



Idaho Family Planning Program Title X Subgrant Application

FY2019 GRANT YEAR: JULY 1, 2018 – JUNE 30, 2019

PROJECT PERIOD: JULY 1, 2018 – JUNE 30, 2019

Application Deadline:

Applications must be received electronically, by post, or delivery to the Idaho Family Planning Program on or before: Thursday, February 15, 2018 by 5:00 PM MT Time

Applications received after this date and time will not be considered. Applications received electronically (i.e. via email) or by post or delivery will be accepted. Review is dependent upon receipt by the application deadline and the completeness of the application package. Applicants will receive an email verifying receipt of the application within one day, and notified of application status by Friday, March 2, 2018.

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1. BACKGROUND/OVERVIEW

The Title X Family Planning Program, officially known as *Population Research and Voluntary Family Planning Programs* (Public Law 91-572, CFDA 93.217), was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only existing federal grant program that is dedicated solely to providing comprehensive family planning and other related preventive health services to individuals. Title X is legally designed to prioritize the needs of individuals from low-income families and/or uninsured people (including those who are not eligible for Medicaid), and adolescents who might not otherwise have access to these health care services.

Title X is administered by the Office of the Assistant Secretary for Health, Office of Population Affairs (OPA) by the Office of Family Planning (OFP). Requirements regarding the provision of family planning services under Title X can be found in the statute ([Title X of the Public Health Service Act, 42 U.S.C. 300, et seq. - PDF](#)) and in the implementing regulations which govern project grants for family planning services ([42 CFR part 59, subpart A](#)). In addition, sterilization of clients as part of the Title X program must be consistent with [42 CFR part 50 subpart B](#).

For the past four decades, the Idaho Department of Health and Welfare (IDHW) has successfully managed the Title X grant in order to meet the family planning needs of low-income Idahoans. According to the Guttmacher Institute's 2014 Idaho Reproductive Health Profile, publicly funded family planning centers in Idaho helped avert 5,800 unintended pregnancies, which would have resulted in 2,800 unplanned births and 2,100 abortions. By averting unintended pregnancies and other negative reproductive health outcomes, publicly funded family planning services provided by safety-net health centers in Idaho help save the federal and state governments millions of dollars each year.

2. PURPOSE

The purpose of this solicitation for applications is to identify those eligible entities most qualified to provide Title X Family Planning services.

Subawards made under this solicitation are intended to support activities in Idaho outlined by Title X Family Planning with the goal of providing clinical/educational services to targeted low-income, uninsured, underinsured and populations faced with disparate health outcomes. These funds are intended to supplement existing family planning services including clinical family planning and related preventive health services; information, education, and counseling related to family planning; and referral services as indicated and **cannot be the sole funding source for family planning services within a project.**

Applicants should be prepared to document existing activities, populations served, communities or counties served, and describe how they will be expanded or enhanced by the receipt of subaward funds.

The use of subaward funds are limited to allowable costs under the Office of Management and Budget (OMB) Circulars as well as restrictions of the funding sources.

In order to meet the open and competitive process requirements of the Title X grant, IDHW is soliciting application responses through this subgrant application process to administer federally funded family planning/contraceptive services programs in Idaho. Once selected, new subgrantees will begin administering Title X services on July 1, 2018.

3. CURRENT SUBGRANTEES AND NEW TITLE X APPLICANTS

For this subgrant application process, there will be two approaches to the application, depending on whether your organization is a current Title X subrecipient with the Idaho Department of Health and Welfare (IDHW)

or a new applicant. Funding for current subrecipients and new Title X applicants will be contingent on grantee's (IDHW) Title X FY2019 federal funding.

Approach #1: Current Title X subrecipients must send a letter of commitment to IDHW's Idaho Family Planning Program (IFPP) stating their continued interest in partnering in the Title X program and receiving Title X funds for the FY2019 (July 1, 2018-June 30, 2019) subgrant award year. **Current subrecipient organization's letter of commitment must include, at a minimum, the language provided on page 15 of this subgrant application.** Letters must be placed on the organization's letterhead and signed by the Director of the organization. Funding for current subrecipients will be allocated using the existing Title X funding formula. Along with a letter of commitment, current subrecipients must also submit the following attachments:

- Clinic Service Sites (**Attachment 1**);
- Clinic Services Provided (**Attachment 2**);
- Completed Budget Template format (**Appendix A**) which will be based upon FY2018 subgrant funding levels.

