

Nebraska Department of Health and Human Services (DHHS)  
Division of Public Health

## Request for Applications (RFA)

**Submit original to:**  
Julie Reno  
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>
March 4, 2015	Julie Reno
<b>WRITTEN QUESTIONS DUE</b>	<b>APPLICATION DUE DATE</b>
APRIL 15, 2015	June 1, 2015, 5:00 p.m. CDT

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 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: July 1, 2015 through June 30, 2016 for up to 3 total years through June 30, 2018

Application Due Date: Received by Monday, June 1, 2015, 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  
[julie.reno@nebraska.gov](mailto:julie.reno@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.

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. 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 the Office of Management and Budget (OMB) Circulars\* as well as restrictions of the all funding sources.

\*Recent reform of federal grants management policies consolidates and revises the eight current Office of Management and Budget (OMB) Circulars. The federal OMB published in the December 26, 2013 Federal Register the new **Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards**. This Final Guidance of grant policy reform streamlines requirements from A-21, A-87, A-110, A-122, A-89, A-102, A-133, and A-50. 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 three year period July 1, 2015 through June 30, 2018. **The total funding available for Year 1 is projected to be approximately \$1.54 million in Title X Funds and \$300,000.00 of Title V Maternal and Child Health funds through an internal DHHS allocation.** DHHS is setting aside Title X funds of \$40,000 for each of the four federally recognized Native American tribes headquartered in Nebraska, for a total of \$160,000 in Title X funds.

DHHS's preliminary projection for Years 2&3 funding is level or decreased funds.

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.

## **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. Subawards will be processed in 6 equal payments annually and paid prospectively to the sub-recipients. Subrecipients will provide documentation of the use of funds in the bi-monthly reports. These reports will be reviewed to determine if funds were expended for allowable, allocable and reasonable expenses.
- 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.

## **2.4 PROJECT PERIOD**

DHHS seeks applications for projects for a projected three year period July 1, 2015 through June 30, 2018. The project is divided by fiscal years as referenced below:

Year 1 / Fiscal Year 2016	July 1, 2015 – June 30, 2016
Year 2 / Fiscal Year 2017	July 1, 2016 – June 30, 2017
Year 3/ Fiscal Year 2018	July 1, 2017 – June 30, 2018

The initial subaward will be issued for Fiscal Year 2016. Subject to the review of subrecipient performance and compliance with the terms and conditions of the award, and availability of funds, a one-year, non-competing award will be made for fiscal years 2017 and 2018. 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 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 Northeast Nebraska and South Central Nebraska Regions will not be competitive during the 2015 application process. New service providers were funded in these regions within the last two years. But the providers in the non-competitive regions are required to submit a full application in accordance with the expectations of this RFA**

**Northeast Nebraska - *Non-competitive – Must complete this Application and all required criteria---Current sub-recipient: Midtown Health Center (FQHC), service sites in Norfolk, Madison, and Wayne. Began providing services in FY 2013. Counties in service area are Madison, Stanton, Cuming, Burt, Thurston, Wayne, Pierce, Antelope, Knox, Cedar, Dixon, Dakota. (12)***

**Northeast Nebraska - *Non-competitive – Must complete this Application and all required criteria --Current sub-recipient: Three Rivers Public Health Department, service sites in Fremont and Wahoo. Began providing services in FY 2013. Counties in service area are Dodge, Washington, Polk, Butler, Saunders. (5)***

**Eastern Nebraska – **A Competitive Application must be completed**  
Counties: *Douglas, Sarpy, and Cass. (3)***

**Southeast Nebraska - A Competitive Application must be completed**

Counties: *Lancaster, York, Seward, Fillmore, Saline, Jefferson, Gage, Johnson, Pawnee, Thayer, Richardson, Nemaha, and Otoe.* (13)

**South Central Nebraska - Non-Competitive - Must complete this Application and all**

**required criteria -- Current sub-recipient: Mary Lanning Community Health Center/Hastings Family Planning. Merger of Services completed January 2015. Counties in service area are: Adams, Clay, Nuckolls, Webster, Franklin, Harlan, Furnas, Gosper, and Kearney.** (9)

**Central Nebraska - A Competitive Application must be completed**

Counties: *Hall, Howard, Merrick, York, Buffalo, Dawson, Phelps, Custer, Valley, Sherman, Greeley, Hamilton, Nance, Wheeler, Boone, Garfield, Holt, Boyd, Rock, Colfax, Platte and Loup.* (22)

**West Central - A Competitive Application must be completed**

Counties: *Grant, Hooker, Thomas, Blaine, Gosper, McPherson, Logan, Arthur, Keith, Lincoln, Frontier, Red Willow, Hayes, Hitchcock, Dundy, Chase, and Perkins.* (17)

**Southern Panhandle - A Competitive Application must be completed**

Counties: *Scotts Bluff, Morrill, Banner, Kimball, Cheyenne, Garden, and Deuel* (7)

