

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

|                              |                                    |
|------------------------------|------------------------------------|
| <b>RELEASE DATE</b>          | <b>POINT OF CONTACT</b>            |
| <b>MAY 30, 2018</b>          | <b>Tina Goodwin</b>                |
| <b>WRITTEN QUESTIONS DUE</b> | <b>APPLICATION DUE DATE</b>        |
| <b>JUNE 8, 2018</b>          | <b>JUNE 20, 2018 5:00 p.m. CDT</b> |

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 targeted Request for Applications (RFA) for the purpose of selecting qualified recipients of funding in Douglas and Lancaster counties. This targeted RFA is intended to fill a gap in the existing network of Title X Family Planning service providers.

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: July 1, 2018 through August 31, 2018

Application Due Date: Received by Wednesday, June 20, 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, and services for adolescents)." 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). 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 subawards.

### **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 in Douglas and Lancaster counties.

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. 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 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 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 July 1, 2018 through August 31, 2018. **The total funding available is projected to be approximately \$44,681.66 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.

Funding 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 MATCH**

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 will be paid prospectively to the sub-recipients. Per federal Health and Human Services grant guidance, funds advanced may only be advanced up to 30 days and 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 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 requirements.
  - 6. Any other option available to it 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 the period July 1, 2018 through August 31, 2018.

Awards made are dependent on the availability of federal funds. The issuance of this RFA in no way constitutes a commitment by DHHS to award any subawards or at the funding level projected in this RFA.

## 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.**

The areas targeted by this RFA are Douglas and Lancaster counties, in Nebraska. A previous service provider has left the network, resulting in a gap of services for these areas. A competitive application must be completed.

## 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

| RFA COMPONENT                         | DATE  |
|---------------------------------------|---|
| RFA Issued                            | May 30, 2018                                |
| Written questions                     | Emailed/faxed by June 8, 2018 5:00 p.m. CDT |
| Publication of responses to questions | June 13, 2018                               |
| Application Due                       | June 20, 2018                               |
| Post Notice of Intent to Award        | June 28, 2018                               |
| Implementation of Year One Subaward   | July 2, 2018                                |

## 4.2 SUBMISSION OF WRITTEN QUESTIONS

Submit questions to Tina Goodwin in writing by one of the following methods (listed in order of preference) and clearly marked “RFA Question”.

Email: [tina.goodwin@nebraska.gov](mailto:tina.goodwin@nebraska.gov)  
Fax: (402) 471-1541

Written questions related to the RFA must be received no later than June 8, 2018, 5:00 p.m. CDT. If the question or comment pertains to a specific section of the RFA, the section and page should be referenced. **Oral questions will not be accepted.**

## 4.3 RESPONSE TO WRITTEN QUESTIONS

DHHS will prepare written responses to all pertinent and properly submitted questions and post the written questions and responses on the Nebraska Reproductive Health webpage at <http://dhhs.ne.gov/publichealth/Pages/reproductivehealth.aspx>.

DHHS’s written responses will be considered part of the RFA.

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

## 4.4 APPLICATION COMPONENTS

### 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 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 claims, 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.

The **Program Priorities & Key Issues** (pages 14 – 15) 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</b>                                      |
| <br><b>or</b><br><br><b>De Minimus calculations (See Attachment J)</b> |

**4.5 SUBMISSION OF APPLICATION**

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

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 or hand delivered by **June 20, 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, June 20, 2018.

#### **4.6 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.

#### **4.7 AMENDMENTS TO THE RFA**

DHHS reserves the right to amend the RFA at any time. 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 periodically for amendments to this RFA.

#### **4.8 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.

#### **4.9 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).

#### **4.10 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

| <b>Evaluation Criteria</b>  |
|---|
| <b>Narrative/Work Plan</b>  |
| <ul style="list-style-type: none"> <li>• Needs assessment</li> <li>• Proposed activities / adequacy to meet identified needs.</li> <li>• Populations and counties to be served</li> <li>• Title X Guidelines, Priorities, Key Issues and Legislative Mandates are an integral part of the program plan</li> <li>• Timelines are reasonable</li> </ul> |
| <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 (EHR, 3<sup>rd</sup> party billing, etc.)</li> <li>• History of successful grants management</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, the Department will assess an entity’s capacity to provide family planning services to eligible persons, provide education to community groups, and submit timely and accurate reports, invoices and fiscal documentation. The Department reserves the right to consider an entity’s performance in current and /or prior grants, subawards, contracts, or cooperative agreements with the Department or other State of Nebraska agencies.