The letter of commitment and other required attachments must be received by IFPP by **Thursday, February 15th at 5:00 pm**. If submitted electronically, materials must be emailed to (Idahofamilyplanning@dhw.idaho.gov). Applications submitted by post or delivery must be submitted to:

Idaho Family Planning Program
 450 W. State Street, 4th Floor
 P.O. Box 83720
 Boise, Idaho 83720-0036
 (208) 334-6600

Applications must be **received** electronically or by post or delivery before: **5:00 p.m. MDT, by Thursday, February 15th**. Late responses will not be accepted. No extensions or exceptions will be allowed.

Approach # 2: New Title X Applicants will go through a competitive subgrant application process and submit all required documentation. New applicants that score through the first round of review must also agree to a potential site visit from IFPP staff prior to the project start date. Funding decisions for new applicants may not be made until after a site visit has been completed.

4. TIMELINE

Activity	Dates
Subgrant application posted on IDHW website and widely circulated	Friday, Jan 5 th
Application Due	Thursday, February 15 th
Potential site visits for new applicants	May/June 2018
Funding decisions finalized. Successful awardee(s) will be contacted via email with application decision.	Friday, March 2 nd
IFPP Subgranting Phase	June, 2018
Project start	July 1, 2018

5. FUNDING PERIOD

This is a one-year subgrant, renewable up to three years. The terms of the agreement will be from July 1, 2018, through June 30, 2019. Second and third year funding (2019-2021) is contingent on the performance of

the new subgrantee in year one, the availability of funds, and the need for family planning services in the subgrantee area.

6. FUNDING AVAILABILITY

IFPP seeks applications for projects for the three-year period of July 1, 2018 through June 30, 2021. The total funding available for Year 1 is projected to be approximately \$1.1 million in Title X Funds and \$544,000 in Title V Maternal and Child Health funds through an internal IDHW allocation. The preliminary projection for Years 2 and 3 is level funding.

Funding will be based on a funding formula that uses a base amount calculated with the number of visits by current or projected low-income users at $\leq 150\%$ of the federal poverty level and the number of teens served age ≤ 19 .

7. COST SHARE

Title X requires a minimum 10% cost sharing which can be met through program income sources such as 3rd party payers (Medicaid and insurance), local dollars, patient fees, and donations.

8. ELIGIBILITY

Organizations eligible to apply for funding include:

- Nonprofit organizations with current 501(c)(3) status
- Health care organizations
- Governmental entities
- For-profit private sector organizations
- Federally recognized Native American Tribes headquartered in Idaho
- Current Title X subrecipient agencies in Idaho

Priority is given to applicants that score high on the demographic index included in this application process. Only Idaho-based clinics are eligible for this funding.

Note: IFPP is not looking for start-up clinics or an organization newly launching a clinical practice. IFPP is looking for established clinics that are currently offering contraceptive/reproductive health services. IFPP will consider new applicants that have a history of providing medical services and are interested in expanding to Title X contraceptive services.

9. REQUIRED SERVICES

Title X subgrantees must conduct a comprehensive family planning program in compliance with Section 1001 of the federal act and all applicable federal regulations, as amended, in Title X, 42 C.F.R., subpart A, Part 59 as well as all applicable state regulations and the Idaho Administrative Code, including mandatory reporting laws.

CLIENTS:

- *Priority:* Provide comprehensive family planning services to sustain the total number of qualifying family planning clients served in the previous calendar year. Emphasis should be placed on priority clients that are 100% of Federal Poverty Level (FPL) and below, women-in-need (women 150% or below FPL), teens (nineteen years of age or younger) and annual or continuing clients in the program.

COMMUNITY ENGAGEMENT

- *Networking*: Provide outreach services and/or other program efforts designed to improve client recruitment, strengthen existing relationships, or create a new linkage.
- *Community Education*: Host at least one community presentation on a family planning-related topic.
- *Information and Education Committee (I&E)*: Provide an opportunity for community involvement within designated service area by hosting an Information and Education Committee in subrecipient's service area at least one time a year.

SERVICES

- *Medical Services*: Supply nursing and medical services, which shall include a comprehensive health and social history and physical examination, administered in accordance with all applicable Title X regulations and all applicable nursing-medical policies or procedures which have been, or may be established by the State, specifically the Bureau of Clinical and Preventive Services within the Division of Public Health;
- *Contraceptives*: Supply a broad range of FDA-approved contraceptives and contraceptive information and education regarding all family planning methods with an emphasis on long acting reversible methods of contraception such as the Mirena IUS and ParaGard IUD.
- *Patient Services*: Provide education and counseling services regarding family planning, family planning methods, pregnancy testing and pregnancy options, child spacing, infertility, sterilization, nutrition, sexually transmitted diseases, HIV/AIDS, adolescent counseling including family involvement in decision making and avoidance of sexual coercion, preconception health and reproductive life plans, and other related health issues, as outlined in the Idaho Family Planning Policy Manual;
- Ensure each client is counseled appropriately on immunizations and including annual flu vaccine, in addition to other preventive health measures.