**Northern Panhandle/North Central - A Competitive Application must be completed**

Counties: *Dawes, Box Butte, Sheridan, Sioux, Cherry* (5)

**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	March 4, 2015
Written questions	Emailed/faxed by April 1, 2015, 5:00 p.m. CDT
Publication of responses to questions	April 15, 2015
Application Due	June 1, 2015, 5:00 p.m. CDT
Post Notice of Intent to Award	June 25, 2015
Implementation of Year One Subaward	July 1, 2015

**4.2 SUBMISSION OF WRITTEN QUESTIONS**

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

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

Written questions related to the RFA must be received no later than April 1, 2015, 5:00 p.m. CDT. If the question or comment pertains to a specific section of the RFA, the section and page must 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**

##### **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**

- a. Describe roles, qualifications, and time allotted for personnel and/or contractors. Are they suitable to perform duties related to the subaward activities

**iv. Organization’s Structure**—is it 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** (i.e. from billing Medicaid, private insurance, local cash funds, patient fees, donations, grants, etc.)

**vi. Describe limitations** preventing additional revenue (i.e. agreements with other entities, limits in population served, lack of capacity/infrastructure to bill for services, etc.)

**A.3 WORKPLAN**

**Refer to the work plan template in the appendix.** The work plan should be reflective of the proposed activities and responsive to the needs assessment.

The **Program Guidelines** referenced in 5.1 above, 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 Budget template in the appendix.**

**A.5 BUDGET JUSTIFICATION NARRATIVE**

**Written justification of all proposed expenditures by line item**

**A.6 REQUIRED FORMS:**

- **General Terms and Assurances**
- **Audit Requirement Certification**
- **FFATA Form**

**A.7 LETTERS OF COLLABORATION (not required)**

**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. 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:

**Julie Reno, 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 1, 2015 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. Do not send third class or book rate.

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 at the 3<sup>rd</sup> floor reception desk, DHHS, 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 1, 2015.

#### **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
- Contacts made pursuant to any pre-existing agreements or obligations; 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. The DHHS contact will issue any clarifications or opinions regarding this RFA 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 or firm 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 Julie Reno at [julie.reno@nebraska.gov](mailto:julie.reno@nebraska.gov).

#### **4.10 REJECTION OF APPLICATIONS**

DHHS reserves the right to reject any and 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**

<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, contracts, cooperative agreements, or subcontracts 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 assure 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 2 CFR 200.331(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 25, 2015 -- pending notification of Nebraska Department of Health and Human Services of funding from the HHS -- Office of Population Affairs.

### **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 bi-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 of reasonable, allowable, and allocable.

### **C. SUBAWARD DOCUMENT**

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

1. Subaward;
2. The original RFA;
3. Any addenda and/or amendments to the RFA, including questions and answers;
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) the subaward, 2) the original RFA, 3) Request for Application addenda and/or amendments with the latest dated amendment having the highest priority, 4) the signed Application Cover Sheet, 5) the Subrecipient's application; and 6) subaward amendments with the latest dated amendment having the highest priority.

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

## D. REPORTING -- PROGRAM REQUIREMENTS

### Nebraska Title X Subrecipient Reporting Requirements

Report	Date Due	Period Covered
<b>Title X Subrecipient Status/Data Rpt. of Performance Measure progress</b>	The 30 <sup>th</sup> of the month following the previous two months activities. July - Aug due Sept. 30 Sept - Oct due Nov. 30 Nov - Dec due Jan. 30 Jan - Feb due March 30 March - April due May 30 May - June Due July 30	Previous two months
<b>Community Education Report</b> (reflects community programming/presentations)		
<b>Expenditure Report</b> (6 Reports/Year)		
<b>Board Meeting Minutes/Documentation of Board Update on Title X Programming</b>	Attach to Sub-recipient Status Report prior to next scheduled Board Meeting	
<b>Current Policies and Procedures</b>	Due with <b>first</b> Sub-recipient Status Report <u>each</u> Fiscal Year	
<b>Administrative Staff and Clinical Provider(s) Contact Information</b>	Submit a current/updated list of <u>all staff associated with Title X</u> with the first Sub-recipient Status Report  Following each new employment, information will be attached to subsequent Sub-recipient Status Reports	
<b>Audit Report</b>	Within 9 months of the end of the sub-recipient agency fiscal year or 30 days after the audit has been completed.	Agency Fiscal Year
<b>(FPAR) OPA Title X FP/Program Data Report (twice a year)</b>	Mid-Year January – June <b>Due July 15</b> Calendar year on January TBD	January - June January - December
<b>Narrative Progress Report</b>	July 15/End of Fiscal Year Report on Title X Priorities, Mandates and Work Plan Achievements	Fiscal Year Update
<b>Compiled Client Satisfaction Surveys</b>	Once a Year - Fall	30 days
<b>Sliding Fee Scale and Justification based on the annual cost analysis and sustainability plan.</b>	Once a Year with September Sub-recipient Status Report	September

