

Nebraska Department of Health and Human Services (DHHS)  
Division of Public Health  
**Request for Applications (RFA)**

**Submit original to:**  
Tina Goodwin  
Nebraska Reproductive Health  
DHHS – Lifespan Health Unit  
PO Box 95026  
Lincoln NE 68509-5026

### Application Cover Sheet

RELEASE DATE	POINT OF CONTACT
JULY 26, 2018	TINA GOODWIN
WRITTEN QUESTIONS DUE	APPLICATION DUE DATE
AUGUST 8, 2018	AUGUST 22, 2018

This form is part of the specification package and must be signed and returned, along with application materials, by the application due date.

#### **PURPOSE, PROJECT PERIOD, and FUNDING SOURCE**

Nebraska Department of Health and Human Services (DHHS), Division of Public Health, Nebraska Reproductive Health, is issuing this Competitive Request for Applications (RFA) for the purpose of selecting qualified recipients of funding.

Funding Source: Office of Population Affairs, U.S. Department-Health & Human Services  
Pass Through: Nebraska Department of Health and Human Services (DHHS)  
Division of Public Health, Lifespan Health Services Unit

Initial Project Period: Approximately September 1, 2018 through August 31, 2019 for up to 3 total years (September 1, 2018 through August 31, 2021)

Application Due Date: Received or postmarked by Wednesday, August 22, 2018 5:00 p.m. CDT

Issuing Office: Nebraska Department of Health & Human Services  
Nebraska Reproductive Health  
301 Centennial Mall South, PO Box 95026  
Lincoln, NE 68509-5026  
(402) 471-3980  
[tina.goodwin@nebraska.gov](mailto:tina.goodwin@nebraska.gov)

#### **APPLICANT MUST COMPLETE THE FOLLOWING**

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application, the terms and conditions, and performance of the project as described in the approved application.

ORGANIZATION: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_

# 1. FUNDING OPPORTUNITY DESCRIPTION

## 1.1 HISTORY, STATUTORY REQUIREMENTS, AND APPROPRIATION

The Title X Family Planning program ["Population Research and Voluntary Family Planning Programs" (Public Law 91-572)], was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to persons from low-income families.

The Title X Family Planning program is federally administered within 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.](#)) and in the implementing regulations which govern project grants for family planning services ([42 CFR part 59, subpart A](#)). Title X of the Public Health Service Act authorizes the Secretary of Health and Human Services (HHS) to award grants for projects to provide family planning services to any person desiring such services, with priority given to individuals from low-income families. The Nebraska Department of Health and Human Services is a Title X Grantee.

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, information, education, counseling related to family planning, services for adolescents and referral services as indicated)." Title X regulations further specify that "These projects shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children" (42 CFR 59.1). Such services include postponing, preventing, achieving, or facilitating the spacing of pregnancy. Family planning services also include infertility services, health screenings and exams, lab tests and related health services which are important to family planning and male and female reproductive health, improving the likelihood of healthy pregnancy and birth, should conception occur.

An important part of family planning includes supporting the overall health of clients who may seek to become parents in the future. Family planning should be contextualized with a holistic conversation of health by offering primary health services onsite or having robust referral linkages to primary health providers in close proximity to the Title X site.

In addition, section 1001 of the statute requires that, to the extent practicable, Title X service providers shall encourage family participation in family planning services projects. Section 1008 of the Act, as amended, stipulates that "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning."

The Nebraska Department of Health and Human Services (NE DHHS), as the Title X grantee, carries out these projects through subaward agreements.

## 1.2 PURPOSE

The purpose of this Request for Applications (RFA) is to identify those eligible entities most qualified to provide Title X Family Planning services.

Grants under Section 1001 assist in the establishment and operation of voluntary family planning projects, which provide a broad range of acceptable and effective family planning methods and related preventive health services that include natural family planning methods, infertility services, and services for adolescents; highly effective contraceptive methods; breast and cervical cancer screening and prevention services that correspond with nationally recognized standards of care; STD and HIV prevention education, counseling, testing, and referral; adolescent abstinence counseling; and other preventive health services.

Each project should offer core family planning services that include: a **sexual health assessment** which ascertains current risk in light of sexual history and current behavioral practices; **introduction and access to tools for a personal family planning, fertility, and reproductive life plan** which informs decision-making and is important to client-provider communication; **family planning services** which offer a broad range of acceptable and effective family planning methods and services (including natural family planning/fertility awareness methods) and which includes pregnancy testing and counseling; **preventative and diagnostic health screenings** offering at least STD screenings and treatment; **health information, education and counseling; and referral** services from a network of formalized linkages and community partners.

