Management (SAM) Registration?  
Yes \_\_\_\_\_ No \_\_\_\_\_
19. Is your organization:  
Individual \_\_\_\_\_ Government \_\_\_\_\_ For profit \_\_\_\_\_ Not for Profit \_\_\_\_\_
20. In addition to being a subrecipient of federal grant funds, is your organization also a primary recipient of federal grant funds?  
Yes \_\_\_\_\_ No \_\_\_\_\_
21. Are your board members or trustees paid from federal grant funds?  
Yes \_\_\_\_\_ No \_\_\_\_\_
22. Do employees who work on federal grant programs have specific references in their current position descriptions regarding their grant responsibilities?  
Yes \_\_\_\_\_ No \_\_\_\_\_
23. Does your organization charge fee for services concurrent with the award?  
Yes \_\_\_\_\_ No \_\_\_\_\_
24. Does your organization use loans to meet cash needs associated with the subaward?  
Yes \_\_\_\_\_ No \_\_\_\_\_
25. Is your organization new to operating or managing state or federal funds?  
Yes \_\_\_\_\_ No \_\_\_\_\_
26. How many employees does your organization employ? \_  
What is your organization's employee turnover rate percentage for the past twelve months?  
\_\_\_\_\_ %  
*To calculate turnover: Add the number of employees at the beginning of the period to the number at the end of the period. Divide by two to find the average number of employees; divide the number of employees separated during the period by the average number of employees = employee turnover rate.*
27. Has your organization experienced turnover in management personnel during the last twelve months?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(a) If yes, what management positions have experienced turnover? (i.e., CFO, Budgets Manager, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
28. During the last twelve months, has your organization converted to a new financial system, or made substantial changes to an existing system? Yes \_ No  
(a) If yes, please explain. \_\_\_\_\_
-

29. Are policies, procedures, and processes regularly reviewed, updated, and created to ensure that the organization effectively carries out its programs and activities, including updates that may be needed for grant funds?  
Yes \_\_\_\_\_ No \_\_\_\_\_
30. Does management periodically review all reports, deliverables, expenditures, and other requirements related to grant programs to ensure that guidelines and requirements are being met?  
Yes \_\_\_\_\_ No \_\_\_\_\_
31. Do key personnel assigned to this grant have experience in managing grants and an understanding of the relevant regulations?  
Yes \_\_\_\_\_ No \_\_\_\_\_
32. Does your organization maintain a written code of conduct governing the performance of your employees, specifically those employees engaged in the award and administration of contracts?  
Yes \_\_\_\_\_ No \_\_\_\_\_
33. Does the code of conduct encompass conflicts of interest?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (a) If no, what document addresses conflicts of interest? \_\_\_\_\_
- 
34. Does your organization have a personnel system which has the capability to create monthly reports of the activities and time of each employee whose compensation is charged to each project that the employee works on including all grant programs?  
Yes \_\_\_\_\_ No \_\_\_\_\_
35. Is training and supervisory oversight provided to all employees to ensure that the organization effectively carries out its programs and activities, including employees working on grant programs?  
Yes \_\_\_\_\_ No \_\_\_\_\_
36. Have any key personnel listed in the application/subaward agreement ever been debarred or suspended from participation in Federal Assistance programs?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(a) If yes, please attach a list indicating who, when and for what reasons.
37. Does your organization have procedures in place to address breaches of ethics policy and/or instances of fraud or other criminal activity?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (a) If yes, do these procedures include required procedures and/or remedial actions to prevent future violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (b) If yes, do these procedures include a means to notify the appropriate agency in cases of confirmed fraud related to grant funds?  
Yes \_\_\_\_\_ No \_\_\_\_\_



38. Are there formal policies and procedures in place for employees to confidentially report suspected violations of policies and or suspected instances of fraud or other criminal activity, including specifically those related to grant programs (e.g., a Whistleblower Policy)?  
Yes\_\_\_\_\_No \_\_\_\_\_
39. Does your organization manage or support a website or publicly accessible social media account such as but not limited to Facebook, Twitter, Google+, LinkedIn, Tumblr? Yes\_\_No \_\_\_\_ (a) If yes, please provide the appropriate URL or other access/navigation information.  
\_\_\_\_\_
40. Has your organization operated under another name in the past 10 years? This would include name changes and registered d.b.a. names.  
Yes\_\_\_\_\_No \_\_\_\_\_  
(a) If yes, please provide a list of all other names: \_\_\_\_\_
41. Has your organization done business with a vendor who has ever been disbarred or suspended?  
Yes\_\_\_\_\_No \_\_\_\_\_
42. Does your organization maintain written procurement policies and procedures which provide reasonable assurance that procurement of goods and services are made in compliance with the provisions of 2 CFR Part 200?  
Yes\_\_No
43. Does your organization have written procurement procedures to ensure transactions (as defined in the suspension and debarment common rule (2 CFR Part 180)) are not made with a debarred or suspended party?  
Yes\_\_\_\_\_No \_\_\_\_\_
44. Has your organization ever been disbarred or suspended?  
Yes\_\_\_\_\_No \_\_\_\_\_
45. Does your property management system maintain formal inventory records of all equipment acquired with federal funds?  
Yes\_\_\_\_\_No \_\_\_\_\_
46. Does your organization conduct a physical inventory and reconciliation of property at least every two years?  
Yes\_\_\_\_\_No \_\_\_\_\_
47. Does your property management system account for adequate maintenance, disposition, or encumbrance of the property according to federal requirements?  
Yes\_\_\_\_\_No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_  
Email Address Telephone Number

