



# Title X: Family Planning Services

Request for Applications for Title X Funding

**Release Date: 6/18/2019**

**Due Date: 08/09/2019, 5 P.M. EDT.**

**Purpose:**

The purpose of this request for applications (RFA) is to solicit applications from qualified organizations to deliver high quality family planning services to targeted populations in the state of Indiana. The Indiana Family Health Council (IFHC) is seeking applications from public and private nonprofit organizations with the ability and capacity to provide Title X funded family planning services in Madison County.

**Submission Details:**

Applications must be received by IFHC *no later than*:

**08/09/2019, 5 P.M. EDT**

**Submit in PDF form via e-mail to:**

[info@ifhc.org](mailto:info@ifhc.org)

**Application Assistance:**

Questions may be submitted via email to: [info@ifhc.org](mailto:info@ifhc.org). Questions should be received by July 5, 2019

Responses to all questions received by the deadline will be posted to the IFHC website by July 12, 2019. FAQs will be updated throughout the grant process.

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## **Award Summary**

### **Title X Background**

Title X was enacted in 1970 as part of the Public Health Service Act. Section 1001 of the Act provides grants to eligible public or private nonprofit entities to assist in the establishment and operation of family planning projects. Title X is the only federal grant program solely dedicated to providing individuals with comprehensive family planning and related preventive health services.

Title X assists individuals and couples in planning and spacing births, contributing to positive birth outcomes, and improved health for women and infants. Title X regulations mandate that all family planning services be confidential, voluntary, non-directive, and be provided in a manner which honors the recipients' privacy and dignity. Title X projects offer a broad range of acceptable and effective family planning methods including natural family planning methods, sexually transmitted infection screening and treatment, basic infertility services, and services for adolescents.

### **Indiana Family Health Council**

The Indiana Family Health Council (IFHC) is a 501 (c)(3) private, nonprofit organization founded in 1975. IFHC's mission is to promote and facilitate family planning and reproductive health services for those in need. IFHC works towards accomplishing its mission through contracting with nonprofit and public agencies across the state of Indiana to provide family planning and other health services to all women, men, and teens in Indiana, no matter their insurance status or income level. IFHC receives federal Title X Family Planning Services grant funds and federal funding through the Indiana State Department of Health. IFHC subcontracts with provider agencies for the delivery of these family planning services.

IFHC will ensure family planning service sites implement the program within the scope of Title X requirements and legislative mandates. In addition, IFHC provides a variety of benefits and support for its sub-recipient agencies including training and education, community partnerships, and technical assistance.

IFHC is committed to providing quality Title X family planning services to as many people as possible with the resources available. Private nonprofit and public agencies are invited to submit an application for the delivery of family planning services in the targeted service delivery area.

### **Award Details**

The anticipated project period for this award is valid through March 31, 2022. Notification of award is anticipated by October 1, 2019 . Funding for the project period is dependent on the availability of Title X funds as awarded to IFHC through the federal government.

### **Funding Allocations**

IFHC anticipates awarding one contract ranging from \$100,000 to \$300,000. Funding allocations for the IFHC Title X project are based on estimated funding for the Title X project period beginning 4/1/2019 and proposed number of unduplicated patients served during the project/budget period. Should the funds received by IFHC be different than expected, IFHC may change the funds offered through this RFA, or the funding may be withdrawn completely. Actual total awards and individual contract funding levels

may vary from those listed depending on availability of funds. IFHC reserves the right to amend contracts issued as a result of this RFA.

Renewal of any contract issued is subject to continued availability of funds and continued satisfactory sub-recipient agency performance. Agencies that are awarded funding will be required to comply with reporting and monitoring policies of IFHC.

Target Population

IFHC seeks to serve as many communities and individuals as possible and hopes to expand to new populations with limited access to family planning services. Title X funds support projects serving adults and adolescents in need of family planning services regardless of income or insurance status. The priority is for those who live in underserved communities. Title X has a priority for services to individuals at or below 100% of the Federal Poverty Level. A sliding fee scale will be applied to service charges for self-pay patients with income between 101% and 250% of FPL.