The broad range of services does not include abortion as a method of family planning. Under Nebraska law Title X funds cannot be disbursed to organizations that perform, provide directive counseling in favor of, or refer for abortion. Referral for an abortion is limited to the act of recommending a pregnant woman to doctors, clinics, 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 Neb. Rev. Stat. § 28-326 does not constitute a referral for abortion. An organization is not disqualified from receipt of such funds because of its affiliation with an organization that performs, assists with the performance of, provides directive counseling in favor of, or refers for abortion, if the affiliated organization is objectively independent of the organization. Currently, 89 service grantees provide required Title X services through a network of more than 4,400 clinics nationwide. There is at least one Title X-funded family planning clinic in approximately 75% of all counties in the U.S.

Subawards made under this RFA are intended to support activities in Nebraska outlined by Title X Family Planning with the goal of providing clinical/educational services to targeted low-income, uninsured, underinsured populations, as well as those faced with disparate health outcomes.

NDHHS seeks a broad competition for Title X subawards to provide a diversity of options for clients with the intention of improving overall service provision, increasing the number of clients served, and expanding the breadth of services available. Family planning services include services for both men and women as they plan families.

If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. Subrecipient agencies must provide all family planning services listed in the “Required Services” sections of the Title X Guidelines, either on –site or by referral. When “required services” are to be provided by referral, the subrecipient agency must establish formal arrangements with a referral agency for the provision of services and reimbursement of costs, as appropriate.

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. These funds **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 45 C.F.R. §§ 75 et seq.\* as well as restrictions of the all funding sources.

\*Reform of federal grants management policies consolidated and revised the Office of Management and Budget Circulars into the Uniform Grant Guidance at 2 C.F.R. §§ 200 et seq. Former Circulars A-21, A-87, A-110, A-122, A-89, A-102, A-133, have been superseded by 2 C.F.R. §§ 200 et seq and 45 C.F.R. §§ 75 et seq. *See* 2 CFR § 200.104 and 45 C.F.R. § 75.104.45 C.F.R. §§ 75 et seq. are the federal Department of Health and Human Services’ codification of the Uniform Grant Guidance, and governs the allowable costs under this RFA and subaward. For more information about the reform, refer to <https://cfo.gov/cofar/reform-of-federal-grants-policies-2/>.

## **2. AWARD INFORMATION**

### **2.1 AVAILABLE FUNDS**

DHHS seeks applications for projects for the period September 1, 2018 through August 31, 2019, for up to 3 total years (September 1, 2018 through August 31, 2021) **The total annual funding available is projected to be approximately \$1,660,500 in Title X Funds.** The specific information required by 45 CFR § 75.352(a)(1) on the particular funding will be provided in the subaward agreement.

DHHS reserves the right to award based on the combination of applications that best address the purpose of this RFA.

The amount of funds distributed per award will be based on a funding formula that uses a base amount calculated with the number of current low-income users or projected users under 200% of poverty (See Attachment A).

### **2.2 COST SHARING**

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

## 2.3 ALLOCATION OF SUBAWARDED FUNDS

- A. Funds can be paid prospectively or on a reimbursement basis to the subrecipients. Per federal Health and Human Services grant guidance, funds advanced may only be advanced up to 30 days and must be based on the actual cash need of the subrecipient. Subrecipients will provide documentation of the use of funds in the monthly reports. These reports will be reviewed to determine if funds were expended for allowable, allocable and reasonable expenses, as provided in 45 C.F.R. § 75 Subpart E.
- B. Reduction in Funding. In the event DHHS experiences funding shortages, the dollar amounts specified in the award may be reduced accordingly and the subrecipient may be required to reduce project activities.
- C. Reservation of Right. DHHS reserves the right:
1. To reallocate funds among subrecipients as needed to ensure service to individuals at highest levels of priority.
  2. To either terminate or curtail all or part of the activities of the subrecipient in order to best utilize available funding in the event that all or part of the federal funds are terminated, suspended, not released, or otherwise are not forthcoming.
  3. To suspend the subrecipient's authority to obligate funds provided by DHHS pursuant to this subaward pending corrective action by this subrecipient or a decision to terminate this subaward.
  4. To terminate immediately this subaward, in whole or in part, when federal funding is terminated, suspended, not released or otherwise forthcoming.
  5. To withhold funds when subrecipient is not in compliance with reporting or other programmatic requirements or for any reason allowed by 45 CFR § 75.305(a)(6).
  6. Impose any other condition to take any other remedy available pursuant to 45 CFR § 75.207 or 45 CFR § 75.371 or other applicable law.