\* 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, 2015 through June 30, 2018

\*\*\* Scheduled field audits and random quarterly desk audits will be conducted by Nebraska Reproductive Health to assure 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: OPA-FY2015-1.**

### **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. This funding opportunity announcement assumes these provisions will be carried forward in FY 2015. 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."*

## GENERAL TERMS AND ASSURANCES

### A. ACCESS TO RECORDS AND AUDIT RESPONSIBILITIES.

1. All Subrecipient books, records, and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this subaward shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Subrecipient shall maintain all records for three (3) years from the date of final payment, except records that fall under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. The Subrecipient shall maintain its accounting records in accordance with generally accepted accounting principles. DHHS reserves and hereby exercises the right to require the Subrecipient to submit required financial reports on the accrual basis of accounting. If the Subrecipient's records are not normally kept on the accrual basis, the Subrecipient is not required to convert its accounting system but shall develop and submit in a timely manner such accrual information through an analysis of the documentation on hand (such as accounts payable).
2. The Subrecipient shall provide DHHS any and all written communications received by the Subrecipient from an auditor related to Subrecipient's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Subrecipient agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Subrecipient, in which case the Subrecipient agrees to verify that DHHS has received a copy.
3. The subrecipient shall immediately commence follow-up action on findings arising from audits or other forms of review. Follow-up action includes responding to those conducting such examinations with clear, complete views concerning the accuracy and appropriateness of the findings. If the finding is accepted, corrective action, such as repaying disallowed costs, making financial adjustments, or taking other actions should proceed and be completed as rapidly as possible. If the subrecipient disagrees, it should provide an explanation and specific reasons that demonstrate that the finding is not valid.
4. In addition to, and in no way in limitation of any obligation in this subaward, the Subrecipient shall be liable for audit exceptions, and shall return to DHHS all payments made under this subaward for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.

B. AMENDMENT. This subaward may be modified only by written amendment executed by both parties. No alteration or variation of the terms and conditions of this subaward shall be valid unless made in writing and signed by the parties.

C. ANTI-DISCRIMINATION. The Subrecipient shall comply with all applicable local, state and federal statutes and regulations regarding civil rights and equal opportunity employment, including Title VI of the Civil Rights Act of 1964; the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act of 1990, Public Law 101-336; and the Nebraska

Fair Employment Practice Act, NEB. REV. STAT. §§ 48-1101 to 48-1125. Violation of said statutes and regulations will constitute a material breach of this subaward. The Subrecipient shall insert this provision into all subawards and subcontracts.

- D. ASSIGNMENT. The Subrecipient shall not assign or transfer any interest, rights, or duties under this subaward to any person, firm, or corporation without prior written consent of DHHS. In the absence of such written consent, any assignment or attempt to assign shall constitute a breach of this subaward.
- E. ASSURANCE. If DHHS, in good faith, has reason to believe that the Subrecipient does not intend to, is unable to, has refused to, or discontinues performing material obligations under this subaward, DHHS may demand in writing that the Subrecipient give a written assurance of intent to perform. Failure by the Subrecipient to provide written assurance within the number of days specified in the demand may, at DHHS's option, be the basis for terminating this subaward.
- F. BREACH OF SUBAWARD. DHHS may immediately terminate this subaward and agreement, in whole or in part, if the Subrecipient fails to perform its obligations under the subaward in a timely and proper manner. DHHS may withhold payments and provide a written notice of default to the Subrecipient, allow the Subrecipient to correct a failure or breach of subaward within a period of thirty (30) days or longer at DHHS's discretion considering the gravity and nature of the default. Said notice shall be delivered by Certified Mail, Return Receipt Requested or in person with proof of delivery. Allowing the Subrecipient time to correct a failure or breach of this subaward does not waive DHHS's right to immediately terminate the subaward for the same or different subaward breach which may occur at a different time. DHHS may, at its discretion, obtain any services required to complete this subaward and hold the Subrecipient liable for any excess cost caused by Subrecipient's default. This provision shall not preclude the pursuit of other remedies for breach of subaward as allowed by law.
- G. CONFIDENTIALITY. Any and all confidential or proprietary information gathered in the performance of this subaward, either independently or through DHHS, shall be held in the strictest confidence and shall be released to no one other than DHHS without the prior written authorization of DHHS, provided that contrary subaward provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. As required by United States Department of Health and Human Services (hereinafter "HHS") appropriations acts, all HHS recipients and DHHS Subrecipients must acknowledge Federal and DHHS funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with Federal and DHHS funds. Recipients are required to state: (1) the percentage and dollar amounts of the total program or project costs financed with Federal and DHHS funds; and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources. This provision shall survive termination of this subaward.
- H. CONFLICTS OF INTEREST. In the performance of this subaward, the Subrecipient shall avoid all conflicts of interest and all appearances of conflicts of interest. The subrecipient shall not acquire an interest either directly or indirectly which will conflict in any manner or degree with performance and shall immediately notify DHHS in writing of any such instances encountered.
- I. COST PRINCIPLES AND AUDIT REQUIREMENTS. The Subrecipient shall follow the applicable cost principles in 2 CFR 200 Subpart F Federal audit requirements are dependent

