

**Nebraska Reproductive Health  
Title X Family Planning Funding Formula**

Definitions

**Primary Site(s)** – Administrative Hub or exists in community with a population greater than 25,000.

**Satellite** - Open daily with a regular clinic schedule, permanent facility.

**Delegate** - a sub-recipient of Title X funding from the Grantee (NE-DHHS – Nebraska Reproductive Health). The Grantee is identified by and funded directly from the Office of Population Affairs, U.S. Department of Health and Human Services through a competitive grant process.

Funding Formula

**Step 1:** A base allocation is made to a delegate agency based on the following amounts:

Primary Site	\$40,000 year
Satellite	\$10,000 year

- Tribal Health Organizations will be allocated \$40,000 automatically due to not being involved in the competitive funding process. Additionally, Step 3 of the formula does not need to be computed for Tribal Health Organizations.

**Step 2:** Funds are further allocated based on the percent of unduplicated Family Planning Users 150% and below the HHS Poverty Guidelines to Total Agency Users. The following scale represents the amounts given based on the percent determined:

% of LI to Total Agency Users	
0 - 35%	= \$0
36 - 45%	= \$5,000 yearly
46 - 55%	= \$10,000 yearly
56 - 65%	= \$15,000 yearly
66 - 75%	= \$20,000 yearly
76 - 85%	= \$25,000 yearly
86 - 95%	= \$30,000 yearly

- A sub-recipient’s unduplicated Family Planning Users 150% and below the HHS Poverty Guidelines and Total Agency Users can be found on the sub-recipient’s most recent year FPAR table labeled “Unduplicated Number of Family Planning Users by Income Level”

**Step 3:** Using a computerized formula delegates are allocated funds based on: Number of unduplicated Low Income Users  $\leq$  150% of poverty minus the Public Health Insurance Covering Primary Medical Care Users multiplied by Y

- A sub-recipient’s total number of Public Health Insurance Covering Primary Medical Care Users can be found on the sub-recipient’s most recent year FPAR table labeled

## Attachment A

### “Unduplicated Number of Family Planning Users by Principal Health Insurance Coverage Status”

- Please note that Public Health Insurance Users were previously referred to as Medicaid Users
- *Calculating Y for the Step 3 Formula:*
  - First, add the **Step 1 Overall Total** with the **Step 2 Overall Total** to determine the amount of FY funds that have been distributed during these two steps
  - Then, subtract the **Distributed FY funds in Step 1 and Step 2** total from the **FY amount**. This will provide the total amount of **funds available for distribution in step 3**
  - Last, divide the **funds available for distribution in Step 3** by the **FY amount**. This will populate the percentage for **Y**.

**Step 4:** Using a computerized formula all unallocated funds after Step 3 are distributed to delegates based on the percent of Title X funds allocated to them in Step 1, Step 2, and Step 3.

- Compute the **Total Allocated Funds** distributed to sub-recipients
- Compute each individual sub-recipient’s allocated funds that were distributed in Step 1, Step 2, and Step 3.
  - *Checkpoint:* This excel column total should match the Total Allocated Funds
- Calculate the **percentage of allocated funds that each sub-recipient has received** by dividing their **allocated funds total from step 1, 2, and 3** by the **total allocated funds**.
- To compute the **unallocated funds** available for distribution in Step 4, subtract the **Y column** amount total from **funds available for distribution in Step 3**
- Multiply the percentage of allocated funds the site has received by **unallocated funds**
  - *Checkpoint:* This excel column total should match the unallocated funds total

**Step 5:** Hold harmless protection. Delegate agency funding cannot decrease more than 10% or increase more than 30% over the previous year.

**APPLICATION COVER SHEET**  
**Nebraska Department of Health & Human Services**  
**Division of Public Health - Lifespan Health Services**  
**TITLE X FAMILY PLANNING SERVICES**  
**September 1, 2018 – August 31, 2019**

**Applicant Organization:** \_\_\_\_\_

**Area Proposing to Serve:** \_\_\_\_\_

**Federal Tax Identification Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

By submitting and signing this application, the applicant agrees that, if a subgrant is awarded, it will operate the program as described in the Guidelines for Completing Nebraska Title X Delegate Continuation Application and responses to any conditions in accordance with the General Terms and Assurances.