MANUALS AND GUIDELINES

- Subgrantee will work using Idaho's current clinical and administrative policies and procedures. Current and new subgrantees, will be provided with the most current Idaho State Family Planning Policy Manual, one (1) PDF copy and online link.

BUSINESS TOOLS

- Perform a cost analysis for contraceptive products and services a minimum of every three years, or before if there is a significant change in costs and fees. Recommend annual cost analysis. The grantee budgets an allocated amount to each subgrantee for contraceptives based on subgrantee's number of clients served from previous state fiscal year.
- Participate in an annual independent chart audit.
- Perform an annual customer satisfaction survey and comment on results in the quarterly progress report.
- Ensure that all subgrantees are fulfilling Title X Requirements by embedding Title X policy and guidelines into the sub-Subrecipient MOU, contracts, and interagency agreements.
- Participate in an annual site visit (clinical, administrative, and fiscal) from the Idaho Family Planning Program.

CLIENT DATA

- *Family Planning Annual Report (FPAR) Data Submission*: Subgrantee shall collect and provide all service and demographic client data to the State through an online data submission process. The Subgrantee must have the ability to generate a monthly flat file containing client data, and be fully capable of electronically submitting client data to the Department's data collector by July 1, 2018. Every eligible client that is served must be entered into the database.

REPORTING

- Subgrantee shall participate in state-level evaluation efforts as requested by the IFPP including, but not limited to, quarterly progress reports on implementation.

TRAINING

- At a minimum, each subgrantee will send a clinical provider (nurse practitioner/physician assistant) to a clinical update training or conference that has been pre-approved by the Department's Title X Family Planning Clinical Coordinator. The subgrantee's family planning coordinator may participate in up to one (1) training organized by the Department biennially.

FISCAL

- Subgrantee shall provide the IFPP with annual family planning expenditure/revenue reports.
- Submit a monthly invoice for reimbursement, no later than sixty days after the work was completed.
- Subgrantee Contribution: Federal and state family planning funding cannot be the sole funder of any family planning program. The subgrantee must show a financial contribution. The subgrantee contribution can consist of funds from local, regional, grant, patient, Medicaid, or other third-party revenue.
- Sliding Fee Scale: In accordance with Title X guidelines, subgrantees may not charge for any Title X-required family planning services provided to patients with incomes at or below 100 percent of FPL, as defined by the Office of Management and Budget (OMB).
- The subgrantee's charges for services to patients with incomes at 101– 250 percent of the federal poverty level must be based on an approved sliding fee scale model that takes into account the patient's family size and income. Charges must be based on the subgrantee's actual costs to provide family planning services. Subgrantees are also required to utilize program income generated from client fee collections and donations for family planning purposes only. The subgrantee may not deny services based on the patient's inability to pay any of the subgrantees' sliding fees.
- Subgrantees must demonstrate that they are currently billing or are working toward billing Medicaid and/or private insurance for services. Subgrantees must show successful income generation through this process.

CONFIDENTIALITY

- Subgrantees are required to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other relevant state and federal statutes protecting privacy and confidentiality of patient health information and medical records.
- Consent to Title X Services: Federal law and regulations effectively establish consent rules for services funded through Title X. The regulations require that Title X-funded services be made available to all adolescents, regardless of age. Courts have held that this means minors of any age may consent to services for themselves when those services are funded in full or in part by Title X, and Title X service provision cannot be conditioned on parental consent or notification.

Application Process – New Applicants

PART ONE: APPLICATION FACE PAGE AND APPLICATION NARRATIVE

A. APPLICATION FACE PAGE – *Required for all new applicant application submissions*

See Following page for Application Face Page template

Application Face Page (required for all new applicants)

Idaho Family Planning Program

All fields must be typed and complete

Applicant organization: _____

Federal tax identification number (TIN): _____

Is your organization: Governmental or Nonprofit entity registered with the state

County or area served by project: _____

Special population served (if applicable): low-income Adolescents/teens Other _____

.....
Name of contact person: _____

Phone number: _____ **Fax number:** _____

Address: _____

City & zip code: _____

E-mail: _____

Name of budget contact: _____

.....
Brief project description: _____

Total amount of funding requested: \$ _____ **(Project period 7/01/2018 – 6/30/2019)**

I hereby certify that the information contained in this application is true and correct. Providing false information on any application or document submitted under this statute is a misdemeanor and grounds for declaring the applicant ineligible.