## 2.4 PROJECT PERIOD

DHHS seeks applications for projects for a projected three year period from September 1, 2018 through August 31, 2021. The project is divided by fiscal years as referenced below:

Year 1/Fiscal Year 2018	September 1, 2018 – August 31, 2019
Year 2/Fiscal Year 2019	September 1, 2019 – August 31, 2020
Year 3/Fiscal Year 2020	September 1, 2020 – August 31, 2021

A subaward is expected to be issued for Fiscal Year 2018 based on this competitive RFA. Subject to the review of subrecipient performance and compliance with the terms and conditions of the award, and availability of funds, non-competing awards may be issued to existing subrecipients for fiscal years 2019 and 2020. DHHS reserves the right to issue an RFA for fiscal years 2019 and 2020 if deemed necessary. Awards made for the initial and

subsequent periods are dependent on the availability of federal funds. The issuance of this RFA in no way constitutes a commitment by DHHS to enter into any subaward agreements.

### **3. ELIGIBILITY INFORMATION**

#### **3.1 ELIGIBLE APPLICANTS**

- A. Public or private nonprofit entities located in Nebraska.
- B. The four federally recognized Native American tribes headquartered in Nebraska. Upon application tribes must identify the locations where the health services will be provided.

#### **3.2 GEOGRAPHIC REGIONS FOR COMPETITION**

**\*While applicants can apply for a specific region, when awards are issued subrecipients may be given adjusted regions.**

### **4. APPLICATION AND SUBMISSION INFORMATION**

#### **4.1 REQUESTING AN APPLICATION PACKAGE**

DHHS will post the RFA on the Nebraska Reproductive Health webpage at <http://dhhs.ne.gov/publichealth/Pages/reproductivehealth.aspx>.

DHHS will send a copy of the RFA to any person or entity which requests the RFA.

#### **APPLICATION DUE DATES**

<b>RFA COMPONENT</b>	<b>DATE</b>
RFA Issued	July 26, 2018
Applications Due	August 22, 2018
Written Questions Due	August 8, 2018
Questions Posted	August 13, 2018
Post Notice of Intent to Award	September 5, 2018

#### **4.2. RELEVANT INFORMATION**

It is the responsibility of the applicant to check the DHHS website for all information relevant to this RFA, including updates, written questions, responses, and amendments.

#### **4.3 APPLICATION COMPONENTS**

All components are required unless otherwise indicated

## **A.1 SIGNED COVER SHEET (See Attachment B)**

### **A.2 NARRATIVE:**

#### **i. Needs assessment**

1. Counties served
2. Populations served (i.e.: ages, refugees, migrant workers)
3. Minority populations served
4. Population disparities
5. Current estimated need for services
6. Current infrastructure (i.e. location of clinics and hours of operation, etc.)
7. Lack of services or barriers to services for populations

#### **ii. Proposed activities and their adequacy to meet identified needs**

Should reflect the implementation of services and programming that respond to the federal priorities, key issues, and federal mandates in concert with the:

**Program Guidelines:** Operational guidance for projects funded under Title X can be found in the **Title X Program Guidelines**, which consist of two documents:

- The April 25, 2014, MMWR “*Providing Quality Family Planning (QFP) Services: Recommendations of CDC and the U.S. Office of Population Affairs*” (QFP) and
- “*Program Requirements for Title X Funded Family Planning Projects.*”

Copies of the Title X statute, regulations, legislative mandates, Program Guidelines, and Program Policy Notices may be downloaded from the Office of Population Affairs web site at <http://www.hhs.gov/opa/familyplanning>.

#### **iii. Organization Capacity**

Describe roles, qualifications, and time allotted for personnel and/or contractors and how they are suitable to perform duties related to the subaward activities. Applicants must be able to provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). For more information, see Title X program requirements and Quality Family Planning (QFP). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services, i.e. is able to describe and provide documentation of a referral relationship.

#### **iv. Organization’s Structure**

Describe how the organization’s structure is sufficient to reasonably safeguard assets, manage fiscal requirements, and assure grant implementation will be compliant with requirements, successful, and sustainable.