Name of Authorized Official (please print): \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_

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

**Catalog of Federal Domestic Assistance Number: 93.217 Title X**

**Project Director or Contact person:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone : \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Financial Officer:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Budget Information**

	Amount	Percentage (%)
<b>A. Title X funds requested</b>	\$ _____	_____
<b>B. Program Income</b>	\$ _____	_____
<b>C. In-Kind</b>	\$ _____	_____
<b>TOTAL PROGRAM BUDGET</b>	\$ _____	<b>100%</b>

**(Put YOUR Agency Name Here)**  
**Work Plan**  
**FY 2018-2019**

**Administrative Goal:**

**I. Outcome Goal:**  
**(3 year)**

<b>One Year Objective</b>	<b>Activity</b>	<b>Staff</b>	<b>Begin/End</b>	<b>Evaluation</b>

**Clinical Goal:**

**I. Outcome Goal:**  
**(3 year)**

<b>One Year Objective</b>	<b>Activity</b>	<b>Staff</b>	<b>Begin/End</b>	<b>Evaluation</b>

**Financial Goal:**

**I. Outcome Goal:**  
**(3 year)**

<b>One Year Objective</b>	<b>Activity</b>	<b>Staff</b>	<b>Begin/End</b>	<b>Evaluation</b>

Attachment C

**Community Education Goal:**

**I. Outcome Goal:**

**(3 year)**

<b>One Year Objective</b>	<b>Activity</b>	<b>Staff</b>	<b>Begin/End</b>	<b>Evaluation</b>

**(Put YOUR Agency Name Here)  
Budget Worksheet**

**TITLE X FAMILY PLANNING SERVICES**

September 1, 2018 – August 31, 2019

COST CATEGORIES/ LINE ITEMS	BUDGET BY RESOURCE			TOTAL BUDGETED
	Title X	Program Income	In-kind	
Salaries (List positions/FTEs):				
Benefits				
Contracted Services (List):				
Supplies				
Travel				
Other				
Indirect Costs*				
<b>TOTALS</b>				

**\*Indicate which method is used:**

\_\_\_\_\_ Indirect Cost Rate Agreement (Rate \_\_\_\_\_%; attach copy of Agreement)

\_\_\_\_\_ 10% de minimus (attach calculations)

## BUDGET JUSTIFICATION NARRATIVE

Use the format shown below. The Budget Justification describes the need for and shows the calculations of each item of cost. The Budget Justification, as a counterpart of the Line Item Budget, contains the exact budget categories and line items. An acceptable Budget Justification identifies each item of cost and the methodology used in projecting the cost. Information must be provided in sufficient detail to support items of cost for awarded funds.

Include brief descriptions of staff positions that are funded in whole or in part with awarded funds, *i.e.* indicate the full-time equivalent (FTE). Descriptions should include the scope of responsibility for each position, relating it to the accomplishment of outcomes stated in the planned activities.

“Allocable costs” are a critical aspect of federal grants. Per 45 CFR § 75.405, “ A cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received.” Any cost allocable to a particular federal award may not be charged to other federal awards to overcome fund deficiencies.

**The following examples do not include all allowable cost categories or lines.**

### **OFFICE EXPENSES**

Supplies (\$75/month x 12 months)	\$ 900.00
Printing (1,000 brochures x \$.15/ea.)	\$ 150.00
Rent (\$3/sq. ft. x 200 ft. x 12 months)	\$7,200.00

### **TRAVEL\*\***

Mileage (300 mi. x 56.5¢/mile)	\$ 121.50
Meals (\$51/diem x 5 days)	\$ 255.00
Lodging (\$100/night x 4 nights)	\$ 400.00

\*\*Travel costs that could be considered excessive should be further clarified, e.g. delineated by in-state or out-of-state travel, purpose, number of persons, etc.

### ***A. Indirect cost***

If claiming indirect costs, identify the base used in establishing the rate, state the rate, and show the calculation leading to the claimed indirect costs in the Line Item Budget. The rate identified in a negotiated rate agreement should be the same as that used in the Line Item Budget and the Budget Justification. **Applicants must provide a signed copy of the federal indirect cost rate agreement.**

If the entity instead meets the criteria to claim a *de minimis* rate under 45 CFR § 75.414, it should be explicitly stated in the budget and the calculation leading to the claimed indirect costs should be shown.