IFHC seeks applications that address areas of documented need and insufficient resources in Madison County.

## **Application Overview**

### **Eligibility**

Any public or private nonprofit entity located in the target area is eligible to apply for the IFHC Title X family planning services project grant (42 CFR 59.2, 42 CFR 59.3). Private nonprofit entities must provide proof of nonprofit status during the application process.

Public and private nonprofit health services providers, eligible to apply for funds may include, but are not limited to:

- Family planning agencies
- County and local health departments
- Community health centers
- Hospital-based clinics
- Educational institutions
- Other community-based clinics
- Faith-based organization clinics

### **Qualifications**

To be considered for a contract with IFHC, applicants must meet or demonstrate the ability and capacity to meet the following qualifications:

1. Be an eligible public or private nonprofit health service provider as listed above.
2. Maintain all applicable licenses, permits, certifications, registrations, and credentials mandatorily required to do business and provide services, including but not limited to, OSHA, CLIA, and clinician credentialing.
3. Have the ability and infrastructure to provide quality family planning services in accordance with Title X Program Requirements, IFHC Medical Standards, and the IFHC contract.
4. Ability to successfully establish and implement clinical, administrative, and financial protocols that align with Title X Requirements, IFHC requirements, and all applicable state and federal laws and regulations.
5. Maintain a financial management system consistent with Title X and Federal grant requirements.
6. Have the organizational capacity and ability to report fiscal, statistical, and client demographic service data in accordance with IFHC and federal requirements.
7. Ability to support a portion of project costs through other funding sources such as third-party billing and patient fees, private or patient donations, and agency's in-kind contributions (minimum 10%).
8. Track and report all grant-related income including but not limited to client fees, third party payments, etc.
9. Ability to implement a reasonable fee schedule, the IFHC schedule of discounts, and to charge clients accordingly.

10. Offer acceptable and effective medically approved family planning methods including Natural Family Planning Methods (Fertility-Awareness Based Methods) either on site or through referral.
11. Provide family planning services to both females and males.
12. Provide clinical and educational services to minors without requiring written consent of parents or guardians and without notification of parents or guardians, while also encouraging family participation.
13. Maintain medical malpractice and fidelity insurance naming IFHC as an additional insured, liability, and workers compensation insurance, or proof of self-insurance.
14. Have an identified Medical Director.

### **Restrictions**

1. Title X funds shall not be used to supplant existing federal or state resources for family planning or primary health care programs.
2. Title X funds shall only be utilized as the payer of last resort.
3. Title X funds shall not be used to purchase or improve lands. Nor shall funds be used to purchase or construct or make improvements to any building, except in instances of minor changes or repairs with prior approval from IHFC.
4. Title X funds shall not be used to make direct cash payments to recipients of services.
5. Title X funds shall not be used to finance the services of lobbyists nor to support lobbying costs.
6. Title X funds shall not be used for abortion services or in projects that include abortion as a method of family planning.
7. Title X funds shall not be used to support non-Title X activities.
8. Pre-award costs are not allowed.

### **Submission Details**

Applicants must use a standard 12-point font type, such as Times New Roman or Arial. The narrative portions must be double-spaced with one-inch margins. All portions of the application should be completed and submitted along with the required attachments and submitted in one PDF File. **The project narrative must not exceed the space restrictions as outlined in the Application Instructions portion of this RFA.** Space restrictions do not include the project implementation workplan, budget information, or attachments.

Applications should be submitted via email to: [info@ifhc.org](mailto:info@ifhc.org) and received by IFHC by **08/09/2019, 5 P.M. EDT**

## **Program Requirements**

Applicants should review Title X legislation, applicable regulations, legislative mandates, Title X Program Requirements, QFP recommendations, Office of Population Affairs (OPA) Program Policy Notices, OPA Title X priorities and key issues to guide their program structure. Detailed information about these requirements can be found by visiting the [Office of Population Affairs](#) website.

Applicants must be able to demonstrate that the proposed family planning project can be implemented, in compliance with all Title X requirements, within the first 90 days of the contract period.