**v. Describe other revenue sources that will support family planning**

Other revenue sources can include (but are not limited to): Medicaid or private insurance claim reimbursements, local cash funds, patient fees, donations, grants, etc.

**vi. Describe limitations**

Limitations could include (but are not limited to): issues preventing additional revenue, limits in population served, lack of capacity/infrastructure, etc.

**A.3 WORKPLAN**

**Refer to the work plan template (See Attachment C).**

The work plan should be reflective of the proposed activities and responsive to the needs assessment.

**Program Priorities & Key Issues** (pages 15 – 16) must be used to direct the subrecipient family planning program and should be used in developing the goals/objectives for the program work plan.

**A.4 BUDGET**

**Refer to the Budget Worksheet (See Attachment D).**

**A.5 BUDGET JUSTIFICATION NARRATIVE**

**Provide written justification of all proposed expenditures by line item (See Attachment E).**

**A.6 LETTERS OF COLLABORATION (not required)**

**A.7 REQUIRED FORMS: (See checklist Attachment H)**

<b>1. Application Cover Sheet (See Attachment B)</b>
<b>2. Narrative/Needs Assessment</b>
<b>3. Work Plan (See Attachment C)</b>
<b>4. Budget Worksheet (See Attachment D)</b>
<b>5. Line Item Budget (See Attachment E)</b>
<b>6. Management Worksheet (See Attachment F)</b>
<b>7. Title X Assurances of Compliance (See Attachment G)</b>
<b>8. Signed Attestation Forms (See Attachment I)</b>
<b>9. Indirect Cost Agreement or</b>



**De Minimis calculations (See Attachment J)**

#### **4.4 SUBMISSION OF APPLICATION**

This RFA is designed to solicit applications from qualified applicants who will be responsible for providing Title X Family Planning and related services. Applications that do not conform to the mandatory items as indicated in this RFA will not be considered.

Applicants must review all materials contained in the application packet and follow the instructions regarding the schedules, format, narrative, and required forms to be used. Submission by fax, email, or disk **will not** be accepted because original signatures are required on the Cover Sheet, Certifications, and FFATA forms.

Applications are to be addressed to:

**Tina Goodwin, Program Manager  
Attn: Nebraska Reproductive Health  
DHHS - Lifespan Health Services  
PO Box 95026  
Lincoln NE 68509-5026**

Sealed proposals must be received, hand delivered or postmarked by **August 22, 2018 at 5:00 p.m. CDT.** Mail or deliver one complete, signed original application. **LATE APPLICATIONS WILL BE REJECTED.** Additions or corrections will not be accepted after the closing date. Applicants are strongly encouraged to use registered mail or at least first-class mail, since proposals sent third class or book rate may not arrive on time. Only applications that arrive by the deadline will be reviewed and scored. Applications hand delivered or by courier services will be received during business hours (8:00 a.m. to 5:00 p.m. CST, Monday through Friday, excluding state-observed holidays). Hand delivery or courier services will be received by the 3<sup>rd</sup> floor reception desk at 301 Centennial Mall South, Nebraska State Office Building (NSOB) Lincoln, Nebraska. Applications hand delivered or by courier must be received at the NSOB no later than 5:00 p.m. CDT, August 22, 2018.

#### **4.5 COMMUNICATION WITH STATE STAFF**

From the date the RFA is issued until a determination is announced regarding the selection of the recipient(s), contact regarding this project between potential applicants and individuals employed by DHHS and OPA is restricted to only written communication with the staff designated above as the point of contact for this RFA.

The following exceptions to these restrictions are permitted:

- Written communication with the person designated as the point of contact for this RFA; and
- State requested presentations, key personnel interviews, clarification sessions or discussions to finalize an agreement

Violations of these conditions may be considered sufficient cause to reject an application and/or selection irrespective of any other condition. No individual member of the State, employee of DHHS, or member of the Evaluation Committee is empowered to make binding

statements regarding this RFA. Only the DHHS contact may issue any clarifications or opinions regarding this RFA, and may only do so in writing.

#### **4.6 AMENDMENTS TO THE RFA**

DHHS reserves the right to amend this RFA at any time before the application due date. In the event DHHS decides to amend, add to, or delete any part of this RFA, a written amendment will be posted on the DHHS website. The applicant is advised to check the DHHS website <http://dhhs.ne.gov/publichealth/Pages/reproductivehealth.aspx> periodically for amendments to this RFA.