Contact Person's Name for Future Requests if different from above: \_\_\_\_\_

Please return completed document to the attention of:

Federal Grants Compliance Division - Bureau of Financial Management  
South Carolina Department of Public Health  
P.O. Box 2046  
West Columbia, South Carolina 29171

## ATTACHMENT IV

### PROCEDURES FOR DISPUTE RESOLUTION

#### I. DISPUTE PROCEDURES FOR GRANT PROGRAM APPLICATIONS DURING THE APPLICATION PROCESS

The following dispute procedures are available to any community-based organization, local or county program or any other applicant that objects to any requirement(s) as outlined in a Request for Grant Applications (RFGA), amendment to RFGA or does not receive a distribution of funding as a Subrecipient under a federal, state, or combined federal/state grant program. An applicant or Subrecipient that disagrees with any element of the grant requirements or with the distribution of funding is also referred to herein as a “requestor.”

Note: If the Governor declares an emergency (due to weather or other extenuating circumstances), the stated deadlines will be stayed or suspended until normal operations are in effect.

- A. **Request or Application for Funding.** Subject to conditions set forth in these procedures, any prospective applicant desiring to file a dispute concerning DPH’s proposed evaluation of applications or proposed manner of distribution of funds (as outlined in the RFGA) shall e-mail or fax a Notification of Appeal to the DPH Grant Program Manager\* within **three (3) business days** of the posting date of the RFGA or any amendment thereto. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within **three (3) business days** of receipt of a notification of appeal, the Grant Program Manager shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the prospective applicant. If the prospective applicant is not satisfied with the decision rendered by the Grant Program Manager, the applicant shall e-mail, or fax written notification to the DPH Program Area Director\* within **two (2) business day** of the date of the written notification of decision from the Grant Program Manager. The Program Area Director will conduct a review and e-mail or fax a written decision to the prospective applicant within **three (3) business days**. The written decision will be final and may not be further appealed by the requestor.
- B. **Award to an Applicant.** A requestor with a dispute regarding the Notice of Intent to Award shall email or fax a Notification of Appeal to the Grant Program Manager within **five (5) business days** of the date of posting of the Notification of Award by 5:00 p.m. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. A matter that could have been raised pursuant to (A) as an appeal of the Request for Grant Applications may not be raised as an appeal of the award or intended award of a grant. “Within **three (3) business days** of receipt of a notification of appeal, the Grant Program Manager shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the requestor. If the requestor is not satisfied with the decision rendered by the Grant Program Manager, the requestor shall e-mail, or fax written notification to the Program Area Director within **three (3) business days** of the date of the written response from the Grant Program Manager by 5:00 p.m. The Program Area Director will conduct a review and will e-mail or fax a written decision to the requestor within **three (3) business days**. The written decision will be final and may not be further appealed by the requestor.

Note: Please note that *business days* do not include weekends, state-recognized holidays, or declarations of emergency.

## II. PROCEDURES FOR GRANT DISPUTES OR CONTROVERSIES REGARDING DPH'S EVALUATION OF A SUBRECIPIENT'S EXPENDITURES IN THE POST-AWARD PHASE

- A. **Applicability.** These procedures shall apply to controversies between DPH and a subrecipient when the Subrecipient disagrees with DPH's evaluation of an expenditure by the Subrecipient as "not allowed" under the grant program requirements. These procedures constitute the exclusive means of resolving a controversy between DPH and a Subrecipient of an awarded grant.
- B. **Complaint against Grant Program Management.** No later than *thirty (30) calendar days* after receiving notice that the agency's grant program area has denied an expenditure, a Subrecipient must email, or fax written notice identifying any dispute or controversy to the Grant Program Manager. The Grant Program Manager will, *within thirty (30) calendar days* thereafter, review and attempt to informally resolve the dispute or controversy. If the dispute cannot be mutually resolved within that timeframe, a Subrecipient wishing to continue pursuit of the dispute must e-mail or fax written notice of the dispute to the Program Area Director within *five (5) business days* following the 30-day review period by 5:00 p.m. The Program Area Director or his/her designee will, within *ten (10) business days* of receipt of a written notice of the dispute, meet or hold a conference call with the Subrecipient. Within *ten (10) business days* after such consultation with the Subrecipient, the Program Area Director will email or fax the Subrecipient with a written determination as to his/her decision regarding the disposition of the expenditure. The decision of the Program Area Director will be final and may not be further appealed by the requestor.