### **OPA Program Priorities and Key Issues**

Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from the Department of Health and Human Services (HHS) priorities. Applicants should provide evidence of their capacity to address program priorities.

The [FY 2019 program priorities](#) are as follows:

Title X Priorities include all of the legal requirements covered within the Title X statute, regulations, and legislative mandates. All applicants must comply with the requirements regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.) and the implementing regulations (42 CFR part 59, subpart A), as applicable. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR part 50, subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”).

1. Family planning services are provided to those desiring such services, with priority given to persons from low-income families. Therefore, in order to ensure that all prospective low income clients are able to access services, no charge will be made for services to persons from a low-income family (families whose annual incomes do not exceed 100 percent of the most recent federal poverty guidelines), except to the extent that payment will be made by a third party, including a government agency, which is authorized or under legal obligation to pay this charge. For persons whose annual family incomes do not exceed 250 percent of the federal poverty guidelines, charges must be based on a schedule of discounts, and individuals whose family incomes exceed 250 percent of the federal poverty guidelines are charged a schedule of fees designed to recover the reasonable cost of providing services. All Title X projects must have the ability to bill third parties (through public or private insurance) for the cost of services without the application of discounts, and reasonable efforts must be made to collect charges without jeopardizing client confidentiality.
2. Section 1001 of the Act, as amended, authorizes grants “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).” Natural family planning methods are now referred to as fertility awareness-based methods.
3. Family planning includes a broad range of services related to achieving and preventing pregnancy, assisting women, men, and couples with achieving their desired number and spacing of children. A broad range of acceptable and effective methods of family planning services including, contraception must be provided within each funded applicant’s project,



and the project must also include meaningful provision of fertility awareness-based methods (FABM) by including access to providers with training specific to these methods. Entities that provide only one method of family planning can participate as part of a project, as long as the entire project provides a broad range of family planning methods. A broad range of family planning services should include several categories of methods, such as: abstinence counseling, hormonal methods (oral contraceptives, rings and patches, injection, hormonal implants, intrauterine devices or systems), barrier methods (diaphragms, condoms), fertility awareness-based methods and/or permanent sterilization. A “broad range” would not necessarily need to include all categories, but should include hormonal methods since these are requested most frequently by clients and among the methods shown to be most effective in preventing pregnancy.

4. Services for adolescents must be provided as a part of the broad range of family planning services. Section 1001 of the statute requires that, to the extent practicable, Title X applicants shall encourage family participation in family planning services projects. This is particularly important in relation to adolescents seeking family planning services. Basic infertility services and services to aid individuals and couples in achieving pregnancy also must be provided within the project as part of the broad range of family planning services. Pregnancy information and counseling must be provided in accordance with Title X regulations.
5. Services must be provided in a manner that protects the dignity of individuals, and services must be voluntary and free from coercion. Projects must not discriminate in the provision of services, on the basis of religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status.
6. Family planning medical services must be performed under the direction of a physician with special training or experience in family planning, and each family planning project must refer to other medical facilities when medically indicated, including in medical emergencies. Projects must also provide informational and educational programs that inform the community about the availability of services, and should promote participation in the development, implementation, and evaluation of the project by persons broadly representative of the community to be served. Informational and educational materials made available through the project must be approved by an Advisory Committee that conforms to Title X regulations. The review of materials must take into account the educational and cultural background of individuals for whom the materials are intended, must consider the standards of the population or community, must ensure that the content is factually correct and is suitable for the intended population or community. The review and approval of such materials must be documented. Section 1008 of the Act, as amended, requires, “None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”

**Key Issues:** In addition to program priorities, the following key issues should be considered in developing the project plan:

1. Assuring innovative quality family planning and related preventive health services that lead to improved reproductive health outcomes and overall optimal health, which is defined as a state of complete physical, mental and social well-being and not merely the absence of disease.