#### **4.7 OPEN COMPETITION**

No attempt shall be made by the applicant to induce any other person, firm, or corporation to submit or not to submit an application for the purpose of restricting competition.

#### **4.8 WITHDRAWAL OF APPLICATIONS**

Applications may be withdrawn, modified, and resubmitted by an applicant at any time prior to the stated due date and time for the receipt of applications. An applicant desiring to withdraw its application after the submission time shall submit notification via email to Tina Goodwin at [tina.goodwin@nebraska.gov](mailto:tina.goodwin@nebraska.gov).

#### **4.9 REJECTION OF APPLICATIONS**

DHHS reserves the right to reject any or all applications, wholly or in part, or to award to multiple applicants in whole or in part. DHHS reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the application, and do not improve the applicant's competitive position. All awards will be made in a manner deemed in the best interest of DHHS.

### **5. APPLICATION REVIEW INFORMATION**

#### **5.1 REVIEW CRITERIA**

##### **Evaluation Criteria**

##### **Narrative/Work Plan**

- Needs assessment
- Proposed activities / adequacy to meet identified needs (including community education programs).
- Populations and counties to be served
- Title X Guidelines, Priorities, Key issues and Legislative Mandates are an integral part of the program plan
- Priority given to individuals from low income families
- Timelines are reasonable

<b>Budget and Justification</b>
<ul style="list-style-type: none"> <li>• Line Item Subaward Budget</li> <li>• Total Family Planning/Reproductive Health Budget</li> <li>• Budget Narrative/Justification</li> </ul>
<b>Organizational Capacity</b>
<ul style="list-style-type: none"> <li>• Qualifications and adequacy of personnel</li> <li>• Infrastructure Capacity (3<sup>rd</sup> party billing, Medicaid, etc.)</li> <li>• History of successful grants management</li> <li>• Applicant provides a broad range of effective family planning methods and services</li> <li>• Level of collaboration and referral with community partners</li> <li>• Fiscal and program management</li> </ul>

## **5.2 REVIEW AND SELECTION PROCESS**

### **A. Review of Applicant Capacity**

As part of the scoring and selection process, NDHHS will assess an entity's capacity to meet federal, state, and programmatic requirements, provide broad range of family planning services to eligible persons, provide education to community groups, and submit timely and accurate reports, invoices and fiscal documentation. NDHHS reserves the right to consider an entity's performance in current and/or prior grants, subawards, contracts, or cooperative agreements with NDHHS or other State of Nebraska agencies.

### **B. Geographic Access**

NDHHS will consider geographic access in making final funding decisions. NDHHS reserves the right to fund more than one entity in a particular geographic area, or ensure funding to a specific entity if deemed necessary to ensure adequate level of service to all target populations in that area. NDHHS also reserves the right to modify a proposed service area in circumstances where otherwise acceptable proposals have overlapping or redundant proposed service areas not necessary to serve target populations.

### **C. Pre-award risk assessment**

All potential subrecipients will be evaluated using a Pre-Award Risk Assessment required by 45 CFR § 75.352(b), prior to NDHHS awarding funds.

## **6. AWARD ADMINISTRATION INFORMATION**

### **A. AWARD NOTICES**

Notification of subrecipients regarding awards is expected on September 5, 2018, dependent upon the receipt of federal funds.

## **B. ADMINISTRATIVE REQUIREMENTS**

By signing the Application Cover Sheet, the official authorized by the Applicant asserts that, if awarded, the Applicant and any of its contractor(s) will comply with NDHHS's General Terms and Assurances.

Following the web posting of Notice of Intent to Award, response to any contingencies, NDHHS will issue a subaward agreement to each successful Applicant. Expenses reported under an award must be based on the approved budget and will be assessed for compliance with the federal cost principles, contained in 45 CFR 75 Subpart E, to ensure they are reasonable, allowable, and allocable.

## **C. SUBAWARD DOCUMENT**

The subaward agreement resulting from this RFA shall incorporate the following documents:

1. Subaward amendments
2. Subaward
3. Any addenda and/or amendments to the RFA, including questions and answers;
4. The original RFA;
5. The Subrecipient's application, including any contingencies; and

Unless otherwise specifically stated in a subaward amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) any subaward amendments with the latest dated amendment having the highest priority, 2) the subaward, 3) Request for Application addenda and/or amendments with the latest dated amendment having the highest priority, 4) the original RFA, 5) the Subrecipient's application.

