

**City of Carson City
Agenda Report**

Date Submitted: 10/8/10

Agenda Date Requested: 10/21/10
Time Requested: Consent

To: Carson City Board of Supervisors

From: Health and Human Services Department (Marena Works)

Subject Title: Action to approve continued work on the competitive grant application for Family Planning Services in Carson City.

Staff Summary: This federal grant is used to provide women and men family planning, and related services, within the Carson City community. For the last 2 years the Health department has received funding from the Office of Population Affairs for the purpose of operating our family planning services. This funding is expected to expire on June 30, 2011. In order to be considered for continued funding after this date, CCHHS must apply for the new 5-year funding cycle.

Type of Action Requested: (check one)
 Resolution Ordinance
 Formal Action/Motion Other (Specify)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to approve the continue work on the competitive grant application for Family Planning Services in Carson City.

Explanation for Recommended Board Action: This federal grant is used to provide women and men family planning, and related services, within the Carson City community. For the last 2 years the Health department has received funding from the Office of Population Affairs for the purpose of operating our family planning services. This funding is expected to expire on June 30, 2011. In order to be considered for continued funding after this date, CCHHS must apply for the new 5-year funding cycle.

Applicable Statue, Code, Policy, Rule or Regulation: N/A

Fiscal Impact:

Explanation of Impact:

Funding Source: Federal Grant, and Clinic Revenue generated by sliding fee schedule

Alternatives: Do Not Approve

Supporting Material: OPHS Grant guidance

Prepared By: Marena Works

Reviewed By: Marena Works
(Department Head)

Date: 10/12/10

[Signature]
(City Manager)

Date: 10/12/10

[Signature]
(District Attorney)

Date: 10/12/10

[Signature]
(Finance Director)

Date: 10/12/10

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of Public Health and Science, Office of Population Affairs, Office of Family Planning.

FUNDING OPPORTUNITY TITLE: Announcement of Anticipated Availability of Funds for Family Planning Services Grants.

ACTION: Notice.

ANNOUNCEMENT TYPE: Initial Competitive Grant

CFDA NUMBER: 93.217

DATES: Application due dates vary. To receive consideration, applications must be received by the Office of Public Health and Science (OPHS), Office of Grants Management (OGM) no later than the applicable due date listed in Table I of this announcement (Section IV. 3, Submission Dates and Times) and within the time frames specified in this announcement for electronically submitted, mailed, and/or hand-delivered hard copy applications. Applications will be considered as meeting the deadline if they are received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (HHS) c/o Grant

Application Center, Office of Grants Management Operations Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 P.M. Eastern Time on the application due date. Applications that are electronically submitted through www.GrantSolutions.Gov or www.Grants.Gov will be accepted until 8:00 PM Eastern Time on the applicable due date. Applications will not be accepted by fax, nor will the submission deadline be extended. The application due date requirements specified in this announcement supersede the instructions in the application kit. Applications which do not meet the specified deadlines will be returned to the applicant unread. See heading “APPLICATION and SUBMISSION INFORMATION” for information on application submission mechanisms. *Executive Order 12372 comment due date:* The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments.

EXECUTIVE SUMMARY: The Office of Population Affairs (OPA), Office of Family Planning (OFP) announces the anticipated availability of funds for Fiscal Year (FY) 2011 family planning services grants under the authority of Title X of the Public Health Service Act. This notice solicits applications for competing grant awards to serve the areas and/or populations listed in Table I. Only applications which propose to serve the areas and/or populations listed in Table I will be accepted for review and possible funding.

I. FUNDING OPPORTUNITY DESCRIPTION:

This announcement seeks applications from public and private nonprofit entities to establish and operate voluntary family planning services projects, which shall provide family planning services to all persons desiring such services, with priority for services to persons from low-income families. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. Applicants should use the Title X legislation, applicable regulations, Program Guidelines, legislative mandates, program priorities, and other key issues included in this announcement and in the application kit, to guide them in developing their applications.

AUTHORITY: Section 1001 of the Public Health Service (PHS) Act.