Authorized Signature: _____ **Date:** _____

Printed Name and Title:

B. THE NARRATIVE

Application responses must not exceed ten (10) single-sided pages, 12-point, Times New Roman font with 1-inch margins on all four (4) sides of the page. The family planning program budget, checklist, and index do not count toward the 8-page maximum. **Your application narrative must answer all of the questions, following this order:**

Qualifications and Case for Support

1. Describe the history, leadership, and mission of your organization and/or clinic.
2. What is your clinic's history of family planning services to low-income families and adolescent patients?
3. Why is your organization interested in applying for Title X funding? What is the compelling issue in your community that is prompting this application?
4. Where else in your community can women and men receive reduced cost family planning services? What is the name of the nearest Federally Qualified Health Center, or Community Health Center or public health department and how far (in miles) is it located from your proposed clinic site(s)?
5. Describe your employee organizational structure. Please include the name and specialty practice of the physician serving as medical director for the family planning program. Also include the specialties/ qualifications of the staff that will be providing family planning services.

Location

6. Area(s) of the state and name of counties that the organization proposes to serve.
7. Name and address of the clinic site(s) where patients will receive family planning services.
8. What is your organization's relationship with the Idaho Primary Care Association? How do you collaborate with other health care agencies in your proposed service area?

Clinical Services

9. Describe your patient care delivery services model, including information about the services provided, who provides the service, the frequency of service provision, and the on-site provision of pharmaceuticals.
10. Describe your client referral and follow-up system.
11. Describe your current clinical quality assurance review process.
12. What Electronic Medical Record / Patient Management System does your clinic use?
13. Attach a copy of your HIPAA privacy and security policies and indicate how they are implemented. Describe the policy specifically as it relates to adolescents and confidential patients.
14. Describe your staff orientation, training, and evaluation process.
15. Attach a copy of your agency's policy/procedure of the following services:
 - Contraceptive services
 - STI and HIV screening and prevention services
 - Breast and cervical cancer screening services
 - Adolescent services
 - Preconception health services and discussion with patients regarding reproductive life plans
 - Pharmaceutical inventory accountability and frequency

Financial Viability

16. In a brief, narrative format, describe your annual budget with family planning-related funding streams identified. List your organization's financial contribution (e.g. grants, county funds, program income) to the family planning program.
17. Attach a copy of your organization's sliding fee scale for family planning services (if you're currently providing) or other health-related services.
18. Please describe how your clinic is currently billing and receiving income from Medicaid and/or private insurance for contraceptive-related services or other clinic services. If the clinic is not currently billing, please describe the future plans to do so.
19. If a collection agency is used, describe policy and procedure in collecting outstanding clinic billables. How are confidential clients managed if a collection agency is used for your agency/clinic?

BUDGET AS AN ATTACHMENT: Applicants are required to use the budget template example (Appendix A) to demonstrate how your organization would apply this funding in Year 1.

Submission Instructions

The application must be received no later than **Thursday, February 15th by 5:00 PM Mountain Time.**

- Only emailed, mailed, or delivered submissions will be accepted.
- Please answer all questions in the order in which they are presented in the Narrative.
- You must submit one single document that contains the application face page, narrative, the checklist, and the budget template and detailed narrative (PDF format required if submitted electronically).
Please do not send multiple attachments.
- Applications that do not include all required components may not be reviewed.
- Applications that are not received prior to the deadline will not be reviewed.
- All applicants will receive an email that confirms the receipt of their submission.
- Applications that fail to follow all of the formatting requirements listed above will not be considered for funding.
- Submit the application in electronic copy to: **Idahofamilyplanning@dhw.idaho.gov** or by post or delivery to the address referenced on page three.

Notification and Decision

All applicants will be notified of funding decisions, via email, on Friday, March 2nd.

The Idaho Family Planning Program (IFPP) reserves the right to award funds based on funding availability and other variables at its discretion. The IFPP reserves the right to reject any or all proposals, to waive informalities and minor irregularities in proposals received, and to accept any portion of the proposal, or all items proposed, if deemed in the best interest of the IFPP to do so. Failure of the applicant to provide any information requested in this Subgrant Application shall be the responsibility of the applicant organization, and will result in the disqualification of the applicant. The fact that an applicant meets eligibility requirements and applies for eligible services does not guarantee funding. Proposals may be funded fully, partially, or not at all.