Any ambiguity in any provision of this subaward discovered after its execution shall be resolved in accordance with the rules of interpretation as established in the State of Nebraska.

## **7. REPORTING -- PROGRAM REQUIREMENTS**

### **A. EMERGENCY REFERRALS**

A Title X subrecipient that exercises their option to make a referral for an emergency situation in accordance with subdivision (4) of Neb. Rev. Stat. § 28-326, must notify, in writing, NDHHS within ten business days of the referral. NDHHS reserves the right to review individual patient records as needed. A subaward under Title X may be terminated if after review it is determined the referral was not made in accordance with subdivision (4) of Neb. Rev. Stat. § 28-326.

## B. SCHEDULE OF REQUIRED REPORTS (page 13)

Title X subrecipients must submit listed reports to NDHHS as required below.

<b>NEBRASKA TITLE X SUB-RECIPIENT REPORTING REQUIREMENTS</b>		
<b>Report</b>	<b>Due Date</b>	<b>Period Covered</b>
Expenditure / Revenue Report Includes Profit and Loss Report and Transaction Detail by Account Report	30th of EVERY month for previous month	Previous Month
Title X Sub-recipient Status Report Includes Board of Directors meeting minutes and Documentation of Board Update on Title X Programming	December 15th	Quarter 1 (September, October, November)
	March 15th	Quarter 2 (December, January, February)
	June 15th	Quarter 3 (March, April, May)
	September 15th	Quarter 4 (June, July, August)
Staff Education, Community Outreach, Community Education and Performance Measures (Excel file)	December 15th	Quarter 1 (September, October, November)
	March 15th	Quarter 2 (December, January, February)
	June 15th	Quarter 3 (March, April, May)
	September 15th	Quarter 4 (June, July, August)
FPAR -- OPA Title X FP/Program Data Report (Excel file)	Late January	January 1 - December 31 of previous year
Single Audit Report (if subject to single audit per 45 CFR § 75.501)	Within 9 months of the end of the sub- recipient agency fiscal year or 30 days after the audit has been completed	send directly to DHHS.SingleAudit@nebraska.gov
Narrative Progress Report -Report on Title X Priorities, Mandates, and Work Plan Achievements	September 15th	Fiscal Year Update - September 1 through August 31
Client Satisfaction Surveys -- Aggregated Data	October 15th As requested by Grantee	September - entire month every fiscal year
Completed/Updated Policies and Procedures -- CD or thumb drive	December 15th	
Sliding Fee Scales and Justification based on the annual cost analysis and sustainability plan	December 15th	September 1 through August 31

\* The narrative reports describing progress toward meeting goals and objectives of the narrative/work plan and evaluation of the project activities shall be submitted to DHHS along with the expenditure reports in accordance with the above schedule.

\*\* Expenditures must reflect approved budget line items and amounts. Amounts budgeted for operations in one activity may be reassigned to another budget item, provided that the proposed expenditures are for allowable costs. Budget revisions of more than 10% of the total budget or revisions eliminating or adding a line item are subject to prior written approval by DHHS. The report of expenses must be signed and dated by both the program and financial officials itemizing the expenses by respective approved budget categories incurred by subrecipient for the grant period July 1, 2018 through August 30, 2019

\*\*\* Scheduled field audits and random quarterly desk audits will be conducted by Nebraska Reproductive Health to ensure that Title X funds are being expended as outlined in approved budgets and as identified in the submitted bi- monthly financial reports. Subrecipients must be prepared to submit documentation of expenditures to the Grantee office at DHHS when requested.

# Title X Family Planning Program Priorities

**The following priority areas, key issues and legislative mandates are required to be used to direct program development as outlined in the federal “Announcement of Anticipated Availability of Funds for Family Planning Services Grants”, Funding Opportunity Number: OPA-FY2018-1.**