on the total amount of federal funds expended by the Subrecipient., set in the table below and Attachment 1, Audit Requirement Certification. Audits must be prepared and issued by an independent certified public accountant licensed to practice. A copy of the annual audit is to be made electronically available or sent to: Nebraska Department of Health and Human Services, Financial Services, P.O. Box 95026, Lincoln, NE 68509-5026.

<b>Amount of annual federal expenditure</b>	<b>Audit Type</b>
<i>\$100,000 to \$749,999</i>	<i>Financial Statement Audit</i>
<i>750,000 or more in federal expenditure</i>	<i>Single Audit</i>

- J. **DATA OWNERSHIP AND COPYRIGHT.** Except as otherwise provided in the Federal Notice of Award, DHHS shall own the rights in data resulting from this project or program. The Subrecipient may copyright any of the copyrightable material and may patent any of the patentable products produced in conjunction with the performance required under this subaward without written consent from DHHS. DHHS and any federal granting authority hereby reserve a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for federal or state government purposes. This provision shall survive termination of this subaward.
- K. **DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE.** The Subrecipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- L. **DOCUMENTS INCORPORATED BY REFERENCE.** All references in this subaward to laws, rules, regulations, guidelines, directives, and attachments which set forth standards and procedures to be followed by the Subrecipient in discharging its obligations under this subaward shall be deemed incorporated by reference and made a part of this subaward with the same force and effect as if set forth in full text, herein.
- M. **DRUG-FREE WORKPLACE.** Subrecipient agrees, in accordance with 41 USC §701 et al., to maintain a drug-free workplace by: (1) publishing a drug-free workplace statement; (2) establishing a drug-free awareness program; (3) taking actions concerning employees who are convicted of violating drug statutes in the workplace; and (4) in accordance with 2 CFR §182.230, identify all workplaces under its federal awards.
- N. **FEDERAL FINANCIAL ASSISTANCE.** The Subrecipient shall comply with all applicable provisions of 45 C.F.R. §§ 87.1-87.2. The Subrecipient certifies that it shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.
- O. **FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT REPORTING.** The Subrecipient shall complete the Subrecipient Reporting Worksheet, Attachment 2, sections B and C. The Subrecipient certifies the information is complete, true and accurate.
- P. **FORCE MAJEURE.** Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this subaward due to a natural disaster, or other similar event outside the control and not the fault of the affected party (“Force Majeure Event”). A Force Majeure Event shall not constitute a breach of this subaward. The party so affected shall immediately give notice to the other party of the Force Majeure Event. Upon such notice, all obligations of the affected party under this subaward which are reasonably related to the Force Majeure Event shall be suspended, and the affected

party shall do everything reasonably necessary to resume performance as soon as possible. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under this subaward.

- Q. FUNDING AVAILABILITY. DHHS may terminate the subaward, in whole or in part, in the event funding is no longer available. Should funds not be appropriated, DHHS may terminate the award with respect to those payments for the fiscal years for which such funds are not appropriated. DHHS shall give the Subrecipient written notice thirty (30) days prior to the effective date of any termination. The Subrecipient shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event, shall the Subrecipient be paid for a loss of anticipated profit.
- R. GRANT CLOSE-OUT. Upon completion or notice of termination of this grant, the following procedures shall apply for close-out of the subaward:
1. The Subrecipient will not incur new obligations after the termination or completion of the subaward, and shall cancel as many outstanding obligations as possible. DHHS shall give full credit to Subrecipient for the federal share of non-cancelable obligations properly incurred by Subrecipient prior to termination, and costs incurred on, or prior to, the termination or completion date.
  2. Subrecipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
  3. Within a maximum of 90 days following the date of expiration or completion, Subrecipient shall submit all financial, performance, and related reports required by the Subrecipient Reporting Requirements. DHHS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
  4. DHHS shall make any necessary adjustments upward or downward in the federal share of costs.
  5. The Subrecipient shall assist and cooperate in the orderly transition and transfer of subaward activities and operations with the objective of preventing disruption of services.
  6. Close-out of this subaward shall not affect the retention period for, or state or federal rights of access to, Subrecipient records, or Subrecipient's responsibilities regarding property or with respect to any program income for which Subrecipient is still accountable under this subaward. If no final audit is conducted prior to close-out, DHHS reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.
- S. GOVERNING LAW. The award shall be governed in all respects by the laws and statutes of the United States and the State of Nebraska. Any legal proceedings against DHHS or the State of Nebraska regarding this award shall be brought in Nebraska administrative or judicial forums as defined by Nebraska State law. The Subrecipient shall comply with all Nebraska statutory and regulatory law.