#### B. Geographic Access

The Department will consider geographic access in making final funding decisions. The Department 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. The Department 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, a requirement under 45 CFR § 75.352(b) for all subawards to be made by Nebraska DHHS prior to awarding of funds.

**6. AWARD ADMINISTRATION INFORMATION**

**A. AWARD NOTICES**

Anticipate notification of subrecipients on or before June 28, 2018.

**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 DHHS's General Terms and Assurances.

Following the web posting of Notice of Intent to Award, response to any contingencies, and the receipt of the completed General Terms and Assurances, DHHS will issue a subaward document to each successful Applicant. DHHS provides subaward payments on monthly basis. The costs 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 resulting from this RFA shall incorporate the following documents:

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

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 signed Application Cover Sheet, and 6) the Subrecipient's application.

Any ambiguity in any provision of this subaward which shall be 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, DHHS within ten business days of the referral. DHHS 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 DHHS as required below.

| <b>NEBRASKA TITLE X SUBRECIPIENT REPORTING REQUIREMENTS</b>  |  |   |
|--|--|---|
| <b>REPORT</b>  | <b>DUE DATE</b>  | <b>PERIOD COVERED</b>   |
| Expenditure / Revenue Report<br>Includes Profit and Loss Report and Transaction Detail by Account report                                     | 30 <sup>th</sup> of EVERY month for previous month   | Previous Month  |
|  |  |   |
| Title X Sub-recipient Status Report<br>includes Board of Directors meeting minutes and Documentation of Board Update on Title X Programming. | October 15 <sup>th</sup>   | Quarter 1 (July, August and September)  |
|  | January 15 <sup>th</sup>   | Quarter 2 (October, November and December)  |
|  | April 15 <sup>th</sup>   | Quarter 3 (January, February and March)   |
|  | July 15 <sup>th</sup>  | Quarter 4 (April, May and June)   |
|  |  |   |
| Staff Education, Community Outreach, Community Education and Performance Measures (excel file)   | October 15 <sup>th</sup>   | Quarter 1 (July, August and September)  |
|  | January 15 <sup>th</sup>   | Quarter 2 (October, November and December)  |
|  | April 15 <sup>th</sup>   | Quarter 3 (January, February and March)   |
|  | July 15 <sup>th</sup>  | Quarter 4 (April, May and June)   |
|  |  |   |
| 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 <a href="mailto:DHHS.SingleAudit@nebraska.gov">DHHS.SingleAudit@nebraska.gov</a> |
|  |  |   |
| Narrative Progress Report  | July 15 <sup>th</sup> /End of Fiscal Year – Report on Title X Priorities, Mandates and Work Plan Achievements    | Fiscal Year Update – July 1 through June 30   |
|  |  |   |
| Client Satisfaction Surveys – Aggregated data  | October 15 <sup>th</sup><br>As requested by Grantee  | September – entire month every fiscal year  |
|  |  |   |
| Completed/Updated Policies and Procedures – CD or thumb drive  | October 15 <sup>th</sup>   |   |
|  |  |   |
| Sliding Fee Scales and Justification based on the annual cost analysis and sustainability plan   | October 15 <sup>th</sup>   | July 1 through June 30  |

\* 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, 2018

\*\*\* 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.

**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: PA-FPH-18-001.**

**TITLE X FAMILY PLANNING PRIORITY AREAS**

1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low income families. This includes ensuring that grantees have the capacity to support implementation (e.g., through staff training and related systems changes) of the Title X program guidelines throughout their Title X services projects, and that project staff have received training on Title X program requirements;
2. 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). These services include, but are not limited to, natural family planning methods, infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted disease (STD) and HIV prevention education, testing, and referral. The broad range of services does not include abortion as a method of family planning;
3. Assessing clients’ reproductive life plan as part of determining the need for family planning services, and providing preconception services as stipulated in QFP;
4. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and
5. Demonstrating that the project infrastructure will ensure sustainability of family planning and reproductive health services throughout the proposed service area including:
  - Incorporation of certified Electronic Health Record (EHR) systems and other HIT systems that are interoperable;
  - Evidence of contracts with insurance and systems for third party billing as well as the ability to facilitate the enrollment of clients into insurance and Medicaid optimally onsite; and to report on numbers assisted and enrolled;
  - Evidence of the ability to provide comprehensive primary care services onsite or demonstration of formal robust linkages with comprehensive primary care providers.