\* *Contacts are listed below:*

### **Grant Program Manager:**

Charkeishia Moore  
SC Dept of Public Health  
P.O. Box 2046,  
West Columbia, SC 29171  
Phone: (803) 898 -0811  
Fax: (803) 898-2065  
([Moorecl@dph.sc.gov](mailto:Moorecl@dph.sc.gov))

### **Program Area Director:**

SC Dept of Public Health  
P.O. Box 2046  
West Columbia, SC 29171  
Phone: (803) 898-3780  
Fax: (803) 898-2065

## ATTACHMENT V

### Policy and Procedures for Background Checks for Grant Recipient and Subrecipient Staff Working with Minors

#### *Policy and Procedures*

#### *For Background Checks for Grant Recipient and Subrecipient Staff Working with Minors*

*Effective Date: Federal Subawards dated on or after 07/01/2019 and following Date Approved:*

*May 7, 2019*

*Program Area: Bureau of Maternal and Child Health; Adolescent Health*

Purpose: To ensure compliance with federal program guidance and provide guidance on compliance methods to DPH Grant recipients and/or subrecipients.

Policy: Background Checks Required in Accordance with Family and Youth Services Bureau Adolescent Pregnancy Prevention Site Monitoring Tool

Procedure:

1. Grant recipients and subrecipients, whether partially or fully funded, who subcontract with providers or employ staff and/or volunteers to provide education to minors under the Sexual Risk Avoidance Education (SRAE) Program, the Personal Responsibility Education Program (PREP) or the SC State Evidence-Based or Emerging Abstinence Education grant programs with DPH must make arrangements for staff and/or volunteers to undergo **annually**:
  - a. State and National Sexual Offender Registry Checks; and
  - b. A Central Registry Check through SC Department of Social Services
2. Grant recipient must complete or ensure completion of checks of all subcontractors, employed staff and/or volunteers **before** services are initiated in schools, community-based organizations, or other settings where minors will be receiving education or outreach.
3. The following findings will disqualify an employee or volunteer from providing education or other services to minors:
  - a. Registered Sex Offender
  - b. Substantiated history of any type of child abuse or neglect
  - c. Crimes against children
  - d. Felony offenses against persons
  - e. Crimes defined as public indecency
  - f. Crimes involving the use of weapons
  - g. Any violent crime
  - h. Any felony drug-related offense
4. Grant recipient must submit copies of the background checks for each employee or volunteer before implementation of activities, during DPH scheduled site visits, or upon request.

5. Grant recipients must include adequate funding in their budgets to cover the costs of required background checks. DPH will reimburse up to \$50 per employee or volunteer.
6. Grant recipients must retain results of completed background checks for six years following the end of the Federal Subaward in accordance with DPH's retention schedule as specified in the Federal Subaward terms and conditions.

Review: This policy will be reviewed and updated annually.

## Attachment VI- Medical Accuracy Guidance

PREP programs must provide information that is medically accurate, which means referenced in peer-reviewed publications by educational, scientific, governmental, or health organizations. This requirement applies to materials mass-produced for the public and health care providers, including the curriculum.

### Resources

The list of resources is available to assist subrecipients in verifying medical information or making recommendations for sub-awardees regarding the medical information in their program materials. Suggested resources include fact sheets, publications, news releases, reports, and websites of government agencies.

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

- Adolescent Health Related Information: <http://www.cdc.gov/HealthyYouth/index.htm> • Adolescent Health: <http://www.cdc.gov/HealthyYouth/AdolescentHealth/index.htm> • Sexual Risk Behaviors: <http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>
- Youth Risk Behavior Surveillance System (YRBSS): <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- National Prevention Information Network: <http://www.cdcnpin.org/>
- Sexually Transmitted Diseases: <https://npin.cdc.gov/disease/stds>
- Parents Matter: [https://www.cdc.gov/healthyyouth/protective/parent\\_engagement.htm](https://www.cdc.gov/healthyyouth/protective/parent_engagement.htm)
- Reproductive Health Data and Statistics (including teen pregnancy): [http://www.cdc.gov/reproductivehealth/Data\\_Stats/index.htm#TeenPreg](http://www.cdc.gov/reproductivehealth/Data_Stats/index.htm#TeenPreg)
- Sexually Transmitted Diseases Related Information (fact sheets, treatment guidelines, reports, etc.): <http://www.cdc.gov/std/>
- Teen Pregnancy Related Information: <http://www.cdc.gov/TeenPregnancy/index.htm>

#### National Institutes of Health (NIH)

- Sexually Transmitted Diseases Related Information: <http://health.nih.gov/topic/SexuallyTransmittedDiseases/WomensHealth>
- Teenage Pregnancy Related Information: <http://health.nih.gov/topic/TeenagePregnancy/ReproductionandSexualHealth>
- U.S. National Library of Medicine (Medline Plus): <http://www.nlm.nih.gov/medlineplus/>
- Teenage Pregnancy: <http://www.nlm.nih.gov/medlineplus/teenagepregnancy.html>

#### WomensHealth.Gov

- Menstruation and Menstrual Cycle Related Information: <https://www.womenshealth.gov/menstrual-cycle>
- Sexually Transmitted Infections Related Information: <https://www.womenshealth.gov/a-z-topics/sexually-transmitted-infections>