T. HOLD HARMLESS.

1. The Subrecipient shall defend, indemnify, hold, and save harmless the State of Nebraska and its employees, volunteers, agents, and its elected and appointed officials (“the indemnified parties”) from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses (“the claims”), sustained or asserted against the State of Nebraska, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Subrecipient, its employees, consultants, representatives, and agents, except to the extent such Subrecipient’s liability is attenuated by any action of the State of Nebraska which directly and proximately contributed to the claims.
2. DHHS’s liability is limited to the extent provided by the Nebraska Tort Claims Act, the Nebraska Contract Claims Act, the Nebraska Miscellaneous Claims Act, and any other applicable provisions of law. DHHS does not assume liability for the action of its Subrecipients.

U. HUMAN TRAFFICKING PROVISIONS. The subrecipient shall comply and be subject to the requirements of Section 106(g) of the “Trafficking Victims Protection Act of 2000” (22 USC 7104). The full text of this requirement is found at: <http://www.acf.hhs.gov/grants/award-term-and-condition-for-trafficking-in-persons>

V. INDEPENDENT ENTITY. The Subrecipient is an Independent Entity and neither it nor any of its employees shall, for any purpose, be deemed employees of DHHS. The Subrecipient shall employ and direct such personnel, as it requires, to perform its obligations under this subaward, exercise full authority over its personnel, and comply with all workers’ compensation, employer’s liability and other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer providing services as contemplated by this subaward.

W. REIMBURSEMENT REQUEST. Requests for payments submitted by the Subrecipient shall contain sufficient detail to support payment. Any terms and conditions included in the Subrecipient’s request shall be deemed to be solely for the convenience of the parties.

X. INTEGRATION. This written subaward represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this subaward.

Y. LOBBYING.

1. Subrecipient certifies that no Federal appropriated funds shall be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any Federal agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any Federal agreement, grant, loan, or cooperative agreement.
2. If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any

agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this subaward, the Subrecipient shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Z. MANDATORY DISCLOSURES. The subrecipient must disclose to the State, in a timely manner and in writing, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting this subaward in accordance with 2 CFR §200.113. Failure to make required disclosures can result in any of the remedies described in §200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180 and 31 U.S.C. 3321).

AA. NEBRASKA NONRESIDENT INCOME TAX WITHHOLDING. Subrecipient acknowledges that Nebraska law requires DHHS to withhold Nebraska income tax if payments for personal services are made in excess of six hundred dollars (\$600) to any Subrecipient who is not domiciled in Nebraska or has not maintained a permanent place of business or residence in Nebraska for a period of at least six months. This provision applies to: individuals; to a corporation, if 80% or more of the voting stock of the corporation is held by the shareholders who are performing personal services, and to a partnership or limited liability company, if 80% or more of the capital interest or profits interest of the partnership or limited liability company is held by the partners or members who are performing personal services.

The parties agree, when applicable, to properly complete the Nebraska Department of Revenue Nebraska Withholding Certificate for Nonresident Individuals Form W-4NA or its successor. The form is available at:

[http://www.revenue.ne.gov/tax/current/f\\_w-4na.pdf](http://www.revenue.ne.gov/tax/current/f_w-4na.pdf) or  
[http://www.revenue.ne.gov/tax/current/fill-in/f\\_w-4na.pdf](http://www.revenue.ne.gov/tax/current/fill-in/f_w-4na.pdf)

BB. NEBRASKA TECHNOLOGY ACCESS STANDARDS. The Subrecipient shall review the Nebraska Technology Access Standards, found at <http://www.nitc.nebraska.gov/standards/> and ensure that products and/or services provided under the subaward comply with the applicable standards. In the event such standards change during the Subrecipient's performance, the State may create an amendment to the subaward to request that Subrecipient comply with the changed standard at a cost mutually acceptable to the parties.

CC. NEW EMPLOYEE WORK ELIGIBILITY STATUS. The Subrecipient shall use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

If the Subrecipient is an individual or sole proprietorship, the following applies:

1. The Subrecipient must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at [www.das.state.ne.us](http://www.das.state.ne.us).
2. If the Subrecipient indicates on such attestation form that he or she is a qualified alien, the Subrecipient agrees to provide the U.S. Citizenship and Immigration Services documentation required to verify the Subrecipient's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

3. The Subrecipient understands and agrees that lawful presence in the United States is required and the Subrecipient may be disqualified or the subaward terminated if such lawful presence cannot be verified as required by NEB. REV. STAT. § 4-108.

DD. PUBLICATIONS. Subrecipient shall acknowledge the project was supported by the Code of Federal Award Number, name of award, federal agency and DHHS in all publications that result from work under this subaward.