## **TITLE X FAMILY PLANNING PRIORITY AREAS**

1. Assuring innovative, high quality family planning and related health services that will improve the overall health of individuals, couples, and families, with priority for services to those of low-income families, offering, at a minimum, core family planning services enumerated earlier in this Funding Announcement. Assuring that projects offer a broad range of family planning and related health services that are tailored to the unique needs of the individual, that include natural family planning methods (also known as fertility awareness based methods) which ensure breadth and variety among family planning methods offered; infertility services; services for adolescents; breast and cervical cancer screening; and prevention of STDs as well as HIV prevention education, counseling, testing, and referrals.
2. Assuring activities that promote positive family relationships for the purpose of increasing family participation in family planning and healthy decision-making; education and counseling that prioritize optimal health and life outcomes for every individual and couple; and other related health services, contextualizing Title X services within a model that promotes optimal health outcomes for the client.
3. Ensuring that all clients are provided services in a voluntary, client-centered, and non-coercive manner in accordance with Title X requirements.
4. Promoting provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers, and increase incentives for those individuals in need of care choosing a Title X provider.
5. Assuring compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking.
6. Encouraging participation of families, parents, and/or legal guardians in the decision of minors to seek family planning services; and providing counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities; and
7. Demonstrating that Title X activities are separate and clearly distinct from non-Title X activities and ensuring that abortion is not a method of family planning for this grant.
8. Using OPA performance metrics to regularly perform quality assurance and quality improvement activities.
9. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with the Title X program requirements and

Quality Family Planning (QFP, 2015). The broad range of services does not include abortion as a method of family planning; but does include (though are not limited to): infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted disease (STD) and HIV prevention education, testing, and referral.

### **TITLE X FAMILY PLANNING KEY ISSUES**

**Key Issues:** In addition to program priorities, the following key issues have implications for Title X services projects, and should be considered in developing the project plan:

1. Efficiency and effectiveness in program management and operations;
2. Management and decision-making and accountability for outcomes;
3. Cooperation with community-based and faith-based organizations;
4. Meaningful collaboration with subrecipients and documented partners in order to demonstrate a seamless continuum of care for clients;
5. A meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents;
6. Activities for adolescents that do not normalize sexual risk behaviors, but instead clearly communicate the research informed benefits of delaying sex or returning to a sexually risk-free status.
7. Emphasis on the voluntary nature of family planning services;
8. Data collection (such as the Family Planning Annual Report (FPAR) for use in monitoring performance and improving family planning services.

### **TITLE X FAMILY PLANNING LEGISLATIVE MANDATES**

**Legislative Mandates:** The following legislative mandates have been part of the Title X appropriations language for the last several years. Title X family planning services projects should include administrative, clinical, counseling, and referral services as well as training of staff necessary to ensure adherence to these requirements.

*“None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;” and*



*“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”*

NDHHS expects every project shall comply with applicable state laws in the proposed service area and will have project-wide monitoring and reporting policies related to child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking. These policies will be implemented and monitored, always ensuring a clear understanding of the reporting process. In addition, any teen who presents with an STD, pregnancy, or any suspicion of abuse will be subject to preliminary screening to rule out victimization of a minor. Such screening is required for any individual who is under the age of consent in the state of the proposed service area.

Sterilization is not a part of the NRH Title X program, however, subrecipients must have systems in place to refer clients who request such service.

### **Common Mistakes & Omissions**

Using the checklist, carefully review your funding request before submitting to NDHHS. Avoid these common mistakes and omissions to expedite review.

	<p><b>Budget Lines do not mirror the Budget Justification</b></p> <p><i>Use exactly the same lines in both the budget line item and the narrative of the justification of each line item.</i></p>
	<p><b>Budget Line Items and Justification do not correlate with the Narrative/Work Plan.</b></p> <p><i>Budget line items and their justification must mirror the work plan or activities you have provided.</i></p>
	<p><b>Budget exceeds the level of funds available.</b></p>
	<p><b>Non-specific line item in the budget; e.g. “miscellaneous” or “other</b></p> <p><i>“Miscellaneous and other” are inadequate descriptions to determine if the cost is allowable based on the Cost Principles in 45 CFR § 75 Subpart E as relevant to the type of entity. Also, each item of cost must be treated consistently in like circumstances either as a direct or indirect cost.</i></p> <p><i>Include additional info for salaries (ie hourly rates), equipment (list equipment), and rent (item rented, hourly rate).</i></p>
	<p><b>Indirect costs are budgeted, but supporting information is not attached.</b></p>

	<p>If indirect cost is 10% then de minimis calculator should be used (<b>See Attachment J</b>). If negotiated rate, then indirect cost rate agreement should be provided.</p>
	<p><b>You have submitted a Subaward Budget but did not include a total Title X Family Planning Program Budget.</b></p> <p><i>These funds are intended to supplement existing clinical practices and cannot be the sole funding source for activities within a clinic.</i></p>