Guidance regarding the delivery of quality family planning services is spelled out in the April 25, 2014, MMWR, Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs - PDF. Periodic updates have been made to this publication and are available at <https://www.hhs.gov/opa/guidelines/clinical-guidelines/index.html>. It is expected that the core family planning services listed in the Program Description, and which also are included in the Quality Family Planning Services document referenced above, will be provided by each project;

2. Providing the tools necessary for the inclusion of substance abuse disorder screening into family planning services offered by Title X applicants;
3. Following a model that promotes optimal health outcomes for the client (physical, mental and social health) by emphasizing comprehensive primary health care services, along with family planning services preferably in the same location or through nearby referral providers;
4. Providing resources that prioritize optimal health outcomes (physical, mental, and social health) for individuals and couples with the goal of healthy relationships and stable marriages as they make decisions about preventing or achieving pregnancy;
5. Providing counseling for adolescents that encourages sexual risk avoidance by delaying the onset of sexual activity as the healthiest choice, and developing tools to communicate the public health benefit and protective factors for the sexual health of adolescents found by delaying the onset of sexual activity thereby reducing the overall number of lifetime sexual partners;
6. Communicating the growing body of information for a variety of fertility awareness-based methods of family planning and providing tools for applicants to use in patient education about these methods;
7. Fostering interaction with community and faith-based organizations to develop a network for client referrals when needs outside the scope of family planning are identified;
8. Accurately collecting and reporting data, such as the Family Planning Annual Report (FPAR), for use in monitoring performance and improving family planning services;
9. Promoting the use of a standardized instrument, such as the OPA Program Review Tool, to regularly perform quality assurance and quality improvement activities with clearly defined administrative, clinical, and financial accountability for applicants and subrecipients; and
10. Increasing attention to CDC screening recommendations for chlamydia and other STDs (as well as HIV testing) that have potential long-term impact on fertility and pregnancy.

### **Title X Family Planning Core Services**

Title X funding is to be used for services related to family planning. Family planning services include the following:

- Providing contraception to help women and men plan and space births, prevent unintended pregnancies, and reduce the number of abortions;
- Offering pregnancy testing and counseling;
- Helping clients who want to conceive;
- Providing basic infertility services;
- Providing preconception health services to improve infant and maternal outcomes and improve women’s and men’s health; and
- Providing sexually transmitted disease (STD) screening and treatment services to prevent tubal infertility and improve the health of women, men, and infants.



All services provided with Title X funding must be within the scope of Title X and under the guidance of nationally recognized standards of care. IFHC establishes medical standards which are written in accordance with these nationally recognized standards of care, the Title X Program Guidelines, and state laws. These medical standards direct services to be delivered within the IFHC Title X Program. Sub-recipients must follow IFHC’s Medical Standards and use these in their development of their own set of written clinical protocols that are approved by the sub-recipient’s Medical Director.

All services should be provided solely on a voluntary basis and clients must not be subjected to coercion to receive services or to use any particular method. Sub-recipients must also assure client confidentiality and provide safeguards against the invasion of personal privacy. Prior to receiving services, informed voluntary consent must be obtained from the client. Adolescents seeking services must be guaranteed confidential services and sub-recipients must not require parental consent or notify parents of Title X services. Sub-recipients shall encourage family participation, provide counseling on abstinence and resisting sexual coercion, and follow all state laws related to reporting of child abuse, child molestation, sexual exploitation, rape, incest, domestic violence, and/or human trafficking.

## **Application Instructions**

### **Project Narrative**

The Project Narrative is comprised of the statement of need, organization experience and capacity, and project approach sections, and will be used as the primary basis to determine whether or not your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. Successful applicants will clearly describe the administrative, management, and clinical capability of the applicant organization. All services to be provided, should be included as part of the plan.

The Project Narrative of successful applicants will provide:

#### *Statement of Need: (Up to 2 Pages)*

1. A clear description of the need for the services provided and a detailed description of the geographic area and population to be served.
2. Evidence that proposed projects will address the family planning needs of the full population in the service area to be covered, and projected number of patients to be served.