EE. PROGRAMMATIC CHANGES. The Subrecipient shall request in writing to DHHS for approval of programmatic changes. DHHS shall approve or disapprove in whole or in part in writing within thirty (30) days of receipt of such request.

FF. PROMPT PAYMENT. Payment shall be made in conjunction with the State of Nebraska Prompt Payment Act, NEB. REV. STAT. §§ 81-2401 through 81-2408. Unless otherwise provided herein, payment shall be made by electronic means.

Automated Clearing House (ACH) Enrollment Form Requirements for Payment.

The Subrecipient shall complete and sign the State of Nebraska ACH Enrollment Form and obtain the necessary information and signatures from their financial institution. The completed form must be submitted before payments to the Subrecipient can be made.

Download ACH Form:

[http://www.das.state.ne.us/accounting/nis/address\\_book\\_info.htm](http://www.das.state.ne.us/accounting/nis/address_book_info.htm)

GG. PUBLIC COUNSEL. In the event Subrecipient provides health and human services to individuals on behalf of DHHS under the terms of this award, Subrecipient shall submit to the jurisdiction of the Public Counsel under NEB. REV. STAT. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this subaward. This clause shall not apply to subawards between DHHS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

HH. RESEARCH. The Subrecipient shall not engage in research utilizing the information obtained through the performance of this subaward without the express written consent of DHHS. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this subaward.

II. SEVERABILITY. If any term or condition of this subaward is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this subaward did not contain the particular provision held to be invalid.

JJ. SMOKE FREE. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or

Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. By signing, the Subrecipient certifies that the Subrecipient will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

- KK. SUBRECIPIENTS OR SUBCONTRACTORS. The Subrecipient shall not subaward or subcontract any portion of this award without prior written consent of DHHS. The Subrecipient shall ensure that all subcontractors and subrecipients comply with all requirements of this subaward and applicable federal, state, county and municipal laws, ordinances, rules and regulations.
- LL. TIME IS OF THE ESSENCE. Time is of the essence in this subaward. The acceptance of late performance with or without objection or reservation by DHHS shall not waive any rights of DHHS nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Subrecipient remaining.

## AUDIT REQUIREMENT CERTIFICATION

*Subrecipients receiving funds from the Nebraska Department of Health and Human Services (DHHS) are required to complete this certification. Reference to the Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, in this document is referred to as "Circular A-133".*

**Subrecipient's Name** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Subrecipient's Fiscal Year** \_\_\_\_\_, **20**\_\_ to \_\_\_\_\_, **20**\_\_

All written communications from the Certified Public Accountant (CPA) engaged under #2 or #3 below, given to the subrecipient related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance* and any additional reports issued by the auditor as a result of this engagement must be provided to the DHHS immediately upon receipt, unless the Subrecipient has directed the CPA to provide the copy directly to the DHHS and has verified this has occurred.

Check either 1, 2, or 3

1. \_\_\_ As the subrecipient named above, we expect to expend less than \$750,000 from all Federal Financial Assistance sources and do not expect to receive \$100,000 or more in subgrants from the DHHS, including commodities, during our fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133 and do not need to submit our audited financial statements to the DHHS.

2. \_\_\_ As the subrecipient named above, we expect to expend less than \$750,000 from all Federal Financial Assistance sources and expect to receive \$100,000 or more in subgrants from the DHHS, including commodities, during our fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133.

We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct an audit of our organization's financial statements. We acknowledge that the audited financial statements should be presented in accordance with generally accepted accounting principles (accrual basis). If another basis of accounting is more appropriate or if the accrual basis of accounting is overly burdensome, we will notify the DHHS of this issue and request a waiver of this requirement prior to the end of our fiscal year. We further acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to the DHHS within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

3. \_\_\_ As the subrecipient named above, we expect to expend \$750,000 or more from all Federal Financial Assistance sources, including commodities in our current fiscal year. Therefore, we are subject to the single audit requirements of Circular A-133.

We will engage a licensed Certified Public Accountant to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge that the audited financial statements should be presented in accordance with generally accepted accounting principles (accrual basis). If another basis of accounting is more appropriate or if the accrual basis of accounting is overly burdensome, we will notify the DHHS of this issue and request a waiver of this requirement prior to the end of our fiscal year. We further acknowledge the audit must be completed no later than nine months after the end of our current fiscal year.

We further acknowledge, that a single audit performed in accordance with Circular A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed must contain:

- financial statements,
- a schedule of Expenditure of Federal Awards,
- a Summary Schedule of Prior Audit Findings (if applicable),
- a corrective action plan (if applicable) and
- the auditor's report(s) which includes an opinion upon financial statements and Schedule of Expenditures of Federal Awards, a report of internal control, a report of compliance and a Schedule of Findings and Questioned Costs.