Program Statute, Regulations, Guidelines, Legislative Mandates, Program Priorities, and Key Issues

Title X Statute and Regulations: 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). In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR part 50, subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”). 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. 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.”

Legislative Mandates: The following legislative mandates have been part of the Title X appropriations language for each of the last several years. Title X family planning services projects should include administrative, clinical, counseling, and referral services 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.”

Program Guidelines: Additional operational guidance for projects funded under Title X can be found in the “Program Guidelines for Project Grants for Family Planning Services” (January 2001). As noted in OPA Program Instruction OPA 09-01, “Clinical Services in Title X Family Planning Clinics – Consistency with Current Practice Recommendations,” Title X family planning services providers are expected to provide clinical services that are consistent with current nationally recognized standards of care.

Copies of the Title X statute, regulations, legislative mandates, Program Guidelines, and Program Instructions may be downloaded from the Office of Population Affairs web site at <http://www.hhs.gov/opa/familyplanning>. These documents are also included in the application kit. All activities funded under this announcement must be consistent with the Title X statute, regulations, and legislative mandates, and are expected to be in compliance with the Program Guidelines and Program Instructions. For example, projects must meet the regulatory requirements set out at 42 CFR §59.5 regarding charges to clients. The funding criteria set out at 42 CFR §59.7 apply to all applicants under this announcement.

Program Priorities: Each year the OFP establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People

2010/2020 Objectives and from Department of Health and Human Services priorities.

Project plans should be developed that address the 2011 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years. The 2011 program priorities are as follows:

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;
2. Expanding access to 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, including adolescent abstinence counseling. The broad range of services does not include abortion as a method of family planning;
3. Providing preventive health care services in accordance with nationally recognized standards of care. This includes, but is not limited to, breast and cervical cancer screening and prevention services; sexually transmitted disease (STD) and HIV prevention education, testing, and referral; and, other related preventive health services;
4. Emphasizing the importance of counseling family planning clients on establishing a reproductive life plan, and providing preconception counseling as a part of family planning services, as appropriate;

5. 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.
6. Identifying specific strategies for addressing the provisions of health care reform (“The Patient Protection and Affordable Care Act”), and for adapting delivery of family planning and reproductive health services to a changing health care environment, and assisting clients with navigating the changing health care system.

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

1. Efficiency and effectiveness in program management and operations;
2. Cost of contraceptives, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests;
3. Management and decision-making through performance measures and accountability for outcomes;
4. Linkages and partnerships with HIV care and treatment providers, and mental health, drug and alcohol treatment providers;
5. HIV prevention integration in family planning settings, incorporating CDC’s “Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;”
6. The use of electronic technologies, such as electronic health record and practice management systems;

7. Data collection (such as the Family Planning Annual Report [FPAR]) for use in monitoring performance and improving family planning services;
8. Service delivery improvement through translation into practice of research outcomes that focus on family planning and related population issues;
9. Utilizing practice guidelines and recommendations, developed by recognized national professional organizations and Federal agencies, in the provision of evidence-based Title X clinical services; and,
10. Encouraging vaccination of individuals as the best protection against influenza.

III. AWARD INFORMATION

The anticipated fiscal year (FY) 2011 appropriation for the Title X Family Planning Program is approximately \$327 million. Of this amount, OPA intends to make available approximately \$35 million for competing Title X family planning services grant awards in 12 states, populations, and/or areas. (See Table I, Section IV. 3, Submission Dates and Times, for competing areas and approximate amount of available funding.) The amounts indicated in Table I are inclusive of indirect costs, and represent the total amount available for the area/population to be served. The remaining FY 2011 funds will be used for continued support of grants and activities which are not competitive in FY 2011. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. Grants will

be funded in annual increments (budget periods) and are generally approved for a project period of up to five years. Funding for all approved budget periods beyond the first year of the grant is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any public or private nonprofit entity located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands) is eligible to apply for a grant under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are eligible to apply for Title X family planning services grants. Private nonprofit entities must provide proof of nonprofit status. See Section IV.2 for information regarding acceptable proof of nonprofit status.