### ***B. Line Item Budget***

Submit a budget that includes the complete budget for your family planning program, as well as a line item budget for the subaward. Awarded funds are intended to supplement existing clinical family planning practices and cannot be the sole funding source for family planning activities within a clinic. Applicants must detail funds expended or

## Attachment E

received from other sources that support family planning services. A Line Item Budget is used to identify and categorize items of costs for awarded funds. A budget should contain detail sufficient in line items to show the proposed items of costs that comprise the budget category. Budget categories are useful for organizing and clarifying line items. Costs must be clearly identified in the budget and justification in order for DHHS to determine if allowable, allocable and reasonable, and to consider if the cost is essential for achievement of expected outcomes contained in the Narrative/Work Plan.

Develop a budget with allowable, allocable, and reasonable costs that clearly support the planned activities for the proposed work. It is critical to consider the following information:

- “Miscellaneous” or “other” are not acceptable budget categories or line items, as these do not provide an adequate description to determine if the cost is allowable.
- Income -- show any income for family planning services either from donations or third party billing for Medicaid.
- Each item of cost must be treated consistently in like circumstances either as a direct or an indirect cost, *e.g.* direct costs cannot include costs already reflected in an indirect cost rate, if an indirect cost rate is proposed.
  - Direct Costs – Per 45 CFR § 75.413, direct costs are those costs that can be identified specifically with a particular project or program (contrast to indirect costs). Must be supported with source documentation (i.e.: payroll time sheets, benefits, and receipts for line items purchased).
  - Indirect Costs – Per 45 CFR § 75.2, indirect costs (IDC) are those costs incurred for common or joint purposes, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. These are usually allocated among an entity's services in proportion to each service's share of direct costs. Because of the diverse characteristics and accounting practices of governmental units, the types of costs, which may be classified as indirect costs, cannot be specified in all situations. However, typical examples of indirect costs may include certain general administration of the recipient department or agency, accounting and personnel services performed within the recipient department or agency, and the costs of operating and maintaining facilities. Attach a copy of the most current indirect cost rate agreement (if the entity has one), which supports the use of the “indirect costs” line item. The Indirect Cost Rate Agreement is needed to confirm that it is a current rate negotiation, to understand how the rate is being applied, and to verify that the rate is applied correctly, *e.g.* mathematically and that the base to establish the rate does not include awarded funds budgeted as direct costs. If the entity is instead claiming de minimis indirect costs, as allowed by 45 CFR 75.414, then it should show its calculation using the de minimus Calculator (See Attachment J).

### ***C. Management Worksheet***

The Management Worksheet (Attachment F) lists the employees responsible for successfully managing the proposed work with awarded funds. Enter contact information in the form provided.



## Management Worksheet

### Other Staff Involved with Proposed Project

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Other Staff Involved with Proposed Project

---

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Other Staff Involved with Proposed Project

---

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Other Staff Involved with Proposed Project

---

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Other Staff Involved with Subaward

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Other Staff Involved with Subaward

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**TITLE X ASSURANCES OF COMPLIANCE**

\_\_\_\_\_ assures that it will:  
(Name of Organization)

1. Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.
2. Provide services in a manner which protects the dignity of the individual.
3. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
4. Not provide abortions as a method of family planning.
5. Provide that priority in the provision of services will be given to persons from low income families.

Further: \_\_\_\_\_ certifies that it will:

1. Encourage family participation in the decision of the minor seeking family planning services.
2. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

*From Part 59--Grants for Family Planning Services, Subpart A, Section 59.5 (a) 2,3,4,5, and 6.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

## Checklist

This checklist summarizes all parts of the RFA request.  
Carefully review the checklist to be certain items 1-9 are accurately prepared and submitted.

APPLICATION PARTS	DUE DATE/TIME	COMPLETED
<b>1. Application Cover Sheet</b>	August 22, 2018 5:00 p.m. CDT	
<b>2. Narrative/Needs Assessment</b>	August 22, 2018 5:00 p.m. CDT	
<b>3. Work Plan</b>	August 22, 2018 5:00 p.m. CDT	
<b>4. Budget Worksheet</b>	August 22, 2018 5:00 p.m. CDT	
<b>5. Line Item Budget</b>	August 22, 2018 5:00 p.m. CDT	
<b>6. Management Worksheet</b>	August 22, 2018 5:00 p.m. CDT	
<b>7. Title X Assurances of Compliance</b>	August 22, 2018 5:00 p.m. CDT	
<b>8. Signed Attestation Forms</b>	August 22, 2018 5:00 p.m. CDT	
<b>9. Indirect Cost Agreement or De Minimus calculations</b>	August 22, 2018 5:00 p.m. CDT	

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

**For the purposes of complying with Nebraska law, I attest as follows (check all that apply):**

\_\_\_\_\_ Clinic Name **does not** perform, assist with the performance of, provide directive counseling in favor of, or refer\* for abortion.