We further acknowledge the auditor and this subrecipient must complete and submit with the reporting package a *Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations* (SF-SAC).

We further acknowledge a copy of the subrecipient's financial statements, auditor's report and SF-SAC must be submitted to the DHHS within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. .

For items #2 and #3 above the required information must be submitted to:

Nebraska Department of Health and Human Services  
Internal Audit Section  
P.O. Box 95026  
Lincoln, NE 68509-5026

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

**Summary Budget Request  
(Use Whole Numbers)  
FY July 1, 2015 - June 30, 2016**

THIS IS A SUMMARY VERSION OF YOUR BUDGET FOR THE PERIOD.	Total Amount Required (sum of column 2-5)	Applicant Funds (complete Row 4a below)	Other Grant Funds (complete Row 4b below)	Program Generated Funds (complete Row 4c below)	Title X/State Funds Requested  Family Planning Services (including HIV & STD services)
	1	2	3	4	5
<b>1. PERSONAL SERVICE</b>					
a. Total Salaries and Wages	\$0	\$0	\$0	\$0	\$0
b. Fringe Benefits	\$0	\$0	\$0	\$0	\$0
c. Total Personnel Costs	\$0	\$0	\$0	\$0	\$0
<b>2. OTHER THAN PERSONNEL SERVICE</b>					
a. Contractual	\$0	\$0	\$0	\$0	\$0
b. Equipment	\$0	\$0	\$0	\$0	\$0
c. Staff Development	\$0	\$0	\$0	\$0	\$0
d. Outreach and Education	\$0	\$0	\$0	\$0	\$0
e. Other	\$0	\$0	\$0	\$0	\$0
f. TOTAL OTPS	\$0	\$0	\$0	\$0	\$0
<b>3. TOTAL DIRECT COSTS<sup>1</sup></b>	\$0	\$0	\$0	\$0	\$0

<b>4. SOURCE OF APPLICANT FUNDS</b>				
a. Applicant				
i. Unrestricted Funds	\$ -			
ii. In-Kind Contributions	\$ -			
b. Other Grant Funds (Specify)				
		\$ -		
		\$ -		
		\$ -		
c. Program Generated Funds				
I Patient Collections			\$ -	
ii. Patient Donations			\$ -	
iii. Title XIX (Medicaid)			\$ -	
iv. Other Public Ins. (Champus, etc.)			\$ -	
v. Private Insurance			\$ -	
vi. Other			\$ -	
d. Total Applicant and Other Funds	\$ -	\$ -	\$ -	

<sup>1</sup>Sum of Total P/S and Total OTPS and Special Project Awards

## BUDGET JUSTIFICATION FORMAT

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. 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 (\$25/diem x 5 days)	\$ 125.00
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.**

### ***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 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 -- Any cost 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 -- Indirect costs (IDC) are those costs incurred for common or joint purposes, and 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. Use the IDC rate agreement negotiated by the federal cognizant agency. Attach a copy of the most current indirect cost rate agreement 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.

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

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

## 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>  <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>  <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>  <i>“Miscellaneous and other” are inadequate descriptions to determine if the cost is allowable based on the OMB Cost Principles 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 the Indirect Cost Rate Agreement is not attached.</b>  <i>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 the base to establish the rate does not include subaward funds budgeted as direct costs.</i></p>
	<p><b>You have submitted a Subaward Budget but did not include a total Title X Family Planning Program Budget.</b>  <i>These funds are intended to supplement existing clinical practices and cannot be the sole funding source for activities within a clinic.</i></p>

## Title X Family Planning Funding Formula

### Definitions

For the purposes of this RFA and the funding formula, these definitions apply for clinic sites.

**Primary Site** - Largest, only, or lead clinical site for a delegate grantee. This may or may not be the center for the delegate's administrative functions. In some cases the administrative functions will exist with a parent organization while with independent non-profit delegates the administrative hub usually exists at the largest clinical site.

**Class 1 Satellite** - Open daily with a regular clinic schedule, permanent facility, but not the largest or lead clinic site.

**Class 2 Satellite** - Open for clinical services on a limited schedule, often termed "suitcase site".

**Class 3 Satellite** - Same as Class 2 only in communities with < 3000 population.

**Delegate** - a sub-recipient of Title X funding from the Grantee (NE-DHHS). 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** - (under revision)

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

Primary Site	\$35,000 year
Class 1 Satellite	\$14,000 year
Class 2 Satellite	\$4,000 year
Class 3 Satellite (population < 3000)	\$1,000 year

**Step 2:** Funds are further allocated based on the percent of unduplicated Low Income Women (LIW) users to Total Agency Users. The following scale represents the amounts given based on the percent determined:

% of LIW 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

**Step 3:** Using a computerized formula delegates are allocated funds based on: Number of unduplicated Low Income Women Users < 150% of poverty minus the Medicaid Users.