2. Cost Sharing

Program regulations at 42 CFR §59.7(c) stipulate that "No grant may be made for an amount equal to 100 percent of the project's estimated costs." Also, 42 CFR §59.7(b) states that "No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project that was supported, under section

1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975."

While there is not a fixed cost-sharing percentage or amount, projects must include financial support from sources other than Title X. The proposed project budget should reflect financial support in addition to Title X funds on both the Standard Form (SF) 424A, Budget Information, and in the budget justification. The amount and source(s) of these funds must be clearly identified separately from the requested Title X support as indicated on the SF 424A, as well as on the SF 424, Application for Federal Assistance. The OPHS Office of Grants Management will review applications to ensure that the requested amount of Title X funding is in compliance with this business requirement.

3. Other

Awards will be made only to those organizations or agencies that have met all applicable requirements, and demonstrate the capability of providing the required services.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Application kits may be obtained electronically by accessing Grants.gov at <http://www.grants.gov/> or GrantSolutions at <http://www.GrantSolutions.gov/>. Hard copy application kits may be requested from: Grant Application Center, Office of Grants Management Operations Center, telephone 1-888-203-6161, or submitted to Department

of Health and Human Services (HHS) c/o Grant Application Center, Office of Grants Management Operations Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209.

2. Content and Form of Application

Applications must be prepared using Form PHS-5161 Grant Application (version 3/2006), which includes budget forms, standard Federal assurances, and instructions. The PHS-5161 can be obtained at the web sites noted above, or from the OPHS/OGM, and is included in the application kit for this announcement. Applications must be submitted on the Form PHS-5161 and in the manner prescribed in the application kit. The application narrative should be limited to 65 double-spaced pages using an easily readable serif typeface such as Times Roman, Courier, or GC Times, 12 point font. The page limit does not include budget; budget justification; required forms, assurances, and certifications as part of the PHS-5161, Grant Application; or appendices. All pages, charts, figures and tables should be numbered, and a table of contents provided. The application narrative should be numbered separately and should clearly show the 65 page limit. If the application narrative exceeds 65 pages, only the first 65 pages of the application narrative will be reviewed. Appendices may provide curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application, but should be limited to the minimum necessary to support the application narrative. Brochures and bound materials should not be submitted. Appendices are for supportive information only, and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application.

For all non-governmental applicants, documentation of nonprofit status must be submitted as part of the application. Any of the following constitutes acceptable proof of such status:

- a. A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;
- b. A copy of a currently valid IRS tax exemption certificate;
- c. A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or
- d. A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

For local, nonprofit affiliates or State or national organizations, a statement signed by the parent organization indicating that the applicant organization is a local nonprofit affiliate must be provided in addition to any one of the above acceptable proof of nonprofit status.

A Dun and Bradstreet Universal Numbering System (DUNS) number is required for all applications for Federal assistance. Organizations should verify that they have a DUNS number or take the steps needed to obtain one. Instructions for obtaining a DUNS

number are included in the application package, or may be downloaded from the grants.gov website.

Applications must include an abstract of the proposed project. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management documents.

Application Content

Successful applicants will clearly describe the administrative, management, and clinical capability of the applicant organization. All services to be provided by the project should be included as part of the program plan. The budget request and justification should directly reflect project activities.

Characteristics of a Successful Proposal

Proposed projects must adhere to all requirements of the Title X statute; applicable regulations, including regulations regarding sterilization of persons in federally-assisted family planning projects; and legislative mandates. Applicants are also expected to utilize Program Guidelines in developing the project plan. As indicated in the Title X regulations at 42 CFR §59.5(a)(7)-(9) and Program Guidelines, persons from a low-income family, with incomes that fall at or below 100% of the current Federal Poverty Guidelines (Federal Poverty Level, FPL), must not be charged except where third parties are authorized or legally obligated to pay. Charges to persons from a low-income family, with incomes that fall between 101% and 250% of the FPL should be charged

based on a schedule of discounts with sufficient increments so that inability to pay does not present a barrier to services. The schedule of discounts should be developed based on a cost analysis of services provided.