PART TWO: SERVICES PROVIDED CHECKLIST

Organizations applying for future family planning funds must submit responses according to the subgrant application instructions above, and sign the following checklist that verifies that the site has the minimum qualifications needed to become a new family planning subrecipient:

- Subgrantees must provide the following family planning services to fertile women and men, with special focus on populations at or below 100% of the federal poverty level, women-in-need, adolescents 19 years old or younger, and continuing/annual clients;
- On-going program promotion efforts designed to recruit clients for family planning services, and make services known to the target population;
- Direct medical or nursing services to include a comprehensive health and social history, physical examination, and laboratory services following all applicable nursing or medical policies and procedures which have been, or may be, established in the Title X program guidelines and regulations;
- Proven ability to generate revenue through billing Medicaid and/or private insurance.
- Ability to operate a solvent clinic business while providing a sliding fee scale for Title X patients.
- Ability to slide family planning fees to \$0 for all clients at or below 100% of Federal Poverty Level.
- Provision of a broad range of FDA-approved contraceptive methods, with particular focus on long-acting, reversible contraceptives;
- Provision of education and counseling regarding family planning, pregnancy testing, sexually transmitted infections and HIV, nutrition, adolescent family involvement and avoidance of sexual coercion, and other related health issues;
- Follow-up and/or referral services, as appropriate;
- Ability to implement a cost analysis, sliding fee scale, client satisfaction survey, and other clinic-related reporting and quality assurance tools on an annual basis and report back to Idaho Family Planning Program (IFPP) on results.
- Title X (state and federal) funds will not be used for abortion (Section 1008) or for employee compensations who provide/assist in termination procedures.
- Ability to either upload (from an EMR) or directly (hand) enter all Title X client data into the IFPP web-based data submission system (Ahlers) on a weekly basis, minimum;
- Participation in the development, implementation, and evaluation of the project by persons broadly representative of the population to be served, and by persons in the community who are knowledgeable about the community's needs for family planning services;
- Community education programs based on an assessment of the needs of the community. These programs should enhance the community's understanding of family planning and reproductive health.

Signature of Organization's Director and Date

PART THREE: TITLE X NEW APPLICANT DEMOGRAPHIC INDEX

Please fill in your *applicant answer in the column below*. IFPP will use this demographic index in making future funding decisions. Your score on this index will count (up to 20 points) in the overall evaluation of your application.

Indicator	Description	Put Applicant Answer in this column	Points designation
Geography	Currently, the Title X program is seeking subgrantee clinics located statewide.		If your clinic(s) are located in one of the counties mentioned in the description, your application will be given 6 points.
2016 American Community Survey	What percent of your county population lives under 150% of the Federal Poverty Level? https://www.census.gov/acs/www/data/data-tables-and-tools/		0-15% – no points 16-20% – 2 points 21-25% – 3 points 26-30% – 4 points 31% and greater – 5
Is your clinic located in a HPSA designated area?	Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons). https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx	Yes or no	Yes will be given 5 points.
Unintended Pregnancy	In the proposed clinic site location(s), what is the county unintended pregnancy rate? See Appendix C on page 20 for reference.		0-20% – no points 21-25% – 1 points 26-30% – 2 points 31-35% – 3 points 36% and greater – 4 points

EVALUATION/SELECTION CRITERIA

The family planning program carefully designed scoring and selection process to ensure fair selection of the best qualified applicants. The selection process is described below. The criteria for scoring are directly tied to the required application components. The maximum score for each criterion is given in parentheses. The total possible score for a proposal is 100 points. Proposals will be evaluated and scored by a selection committee convened by IFPP.

- **Qualifications and Case for Support (10 points):** Description of community. Organization structure and capacity to provide services. Non-duplication of services in the community.
- **Community (10 points):** Location of clinic and ability to network and make linkages with other health-related organizations.

- **Clinical Services (40 points):** Patient care delivery services model including information about the services provided, who provides the service, the frequency of service provision, and the on-site provision of pharmaceuticals. Clinical policy review.
- **Financial Viability (20 points):** Stability of organization and financial diversity of income.
- **Demographic Index (20 points):** The score your organization received on the index table.