#### *Organization Experience and Capacity: (Up to 6 pages)*

1. Evidence of experience in the service area and with the community to be served.
2. Evidence that proposed projects:
  - Have experience in providing clinical health services;
  - Are qualified to deliver family planning services; and
  - Have the capacity to undertake family planning and related health services required in statute and regulation, including a broad range of acceptable and effective family planning methods, natural family planning methods, infertility services, and services for adolescents.
  - Have or have the ability to obtain facilities appropriate for providing clinical services.
3. A complete list of the family planning methods offered as part of the project should be included. Projects may consist of a single provider or a group of partnering providers who deliver coordinated and comprehensive family planning services.
4. Evidence of familiarity with, and ability to provide services that include the following:
  - family planning and related health issues;
  - services that are consistent with standards of care related to family planning, adolescent health, and general preventive health measures for HIV, STDs, etc.;
  - compliance with State laws applicable in the proposed service area requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, intimate partner violence, human trafficking, or incest;
  - counseling techniques that encourage family participation in the decision of minors to seek family planning services, and incorporate resistance skills for minors to resist/avoid sexual risk, exploitation, and/or coercion; and
  - counseling techniques that encourage family participation for all clients, including the involvement of parents, spouses or family where practicable, mindful of the health, safety, and best interest of the client.

5. Evidence the organizational systems maintain effective control over and accountability for federal funds and program income.
6. Evidence of the capability to utilize an Electronic Health Record to collect and report the required program data for the Title X annual data collection system, the Family Planning Annual Report (FPAR).
7. Evidence that the applicant has the ability to bill third party commercial insurance carriers and Medicaid in accordance with Title X requirements; and the ability to facilitate enrollment of clients into Medicaid.
8. Evidence of organizational controls that ensure timely and accurate submission of project budget and monthly requests for project cost reimbursements.

*Project Approach: (Up to 10 pages)*

1. A staffing plan which is reasonable and adheres to the Title X regulatory requirement that family planning medical services be performed under the direction of a Medical Director with special training or experience in family planning. Evidence that staff providing clinical services (e.g., physicians, State-recognized advanced practice nurses, physician assistants) will be licensed and function within the applicable professional practice acts for the State of Indiana.
2. A plan for providing community information and education which promotes understanding about the availability of services.
3. A plan for an information and education advisory committee that is consistent with the Title X statute and regulations and that ensures that all information and education materials are current, factual, and medically accurate, as well as suitable for the population or community to which they will be made available.
4. Evidence that the applicant has a plan to facilitate access to the following services onsite or through referral agreements:
  - all required clinical services, provided according to a schedule of rates that are reasonable and necessary as required by 42 CFR 59.5;
  - comprehensive primary care services, if not provided by the project; and
  - other needed health and social services for clients served in the Title X funded family planning projects, such as HIV care and treatment services.
5. Evidence of a system for ensuring quality family planning services, including:
  - a process for ensuring compliance with program requirements;
  - a process for systematically assessing the quality of services provided throughout the defined projects; and
  - a process for ensuring that health care practitioners have the knowledge, skills, and attitudes necessary to provide effective, quality family planning and related preventive health services that are consistent with current, evidence-based national standards of care and which include core family planning services.

*Project Implementation:*

1. Using the provided Agency Clinic Sites form (Form A), provide a clinic list with name, location, operation schedule (time and days), services offered, projected number of clients, and the projected number of low-income clients (at or below 100% of the federal poverty level) to be served by the site. Clinic hours must include at least one day of nontraditional clinic hours, such as opening early, staying open late, or being open on a weekend.

2. Using the provided Title X Services Provided form (Form B) identify the services that will be available onsite, by referral, or not available at each proposed Title X Clinic Site.
3. Using the provided work plan template (Form C), create a work plan for the first project year which reflects and is consistent with the Project Narrative and Budget Narrative. For each major task, action step, or product, your work plan should identify the timeframes involved, and the lead person responsible for completing the task.
  - a. At a minimum, work plan goals should address: Number of patients to be served, outreach and communication efforts, partnership and referral efforts, plan to monitor quality and performance, and at least two other goals selected by the applicant. If additional space is needed the work plan templates may be copied and pasted for additional goals.