Successful proposals will fully describe how the project will address Title X requirements, and should include the following:

1. A clear description of the need for the services proposed;
2. A description of the geographic area and population to be served;
3. Evidence that the proposed project will address the family planning needs identified;
4. Evidence that the applicant organization has experience in providing clinical health services, and the capacity to undertake the comprehensive clinical family planning and related preventive health services required, including offering a broad range of acceptable and effective family planning methods and services;
5. Evidence of familiarity with, and ability to provide services that include the following:
 - a. family planning and related preventive health issues as indicated in the Program Guidelines and program priorities;
 - b. services that are consistent with current, recognized national standards of care related to family planning, reproductive health, and general preventive health measures;
 - c. compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest;

- d. counseling techniques that encourage family participation in healthcare and reproductive decision-making of adolescents, and teach resistance skills for adolescents to avoid exploitation and/or sexual coercion;
6. A proposed schedule of discounts, or for applicants with multiple sub-recipients, a policy that is applicable to sub-recipients which meets the criteria set out in the Title X regulations at 42 CFR §59.5(a)(7)-(9), and in the Program Guidelines;
7. Evidence that the proposed services are consistent with the Title X statute; program regulations (including regulations regarding sterilization of persons in federally assisted family planning services projects); legislative mandates; and Program Guidelines;
8. Evidence that Title X funds will not be used in programs where abortion is a method of family planning;
9. Evidence that Title X project activities are separate and distinct from non-Title X activities;
10. A project plan which describes the services to be provided, the location(s) and hours of clinic operations, and projected number of clients to be served;
11. A plan for providing community information and education programs which promote understanding of the objectives of the project and inform the community about the availability of services. The plan should include a strategy for maintaining records of information and education activities provided as part of the project;
12. A plan for an information and education advisory committee that is consistent with the Title X statute and regulations at 42 CFR §59.6, and that ensures that all

- information and education materials used as part of the project are current, factual, and medically accurate, as well as suitable for the population or community to which they will be made available;
13. Evidence that the Title X program priorities and key issues are addressed in the project plan;
 14. A staffing plan which is reasonable and adheres to the Title X regulatory requirement that family planning medical services be performed under the direction of a physician with special training or experience in family planning. Staff providing clinical services (e.g., physicians, State recognized advanced practice nurses, physician assistants) should be licensed and function within the applicable professional practice acts for the State in which they practice;
 15. Goal statement(s) and related outcome objectives that are specific, measurable, achievable, realistic and time-framed (S.M.A.R.T);
 16. Evidence that the applicant has a plan to facilitate access to the following:
 - a. Required clinical services, if not provided by the applicant; comprehensive primary care services; and/or
 - b. Other needed health and social services for clients served in the Title X funded family planning project. This includes evidence of formal agreements for referral services, and collaborative agreements with other service providers in the community, where appropriate;
 17. Evidence of the capability of collecting and reporting the required program data for the Title X annual data collection system, the Family Planning Annual Report (FPAR);

18. Evidence of a system for ensuring quality family planning services, including:
 - a. A process for ensuring compliance with program requirements, and
 - b. A methodology for ensuring that health care practitioners have the knowledge, skills, and attitudes necessary to provide effective, quality family planning and related preventive health services that are consistent with current, evidence-based national standards of care. This should include training of select health care practitioners by the Clinical Training Center for Family Planning (CTCFP), and utilizing clinical training opportunities available through the Regional Training Center in the applicable region; and,
19. A budget and budget justification narrative for year one of the project that is detailed, reasonable, adequate, cost efficient, and that is derived from proposed activities. Budget projections for each of the continuing years should be included on the Standard Forms 424 and 424A included in the PHS-5161 “Grant Application.”

3. Submission Dates and Times

Competing grant applications are invited for the following areas identified in Table I (please note, in order to maximize access to family planning services, one or more grants may be awarded for each area listed within the total amount indicated for the area.