PART FOUR: BUDGET (See APPENDIX A for template format)

Funding Period: July 1, 2018 to June 30, 2019

Allowable Expenses

Activity	Description
Personnel	Personnel – list all personnel employed by the applicant to perform work for the proposed project(s). Include proposed salaries, time and effort percentage (full time equivalent or FTE), and fringe benefits. In the justification, include the role and expected contribution of budgeted personnel. A description of how fringe benefits are projected and what components are included in the calculation (insurance, paid time off, etc.)
Supplies	Supplies/Operating – include list of all allowable operating expenses. The justification should describe the rationale,
Contractual	Contractual – include all subcontracts planned to complete the proposed work. This includes, but is not limited to, consulting and personal services subcontracts. Restrictions outlined in the budget guidelines, including cost reimbursement terms, shall also apply to subcontracts. No subcontractor may be pre-paid for services. Describe how the subcontractor will be selected, the work to be performed, how the costs were calculated, and expected deliverables.
Travel	Travel – include all travel, and indicate whether in-state or out-of-state. Include costs for attendance of any required meetings. <i>{Include appropriate per diem, mileage, or airfare rates, or include link to current approved rates.}</i>
Indirect	Indirect Rate: You may request funding for indirect services as part of your application. If the applicant agency has negotiated a rate with IFPP, that rate may be used. No budget justification is needed for indirect costs.
Other	Other costs related to the application

The following are examples of unallowable expenses that will not be funded:

Lobbying activities, reimbursement of pre-award costs, abortion services, food, beverages, and entertainment.

Required Application Budget Materials for New Applicants:

Budget Template. Appendix A: Please use this template format when describing what items you would apply Title X funds toward. Please make sure to include the total cost of the line item and the subgrantee contribution to the line item and include the TOTAL cost of the family planning program. IFPP is looking at the total cost and total contribution to the project. Please note that if your organization becomes a FY2019 subgrantee, we can negotiate the line items in the actual subgrant. This budget is for the application process only.

Please Attach: Financial Risk Assessment Questionnaire

If your entity is a non-profit or for-profit corporation, you will need to complete the questionnaire that can be found in Appendix A: Financial Risk Assessment Questionnaire. The questionnaire will not be included in the scoring criteria.

Please Attach: Applicant's W-9 Form

Application Process for Current Title X Subrecipients

LETTER OF COMMITMENT TEMPLATE FOR CURRENT SUBRECIPIENTS AND NEW APPLICANTS

This language must be included, at a minimum, in a letter of commitment to IFPP. Cut and paste onto agency letterhead.

Date

RE: Letter of Commitment to Provide Title X Subgrant Services FY2019 (July 1, 2018-June 30, 2019)

Dear Idaho Family Planning Program,

(Insert name of organization here) will serve as a Family Planning / Title X subgrantee with The Idaho Department of Health and Welfare, Idaho Family Planning Program in fiscal year 2019. Our organization projects that we will serve (insert #) family planning clients at (insert #) sites from July 1, 2018 – June 30, 2019.

(Insert name of organization here) will meet the requirements outlined in this subgrant application and in the FY2019 family planning subgrant scope of work and performance metrics.

Sincerely,

Director of Organization here
Title

Supporting Information for Current and New Title X Applicants

APPLICATION SUBMISSION CHECKLIST

Current Subrecipients

- Completed applications will include the following, ***listed in order and in one PDF document (if e-mailed)***:
 - Letter of Commitment signed by Director of Organization
 - Clinic Service Sites (Attachment 1)
 - Clinic Services Provided (Attachment 2)
 - Budget, using template format in Appendix A

New Applicants

- Completed applications will include the following, ***listed in order and in one PDF document (if e-mailed)***:
 - Letter of Commitment signed by Director of Organization
 - Part 1: Application Face Page
 - Part 1: Application Narrative (*no more than 10 pages*)
 - Part 2: Services Provided Checklist signed and dated (*not part of the 10-page maximum*)
 - Part 3: Demographic Index filled-in with applicant score (*not part of the 10-page maximum*)
 - Part 4: Budget, using Budget Template format in Appendix A (*not part of the 10-page maximum*)
 - Part 4: Fiscal Assessment Questionnaire located in Appendix A (*not part of the 10-page maximum*)

Attachments for New Applicants (*not part of the 10-page maximum*)

- Attachment 1: Organization W-9
- Attachments 2: List of clinical/administrative documents
 1. Contraceptive services policy
 2. STI and HIV screening and prevention services policy
 3. Breast and cervical cancer screening services policy
 4. HIPAA privacy and security policies
 5. Adolescent services policy
 6. Preconception health services and discussion with patients regarding reproductive life plans
 7. Your organization's sliding fee scale for family planning based on current federal poverty level.
 8. Your organization's schedule of discounts (SOD) for family planning services and other health-related services, including, but not limited to, contraceptive products and STI testing and treatment.