### **Project Budget and Budget Narrative:**

Applicants must complete the required budget forms (Form D) and submit a budget narrative with detailed justification for each proposed service site as part of the application (one budget workbook - Form D - per service site). Proposed budget must consistently support the activities identified in the Project Narrative and Workplan. Instructions for completing the budget forms can be found in Form E.

#### Budget Narrative

The budget narrative must provide a clear and concise description for cost items listed in each worksheet in the budget workbook to justify the necessity, reasonableness, and allocation of the proposed costs. Both Title X and non-Title X resources including program income shall be detailed and justified in the budget and budget narrative. Use of program income generated by supported Title X activities or earned as a result of the Title X award during the period of performance shall comply with applicable program requirements (e.g., 45 CFR § 75.307(e)).

IFHC does not allow a fix amount or a percentage for indirect costs. Applicants must provide breakout budget of indirect costs for using organizational resources, such as facilities, administrative and financial management support. Such costs must be itemized in the appropriate worksheet in the budget workbook and justification must be included in the summary narrative under the appropriate sections listed below.

#### 1. Revenue Justification

Applicants must identify additional sources of funding and not rely solely upon Title X grant funds. Provide a summary justification to explain how the stated valuation for each funding source listed in the Revenue worksheet in the budget workbook was determined to support the family planning project. Failure to provide the required non-Title X funding sources and amounts may result in the disallowance of Title X funds.

#### 2. Staff Justification

Identify the project director. Provide a summary narrative for each project position funded by Title X. Do not include the costs of consultants or contractors in Staff worksheet in the budget workbook. No salary rate may exceed the statutory limitation (Executive Level II) in effect at the time of application submission. As of January 7, 2018, the Executive Level II salary of the Federal Executive Pay scale is \$189,600. This amount reflects an individual's base salary exclusive of

fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization.

Indirect personnel costs for administrative and financial support staff must be justified and line-item budget must be provided in the Staff worksheet in the budget workbook.

3. Fringe Benefits Justification  
Provide a summary narrative for fringe benefits offered to full-time employees as well as part-time employees.
4. Travel Justification  
Provide a summary narrative to justify the needs for in-state and out-of-state travel. Identify Project staff with job title, who requires travel, and travel destination if available in the narrative.
5. Supplies Justification  
Provide a summary narrative to justify the needs of budgeted supplies by category listed in the Supply worksheet in the budget workbook. Do not include capital, non-capital equipment, device, or furniture.
6. Contractual Justification  
Provide a summary narrative to justify the budgeted line item in the Contractual worksheet in the budget workbook.
7. Equipment Justification  
Provide a summary narrative to justify the needs for the budgeted capital and non-capital items in the Equipment worksheet in the budget workbook. Tangible personal property with a unit cost of \$5,000 or more must be included in the Equipment section. All tangible personal property with a unit cost of less than \$5,000, such as equipment, device, furniture that is not included under the Supply category, should be included under Equipment section.
8. Equipment Maintenance & Facility Costs Justification  
Provide a summary narrative to justify the needs of equipment maintenance/repair and facility costs budgeted in the budget workbook. If the proposed budget for a line item is an allocated cost, explain how the proposed costs were determined.
9. Malpractice Insurance & Other Justification  
Provide a summary narrative to justify the coverage of malpractice insurance. Provide a summary narrative to demonstrate the needs for other budget line items proposed.

**Required Attachments:**

1. Application Cover Sheet
2. List of agency clinic sites (Form A)
3. Proposed Title X Services (Form B)
4. Project Work Plan (Form C)
5. Project Budget (Form D)

6. Organizational Chart
7. List of agency Board of Directors, if applicable
8. Copy of organization's Nonprofit status determination letter from the IRS, if applicable
9. Resumes of key staff members / Job Descriptions for key positions to be created
10. Letters of support from organizations/entities that have been specifically named in the application as a referral partner for primary health, prenatal, substance abuse, mental health, STD/HIV treatment, or to carry out any other aspect of the project.