## **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. Incorporation of the 2014 Title X Program Guidelines throughout the proposed service area as demonstrated by written clinical protocols that are in accordance with Title X Requirements and QFP.
2. Efficiency and effectiveness in program management and operations;
3. Patient access to a broad range of contraceptive options, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests;
4. Establishment and use of performance measures to regularly perform quality assurance and quality improvement activities;
5. Establishment of linkages and partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;
6. Incorporation of the National HIV/AIDS Strategy (NHAS) and CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;"
7. Efficient and streamlined electronic data collection (such as for the Family Planning Annual Report (FPAR)), reporting and analysis for internal use in monitoring performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services; and
8. Incorporation of research outcomes and evidence-based approaches that focus on family planning service delivery.

## **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."*

### Common Mistakes & Omissions

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

|  |   |
|--|---|
|  | <p><b>Budget Lines do not mirror the Budget Justification</b><br/> <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><br/> <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. <u>cannot use</u> “miscellaneous” or “other”.</b><br/> <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><b>Indirect costs are budgeted, but supporting information is not attached.</b><br/>           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 used.</p>  |
|  | <p><b>You have submitted a Subaward Budget but did not include a total Title X Family Planning Program Budget.</b><br/> <i>These funds are intended to supplement existing clinical practices and cannot be the sole funding source for activities within a clinic.</i></p>   |



**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**  
**July 1, 2018 through September 30, 2018**

**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**

|                                   | <b>Amount</b> | <b>Percentage (%)</b> |
|-----------------------------------|---------------|-----------------------|
| <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 2017-2018**

**Administrative Goal:**

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

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

**Clinical Goal:**

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

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

**Financial Goal:**

**I. Outcome Goal:**  
**(5 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:**

**(5 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**

**July 1, 2018 – August 31, 2018**

| COST CATEGORIES/<br>LINE ITEMS  | BUDGET BY RESOURCE |         |                   |         | TOTAL<br>BUDGETED |
|---------------------------------|--------------------|---------|-------------------|---------|-------------------|
|                                 | Title X            | Title V | Program<br>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 minimis (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 minimis 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

---

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

---

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

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

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

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

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

### Other Staff Involved with Subaward

---

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>                 | June 20, 2018<br>5:00 p.m. CDT |           |
| <b>2. Narrative/Needs Assessment</b>              | June 20, 2018<br>5:00 p.m. CDT |           |
| <b>3. Work Plan</b>                               | June 20, 2018<br>5:00 p.m. CDT |           |
| <b>4. Budget Worksheet</b>                        | June 20, 2018<br>5:00 p.m. CDT |           |
| <b>5. Line Item Budget</b>                        | June 20, 2018<br>5:00 p.m. CDT |           |
| <b>6. Management Worksheet</b>                    | June 20, 2018<br>5:00 p.m. CDT |           |
| <b>7. Title X Assurances of Compliance</b>        | June 20, 2018                  |           |
| <b>8. Signed Attestation Forms</b>                | June 20, 2018<br>5:00 p.m. CDT |           |
| <b>9. Indirect Cost Agreement (if applicable)</b> | June 20, 2018<br>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.

Attachment J

| <b>De Minimis Rate Calculator</b>         |                 |    | <b>Fillable Area</b>                                  |    |   |  |
|---|-----------------|----|---|----|---|--|
|   |                 |    | <b>Can change (must be equal to or less than 10%)</b> |    |   |  |
|   | Subaward Amount |    |   |    |   |  |
|   |                 |    |   |    |   |  |
| <b>Modified Total Direct Costs (MTDC)</b> |                 |    | <b>Initial De Minimis Rate</b>                        | \$ | - |  |
| Direct Salaries and Wages                 |                 |    | <b>Amount over subaward</b>                           | \$ | - |  |
| Applicable Fringe Benefits                |                 |    | <b>Final De Minimis Rate</b>                          | \$ | - |  |
| Materials and Supplies                    |                 |    |   |    |   |  |
| Services                                  |                 |    |   |    |   |  |
| Travel                                    |                 |    |   |    |   |  |
| Subaward 1 (up to \$25,000)               |                 |    |   |    |   |  |
| Subaward 2 (up to \$25,000)               |                 |    |   |    |   |  |
| Subaward 3 (up to \$25,000)               |                 |    |   |    |   |  |
| Subaward 4 (up to \$25,000)               |                 |    |   |    |   |  |
| Total MTDC                                |                 | \$ |   |    | - |  |
|   |                 |    |   |    |   |  |
| Initial De Minimis Rate/Amount            | 10%             | \$ |   |    | - |  |
|   |                 |    |   |    |   |  |
| Subaward Amount                           | \$              |    |   |    | - |  |
| Budget Amount with De Minimis             | \$              |    |   |    | - |  |
| Amount under(over) subaward               | \$              |    |   |    | - |  |
|   |                 |    |   |    |   |  |
|   |                 |    |   |    |   |  |