APPENDIX A

Budget template format required for use by current Title X subrecipients and new applicants

Family Planning (Title X Budget Categories)	Total Cost	Funding Available from other grant/agency sources	Amount Requested from Title X
A. PERSONNEL COSTS			
1. Salaries/Wages			
2. Employee Benefits			
TOTAL Personnel Costs			
B. OPERATING EXPENSES			
1. Travel			
2. Equipment			
3. Supplies			
4. Contractual			
5. Construction			
6. Other			
TOTAL Operating Expenses			
C. TOTAL DIRECT COSTS			
D. INDIRECT COSTS (identify rate)			
TOTAL ALL CATEGORIES			

APPENDIX B

Financial Risk Assessment Questionnaire

Name of organization:

Name and title of person completing this form:

- 1) Please complete the following chart (add lines, as necessary) or attach your own document detailing your organization’s current sources of funding (including IDHW grants) by providing the funding agency, the program name, the types of funds (i.e., Federal, State, local, private, etc.), and the contract budget amount:

Grantor Agency	Program	Type of Funds	Contract Budget Amount	Contract Period

- 2) Are you currently seeking any other funds from the IDHW through grant applications, proposals in response to requests for proposals, purchase orders, other contracts, or any other financial arrangement? If yes, please list and explain.
- 3) Has your organization administered programs similar to your current grant proposal? If so, please list and explain.
- 4) How many years has your organization been in existence?
- 5) How many total FTE are there in your organization?
- 6) How many total FTE perform accounting functions within your organization?
- 7) When is your organization’s fiscal year end?
- 8) Does your organization receive an audit under the Single Audit Act/OMB Circular A-133 (Government Auditing Standards)?
If yes, please provide a copy (electronic preferred) of your most recent audit report.
- 9) Does your organization receive an annual financial statement audit under Generally Accepted Auditing Standards (GAAS)?
If yes, please provide a copy (electronic preferred) of your most recent audit report.
- 10) Are your organization’s financial records maintained in accordance with Generally Accepted Accounting Principles (GAAP)?

- 11) How are the financial records maintained to identify the source/revenue and application/expenditure of funds?
- 12) How are contract funds accounted for separately and allocated in your organizations accounting records?
- 13) Are accounting records supported by source documentation? If so, please provide examples of source documentation that is maintained and retained?
- 14) What controls are followed to ensure all of the following:
 - a) the reasonableness of cost;
 - b) the allowability of costs; and
 - c) the allocability of costs to a contract?
- 15.) Please describe your organization's overall fiscal controls and structure to sufficiently:
 - a) permit the preparation of financial reports required by this contract and preparation of financial statements;
 - b) allow the organization's staff, in the normal course of performing their assigned functions, to prevent or detect misstatements in financial reporting or the loss of assets in a timely manner;
 - c) allow for accurate, current, and complete disclosure of the financial results of financial activities in accordance with the financial reporting requirements of the contract;
 - d) permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of applicable statutes, regulations, and contracts; and
 - e) maintain and safeguard all organization cash, real and personal property, and other assets.
- 16) This contract will be on a cost reimbursement basis. What will be your organization's source of cash and how will your organization manage its cash flow between the time costs are incurred and reimbursed?
- 17) What is the accounting experience and qualifications of the person that is in charge of maintaining your accounting and financial records? You may provide a copy of this person's resume.
- 18) Does your organization have employee fidelity bond/insurance coverage for all its employees that handle cash? If so, what is the coverage amount?
- 19) Does your organization have an active oversight committee/board and are they provided financial reports and information on a regular basis? If so, please elaborate.

Authorized Signature: _____ **Date:** _____

Printed Name and Title:

APPENDIX C

Unintended Pregnancy Percent by Mother's Residence County Idaho PRATS 5-Year Aggregate: 2011-2016¹