**Step 4:** Maternal Child Health (MCH) fund allocation is based on the percent of total allocable Title X funds that a delegate receives. For example, if an agency receives 10% of the total Federal Title X funds available through the funding formula they will receive 10% of the MCH funds available.

## Checklist

This checklist summarizes all parts of the RFA request.

Carefully review the checklist to be certain items 1-11 are accurately prepared and submitted.

APPLICATION PARTS	DUE DATE/TIME	COMPLETED
<b>1. Application Cover Sheet</b>	June 1, 2015 5:00 p.m. CDT	
<b>2. Narrative/Needs Assessment</b>	June 1, 2015 5:00 p.m. CDT	
<b>3. Work Plan</b>	June 1, 2015 5:00 p.m. CDT	
<b>4. Budget Justification</b>	June 1, 2015 5:00 p.m. CDT	
<b>5. Line Item Budget</b>	June 1, 2015 5:00 p.m. CDT	
<b>6. Management Worksheet</b>	June 1, 2015 5:00 p.m. CDT	
<b>7. Needs Assessment</b>	June 1, 2015 5:00 p.m. CDT	
<b>8. Indirect Cost Agreement (if applicable)</b>	June 1, 2015 5:00 p.m. CDT	
<b>9. Terms and Assurances</b>	June 1, 2015 5:00 p.m. CDT	
<b>10. Federal Funding Accountability And Transparency Act Reporting (FFATA) Sections B and C only</b>	June 1, 2015 5:00 p.m. CDT	
<b>11. Audit Certification (signed and dated)</b>	June 1, 2015 5:00 p.m. CDT	

## Management Worksheet

### Other Staff Involved with Proposed Project

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Other Staff Involved with Proposed Project

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Other Staff Involved with Proposed Project

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Other Staff Involved with Proposed Project

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Other Staff Involved with Subaward

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Other Staff Involved with Subaward

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Subrecipient Reporting Worksheet

### Section A – Federal Award Information

Federal Award Identifier Number (FAIN) \_\_\_\_\_  
(Must Match Notice of Award)

Federal Awarding Agency Name \_\_\_\_\_

Award Date \_\_\_\_\_

CFDA Program Number \_\_\_\_\_  
(Must Match Notice of Award)

Subaward Amount From This  
Award: \$ \_\_\_\_\_

*\*See instructions if the subaward is funded from more than one funding source*

### Section B – Subrecipient Information

Subrecipient DUNS \_\_\_\_\_  
(Unique Entity Identifier)

Subrecipient Name \_\_\_\_\_

Subrecipient Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Congressional District \_\_\_\_\_

Amount of Subaward \$ \_\_\_\_\_ Subaward Date \_\_\_\_\_

Subrecipient Principal City \_\_\_\_\_ State \_\_\_\_\_  
Place of Performance:

Country \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Congressional District \_\_\_\_\_

Subaward Number \_\_\_\_\_ (y3 number assigned once approvals completed)

Signature Date \_\_\_\_\_ (Date Subaward signed by DHHS or last party)

Subaward Project Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### For Grants Management Use Only:

Received by Grants: \_\_\_\_\_ FFATA Processed By: \_\_\_\_\_

### Section C – Officer Compensation

1. In your business or organization's previous fiscal year, did your business organization (including parent organization, all branches, and all affiliates worldwide) receive 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subawards, and/or cooperative agreements AND \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subawards, and/or cooperative agreements?

Yes – answer Question 2

No – not required to provide officer compensation

2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes – not required to provide officer compensation

No – provide the names and total compensation of the five most highly compensated officers of the entity below

1.	_____	\$ _____
	Name	Compensation
2.	_____	\$ _____
	Name	Compensation
3.	_____	\$ _____
	Name	Compensation
4.	_____	\$ _____
	Name	Compensation
5.	_____	\$ _____
	Name	Compensation

**Section A – Federal Award Information (Continuation)**

*Use this page only if the subaward is being funded by multiple sources (multiple federal grants or a combination of federal and state funds)*

Federal Award Identifier Number (FAIN) _____	
Federal Awarding Agency Name _____	Award Date _____
CFDA Program Number _____	Subaward Amount From This Award: \$ _____

Federal Award Identifier Number (FAIN) _____	
Federal Awarding Agency Name _____	Award Date _____
CFDA Program Number _____	Subaward Amount From This Award: \$ _____

Federal Award Identifier Number (FAIN) _____	
Federal Awarding Agency Name _____	Award Date _____
CFDA Program Number _____	Subaward Amount From This Award: \$ _____

Amount funded from Federal Grants	\$ _____	total of grants in Section A
Amount funded from State General Funds	\$ _____	
Amount funded from State Cash Funds	\$ _____	
Amount funded from Federal Cash Funds	\$ _____	fed sources other than grants
<b>Total amount funded from all sources</b>	<b>\$ _____</b>	<b>should equal total of subaward</b>