## **Application Review and Scoring**

All applications received from eligible entities in accordance to the submission requirements of this RFA will be reviewed and scored. Applications received after the deadline, or not in accordance to the requirements in this RFA will not be reviewed or considered for funding.

An independent review panel will evaluate applications that meet the eligibility criteria and are not disqualified. These reviewers are experts in their fields, and are drawn from academic institutions, nonprofit organizations, and state and local government. Based on the Application Review Criteria, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, IFHC staff will review each application for programmatic, budgetary, and grants management compliance.

### *Application Review Criteria*

The demonstrated need for family planning services:	35 points
<ul style="list-style-type: none"> <li>a. The number of patients, and the number of low-income patients to be served</li> <li>b. The extent to which the applicant’s family planning services are needed locally</li> <li>c. The relative need of the applicant</li> </ul>	
Organizational Capacity:	30 points
<ul style="list-style-type: none"> <li>a. The capacity of the applicant to make rapid and effective use of the Federal assistance</li> <li>b. The adequacy of the applicant’s facilities and staff to carry out the program requirements, as well as the priorities and key issues outlined in this announcement</li> <li>c. The relative availability of non-federal resources within the community to be served and the degree to which those resources are committed to the project</li> </ul>	
Project Approach:	35 points
<ul style="list-style-type: none"> <li>a. The degree to which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A</li> <li>b. The degree to which the project plan adequately provides for the effective and efficient implementation of requirements set forth in the priorities and key issues.</li> </ul>	

The IFHC Board of Directors will make final award selections. In making these decisions, the Board will take into consideration the following additional factor(s):

- a. The geographic distribution of services within the identified service area;
- b. The extent to which funds requested for a project maximize access for the population in need within the entire service area;
- c. Whether the project, including sub-recipients and documented partners, provides the area to be served with a variety and breadth of effective family planning methods that are readily available and best serve individuals in need throughout the area to be served; and
- d. The extent to which projects best promote the purposes of Section 1001 of the Public Health Service Act, within the limits of funds available for such projects.

## Application Cover Sheet

<b>Applicant Organization Name:</b>	
<b>Address:</b>	
<b>Website Address:</b>	
<b>Contact Person and Title:</b>	
<b>Contact Phone:</b>	
<b>Contact Email:</b>	

<b>Funding Amount Requested:</b>	
<b>Projected # of Patients:</b>	
<b>Projected # of Low-income Patients:</b>	

In response to the Request for Applications (RFA) for the Indiana Family Health Council, please accept the accompanying application. I hereby certify that, to the best of my knowledge and belief, the program and budgetary information supplied in support of this application is accurate, complete, and current for the award period of April 1, 2019 through March 31, 2020.

I additionally certify that I am duly authorized to submit this application on behalf of the governing body of the applicant organization.

<b>Authorized Signature:</b>	
<b>Date:</b>	
<b>Typed Name:</b>	
<b>Title:</b>	

**Form A - Agency Clinic Sites**

<b>Clinic Site/Address</b>	<b>Service Area County/Counties</b>	<b>Clinic Hours*</b>	<b>Projected # of Clients</b>	<b>Projected # of Low- Income Clients</b>

\*Clinic Hours - Times of day / days of month when medical provider clinics are held (not “supply pick-up only” hours). Clinic hours may not necessarily match office hours

**Form B - Family Planning Services Provided within the Proposed Title X Project**

Services	[Site 1]	[Site 2]	[Site 3]	[Site 4]	[Site 5]
Informed Consent					
History					
Physical Assessment					
Lab Testing					
Cervical Cytology					
Client Education/ Counseling					
Pregnancy Diagnosis/ Counseling					
STD Testing					
STD Treatment					
Male Services					
Adolescent Services					
HIV Services					
Basic Infertility Services					
Minor GYN Conditions					
Health Promotion/Disease Prevention					
Preconception Health Services					
IUD/IUS					
3 Month Hormonal Injection					
Contraceptive Implant					
Sterilization					
Oral Contraceptives					
Hormonal/ Contraceptive Patch					
Vaginal Ring					
Cervical Cap/Diaphragm					
Emergency Contraception					
Female Condom					
Contraceptive Sponge					
Spermicidal Methods or Products					
Fertility Awareness Method (FAM)					
Abstinence Education					
Male Condom					

1 = Provided on-site
2 = Referral outside clinic, but paid for by Title X
3 = Not provided at clinic site or paid for by Title X

## Form C - Delegate Agency Workplan

The following definitions are provided for your reference.