County	Percent	Lower CI	Upper CI	n
Total	30.7	29.6	31.8	8531
Ada	27.9	25.4	30.7	1225
Adams	*	*	*	*
Bannock	29.8	26.6	33.2	731
Bear Lake	37	23.4	52.9	39
Benewah	*	*	*	*
Bingham	29.2	24.9	34	373
Blaine	30.3	21.7	40.4	102
Boise	*	*	*	*
Bonner	31.9	25.2	39.3	171
Bonneville	28.8	25.2	32.7	672
Boundary	37.5	26	50.7	55
Butte	*	*	*	*
Camas	*	*	*	*
Canyon	34.2	30.9	37.5	887
Caribou	25.6	16.3	37.8	56
Cassia	27.8	21.3	35.3	159
Clark	*	*	*	*
Clearwater	49.2	38.3	60.1	62
Custer	*	*	*	*
Elmore	29.4	19.8	41.1	73
Franklin	18.4	9.8	31.8	46
Fremont	21.6	12.4	34.8	71
Gem	36.0	24.6	49.3	61
Gooding	47.1	36.1	58.4	74
Idaho	35.0	29	41.5	180
Jefferson	22.8	16.7	30.2	159
Jerome	42.0	34.6	49.7	165
Kootenai	36.0	32.6	39.5	736
Latah	28.4	24.9	32.2	446
Lemhi	*	*	*	*
Lewis	56.3	43.7	68.1	45
Lincoln	*	*	*	*
Madison	19.7	16.2	23.8	443
Minidoka	36.3	27.5	46.2	109
Nez Perce	35.6	31.8	39.6	473
Oneida	*	*	*	*
Owyhee	31.8	19.2	47.8	40
Payette	26.6	16.1	40.8	46
Power	43.0	31.4	55.4	57
Shoshone	47.2	35.2	59.4	61
Teton	31.2	18.6	47.5	34
Twin Falls	32.3	28.2	36.7	503
Valley	*	*	*	*
Washington	*	*	*	*

*Figure not reliable by PRATS standards (n < 30)

Idaho PRATS sampling is designed to estimate sample error at the public health district level and insufficiently estimates sample error at the county level.

County-level 95% confidence intervals likely underestimate true sample error which may result in 'false positive' differences between counties.

County-level estimates are provisional and subject to revision.

The Pregnancy Risk Assessment Tracking System (PRATS) is a multi-mode survey of Idaho resident new mothers about their experiences before, during, and after pregnancy.

PRATS data are only representative of Idaho resident women aged 18 and older whose pregnancies resulted in a live birth in Idaho.

Source: Idaho Department of Health and Welfare, Bureau of Vital Records and Health Statistics (12/2017).

1. Except 2012. No data were collected in 2012 by the PRATS program.

FAMILY PLANNING PROGRAM SERVICE SITES FY2019 TEMPLATE

Agency Name:

Clinic Site	Service Area (City, County)	Office Hours	Family Planning Clinic Hours	Projected Number of Clients Served

The table on page 23 can be used for reference.

IFPP Title X Family Planning Clients Served		
Service Area	2015	2016
Region 1 Benewah, Bonner, Boundary, Kootenai, Shoshone Counties	2,297	1,990
Region 2 Clearwater, Idaho, Latah, Lewis, Nez Perce Counties	1,373	223*
Region 3 Adams, Canyon, Gem, Owyhee, Payette, Washington Counties	1,859	1,541
Region 4 Ada, Boise, Elmore, Valley Counties	3,732	3,305
Region 5 Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls Counties	1,239**	1,077***
Region 6 Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power Counties	1,214	1,437
Region 7 Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton Counties	2,319	2,237

*Clients served 1/1/2016-9/30/2016

**Clients served 1/1/2013-12/31/2013

***Clients served 1/1/2014-9/30/2014

Source: Ahlers Client/Visit Comparison Report from Client History Data

Attachment 2

SERVICE	SERVICE TYPE ¹ 1, 2, 3, 4, 5
A. Client Education and Counseling	
1. Informed Consent	
B. History	
1. Physical Assessment	
2. Lab Testing	
C. Fertility Regulation	
1. Cervical cap or diaphragm	
2. Internal/External Condoms	
3. Spermicide	
4. IUD/IUS	
5. Oral Contraceptives	
6. Hormonal Implant	
7. Hormonal Injection	
8. Vaginal Ring	
9. Contraceptive Patch	
10. Emergency Contraception	
11. Fertility Awareness Methods	
12. Sterilization (Female)	
13. Sterilization (Male)	
D. Level I Infertility Services	
E. Pregnancy Diagnosis/Counseling	
F. Sexually Transmitted Disease Testing (Specify: CT/GC, Herpes, HIV, syphilis vaginitis)	
G. Sexually Transmitted Disease Treatment	
H. HIV Services	
I. Identification of Estrogen-Exposed Offspring	
J. Minor GYN Problems	
K. Health/Promo/Disease Prevention	
L. Special GYN Procedures	
M. Other Services (Specify:)	

¹Service Type: 1= Direct Service, on-site;
2= Direct Service, off-site;
3= Paid referral;
4= Provided by central grant administration;
5= Not provided