\_\_\_\_\_ Clinic Name **is not** affiliated with an organization that performs, assists with the performance of, provides directive counseling in favor of, or refers\* for abortion

\_\_\_\_\_ Clinic Name **is** affiliated with an organization that performs, assists with the performance of, provides directive counseling in favor of, or refers\* for abortion; and is objectively independent\*\* from any affiliated organization which may perform or assist with the performance of, provide directive counseling in favor of, or refer for abortion.

\*Referral for abortion is limited to the act of recommending or directing a pregnant woman to a provider(s), doctor(s), clinic(s), or other persons or entities for the purpose of obtaining an abortion. Neutral, factual, nondirective information about prenatal care and delivery, infant care, foster care, adoption, and pregnancy termination or referral for an emergency situation in accordance with subdivision (4) of section 28-326 shall not constitute a referral for abortion.

\*\* The Department of Health and Human Services reserves the right to determine whether an affiliated organization is objectively independent based on a review of the totality of facts and circumstances. See Attachment A for further guidance.

I hereby attest that I represent the above named organization and that my response and the information provided on this form are true, complete, and accurate on behalf of such organization. I further understand that this information may be used to verify compliance by such organization with state law.

PRINT NAME

\_\_\_\_\_ (first, middle, and last name)

\_\_\_\_\_ (title of position with organization)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

04/2018

## Attachment I

### GUIDANCE ON OBJECTIVE INDEPENDENCE FOR PROGRAMS WITH AFFILIATED ORGANIZATIONS WHICH ENGAGE IN ABORTION-RELATED ACTIVITIES (Attachment A of Notice of Attestation).

Under federal and Nebraska law no funds disbursed under Federal Title X are to be used in programs where abortion is a method of family planning. None of the funds disbursed under Title X are to be paid or granted to an organization that performs, assists with the performance of, provides directive counseling in favor of, or refers for abortion (abortion-related activities). An otherwise qualified organization is not disqualified from receipt of the funds because of affiliation with an organization that engages in abortion-related activities, if the affiliated organization is objectively independent of the qualified organization. Objective independence includes, but is not limited to, legal, physical, and financial separation between the affiliated organization and the qualified organization. The following information is provided to help qualified organizations comply with the requirement for objective independence.

**I. Legal Separation.** To meet the legal separation requirement the qualified organization and the affiliated organization must be separate legal entities.

A qualified organization may have an overlapping governing body as an affiliated organization which engages in abortion-related activities. However, the affiliated organization must be a legally separate entity and the qualified organization's governing body must ensure that the relationship between the qualified organization and the affiliated organization is one of objective independence.

Further, the mere fact recipient and another organization, which engages in abortion-related activities, have no common board members does not automatically mean there is no relevant relationship that needs to be reviewed to determine whether the organizations are objectively independent of one another. Legal separation alone is not sufficient to show objective independence if other factors, discussed hereafter, indicate otherwise.

**II. Subsidizing restricted activity.** A qualified organization may not use received Title X resources to subsidize abortion-related activities.

“**Subsidize**” means to use received Title X funds directly or indirectly to support or fund, in whole or in part, abortion-related activities conducted by another entity.

A qualified organization will be considered to be subsidizing the activities of another organization if it provides or allows the use of its resources for abortion-related activities without receiving fair value for such use.

A qualified organization will also be considered to be subsidizing the activities of another organization if it pays a third party to cover the overhead expenses for the abortion-related activities of the other entity.

**III. Physical and Financial Separation.** To meet the requirement for physical and financial separation a qualified organization must be organized so it is physically and financially separate from the affiliated organization. Mere bookkeeping separation is insufficient.

To determine whether there is sufficient physical and financial separation, a range of factors, including the following will be considered:

## Attachment I

1. The degree of physical separation from facilities in which abortion-related activities occur, and the extent of such activities;
2. The existence of separate personnel for each entity;
3. The existence of separate accounting and timekeeping records; and
4. The extent to which signs and other forms of identification which distinguish the recipient from the affiliated organization which performs abortion-related activities are present.