- **Goals** are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs or problems, and are usually long term.
- **Key Issues Addressed** references the OPA key priorities that are being addressed through the goal and objective.
- **Tasks / Action Steps** are the major tasks or steps that must occur to accomplish an objective -critical actions that must be taken to attain the measurable outcome.
- **Responsibility** Identify staff position responsible for oversight and/or performance for each objective.
- **Timeline** identifies the specific time period in which each activity will take place.
- **Outcomes:** Specific, Measurable, Achievable, Realistic, Time-framed (**SMART**) results projected to come from the stated activities. They can be used to identify an acceptable level of performance and/or establish criteria for evaluation.

### *Sample Work Plan*

<b>Goal #1:</b> Utilize Title X funding to provide quality family planning and other related preventive health services in Indiana.			
<b>Objective:</b> Provide services to a minimum of 2,000 clients from April 1, 2019 through March 31, 2020			
<b>OPA Program Priority Addressed:</b> 1,3,4 <b>Key Issues Addressed:</b> 1, 2, 4, 7, 8			
<b>Tasks/Action Steps:</b>	<b>Responsibility:</b>	<b>Timeline:</b>	<b>Outcomes:</b>
Operate the Family Planning Clinic M-F, 9am-4pm.	Clinic Manager, Nurse Practitioner, Medical Assistant	May 2019 – March 2020	Provide quality family planning services to 2,000 clients.
Meet with local Primary Care Providers, staff at WIC, and other related service providers.	Clinic Manager	April – June 2019	Develop written referral agreements for related health services.
Hire and train staff	Clinic Manager	April 2019	Nurse Practitioner and Medical Assistant hired and trained on QFP, Title X program requirements, and state requirements prior to opening of clinic to serve patients.

<b>Goal:</b>			
<b>Objective:</b>			
<b>OPA Program Priority Addressed:</b> <b>Key Issues Addressed:</b>			
<b>Tasks/Action Steps:</b>	<b>Responsibility:</b>	<b>Timeline:</b>	<b>Outcomes:</b>

<b>Goal:</b>			
<b>Objective:</b>			
<b>OPA Program Priority Addressed:</b> <b>Key Issues Addressed:</b>			
<b>Tasks/Action Steps:</b>	<b>Responsibility:</b>	<b>Timeline:</b>	<b>Outcomes:</b>

<b>Goal:</b>			
<b>Objective:</b>			
<b>OPA Program Priority Addressed:</b> <b>Key Issues Addressed:</b>			
<b>Tasks/Action Steps:</b>	<b>Responsibility:</b>	<b>Timeline:</b>	<b>Outcomes:</b>

<b>Goal:</b>			
<b>Objective:</b>			
<b>OPA Program Priority Addressed:</b> <b>Key Issues Addressed:</b>			
<b>Tasks/Action Steps:</b>	<b>Responsibility:</b>	<b>Timeline:</b>	<b>Outcomes:</b>

<b>Goal:</b>			
<b>Objective:</b>			
<b>OPA Program Priority Addressed:</b> <b>Key Issues Addressed:</b>			
<b>Tasks/Action Steps:</b>	<b>Responsibility:</b>	<b>Timeline:</b>	<b>Outcomes:</b>

<b>Goal:</b>			
<b>Objective:</b>			
<b>OPA Program Priority Addressed:</b> <b>Key Issues Addressed:</b>			
<b>Tasks/Action Steps:</b>	<b>Responsibility:</b>	<b>Timeline:</b>	<b>Outcomes:</b>