The presence or absence of any one or more factors will not be determinative. Each situation will be reviewed on a case-by case basis and whether a qualified organization is physically and financially separate from an organization that engages in abortion-related activities will be determined on the totality of the circumstances present in each case. This guidance on particular factors should not be considered as providing a bright-line rule that will be determinative in all circumstances. Nor should it be read as suggesting that some involvement of each factor is necessarily permissible. With that in mind, the following is provided to assist qualified organizations in reviewing their relationships with affiliated organizations that engage in abortion-related activities.

- 1. Separate facilities:** Qualified organizations should be cautious about sharing space, equipment, and facilities with an affiliated organization engaged in abortion-related activities since doing so may give the impression that the qualified organization is engaged in abortion-related activities. This is particularly a concern if the two organizations use or employ any of the same personnel or use any of the same facilities that are accessible to patients or the public.

Note, being in the same building or sharing a common space that is not accessible to patients or the public may be permissible as long as there is appropriate signage, separate entrances and other methods of identification distinguishing the organizations.

The governing body should review whether the qualified organization uses any of the same office space or equipment as the affiliated organization which engages in abortion-related activities. If it does, the governing body should review what facilities and equipment are jointly used, the degree and frequency of use for abortion-related activities, and whether the qualified organization receives or pays fair value for the use of any of the shared space or equipment.

- 2. Separate personnel.** There is no absolute bar against a qualified organization using or employing staff who are also used or employed by an affiliated organization engaged in abortion-related activities. However, the more staff that are shared or the greater the responsibilities of the staff used or employed by both organizations, the more danger that objective independence will be compromised. Sharing an executive director, for example, inappropriately tends to blur the organizational lines between the entities. Similarly, sharing a substantial number or proportion of qualified organization staff calls the qualified organization's independence into question.

- a. Shared personnel.** The governing body should review whether the qualified organization has any agreements or arrangements to use or employ any of the same personnel with an affiliated organization which engages in abortion-related activities. If an agreement or arrangement exists, the governing body should review the number and positions of qualified organization staff which are shared and the duties they perform as qualified organization employees.

**b. Shared utilization of personnel, equipment and facilities.** When there is no agreement or arrangement to jointly use or employ the same staff, equipment or facilities, if the qualified organization have any shared staff, equipment, or facilities with an affiliated organization which engages in abortion-related activities, the governing board of the qualified organization should review the number, positions, and duties of staff, equipment, and facilities shared with the affiliated organization. Sharing a substantial number or proportion of qualified staff, equipment, or facilities calls the qualified organization's independence into question.

**c. No abortion-related activities while on duty.** The governing body of the qualified organization should ensure that it has systems in place to assure that no staff perform any abortion-related activities while on duty with the qualified organization nor identify the qualified organization with abortion-related activities. Staff should maintain time records. Accurate timekeeping of activities undertaken for the qualified organization is extremely important for any staff who work for an affiliated organization engaged in abortion-related activities.

**3. Separate accounting and timekeeping records.** If the qualified organization uses or employs or shares personnel, or utilizes the same or a portion of space or equipment, with an affiliated organization that engages in abortion-related activities, the governing body of the qualified organization should review and ensure that it maintains its own accounting and timekeeping records separate from those of the affiliated organization. A qualified organization may send its financial records to an outside accountant or service entity. A qualified organization may also perform accounting services for, or purchase them from, any other entity, provided the qualified organization maintains its records separately and fair value is exchanged for the services.

**4. Signs and other forms of identification.** Organizational names, building signs, business cards, telephone and fax numbers, email addresses and other forms of identification should clearly distinguish the qualified organization from the affiliated organization that engages in abortion-related activities. Qualified organization governing bodies should review whether any such forms of identification could mislead the public or patients about the qualified organization's separation and independence from the affiliated organization that engages in abortion-related activities.

**IV. Involvement of more than one factor.** The objectively independent test is a case-by-case determination based upon the totality of the circumstances. The more factors involved in a particular relationship between the qualified organization and the affiliated organization which engages in abortion-related activities, the more likely the qualified organization will fail the objective independence test. The qualified organization's governing body must consider each of the above factors and determine whether, taken as a whole, the qualified organization is legally, physically, and financially separate and independent from any affiliated organization which engages in abortion-related activities. If the answer is no, the governing body should take such action as necessary to alter or disengage the qualified organization from the relationship before signing the attestation and/or accepting funds Title X funds from the department.