TABLE I

		Title X Services Grants		
Region	Service Area	Application due date	Project start date	Estimated Funds Available
I				
Region I has no competing service areas in FY 2011				
II				
Region II has no competing service areas in FY 2011				
III				
Region III has no competing service areas in FY 2011				
IV				
Alabama		03/29/11	06/30/11	\$5,516,510
North Carolina		03/29/11	06/30/11	\$7,135,343
Florida, Greater Miami area		06/29/11	09/30/11	\$554,000
V				
Illinois, Chicago Area		06/29/11	09/30/11	\$402,181
Ohio, Northeast		12/01/10	03/01/11	\$1,040,872
Ohio, Central		12/01/10	03/01/11	\$921,356
Minnesota		09/29/10	12/31/10	\$2,980,486
VI				
Arkansas		12/01/10	03/01/11	\$4,244,775
Louisiana		03/30/11	06/30/11	\$4,797,004
VII				
Missouri		12/29/10	03/31/11	\$5,316,006
VIII				
Region VIII has no competing service areas in FY 2011				
IX				
Nevada, Southern		09/29/10	12/31/10	\$1,325,000
Nevada, Carson City area		03/29/11	06/30/11	\$200,400
X				
Region X has no competing service areas in FY 2011				

Submission Mechanisms

The Office of Public Health and Science (OPHS) provides multiple mechanisms for submission of applications, as described in the following sections. Applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms. Applications

submitted to the OPHS Office of Grants Management after the deadlines described below will not be accepted for review. Applications which do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

While applications are accepted in hard-copy, the use of the electronic application submission capabilities provided by the Grants.gov and GrantSolutions.gov systems is encouraged. Applications may only be submitted electronically via the electronic submission mechanisms specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

In order to apply for new funding opportunities which are open to the public for competition, you may access the Grants.gov website portal at <http://www.grants.gov>. All OPHS funding opportunities and application kits are made available on Grants.gov. If your organization has/had a grantee business relationship with a grant program serviced by the OPHS Office of Grants Management, and you are applying as part of ongoing grantee related activities, please access <http://www.GrantSolutions.gov>.

Hard-Copy application submissions must be received no later than 5:00 P.M. Eastern Time on the deadline specified in the Dates section of this announcement. Electronic grant application submissions must be submitted no later than 11:00 P.M. Eastern Time on the deadline date specified in the DATES section of the announcement

using one of the electronic submission mechanisms specified. All required hard-copy original signatures and mail-in items must be received by Department of Health and Human Services (HHS) c/o Grant Application Center, Office of Grants Management Operations Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 P.M. Eastern Time on the next business day after the deadline date specified in the DATES section of the announcement.

Applications will not be considered valid until all electronic application components, hardcopy original signatures, and mail-in items are received by the OPHS Office of Grants Management according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. Grants.gov can take up to 48 hours to verify the submission and notify the applicant that the application has not been verified. The Office of Public Health and Science will not accept late application due to verification failure. This will aid in addressing any problems with submissions prior to the application deadline.

Electronic Submissions via the Grants.gov Website Portal

The Grants.gov Website Portal provides organizations with the ability to submit applications for OPHS grant opportunities. Organizations must successfully complete the

necessary registration processes in order to submit an application. Information about this system is available on the Grants.gov website, <http://www.grants.gov>.

In addition to electronically submitted materials, applicants may be required to submit hard-copy signatures for certain program-related forms, or original materials as required by the announcement. It is imperative that the applicant review both the grant announcement, as well as the application guidance provided within the Grants.gov application package, to determine such requirements. Any required hard-copy materials, or documents that require a signature, must be submitted separately via mail to the Office of Grants Management, Grant Application Center at the address specified above, and if required, must contain the original signature of an individual authorized to act for the applicant agency and the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application. Complete hard-copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the Grants.gov Website Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative, and any appendices or exhibits. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Corel WordPerfect, ASCII Text, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, OPHS restricts this practice and only accepts the file formats

identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov or GrantSolutions unless the applicant confirms the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process

All required mail-in items must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or organizational documentation. When submitting the required forms, do not send the entire application. Complete hard-copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Website Portal will be validated by Grants.gov. Any applications deemed “Invalid” by the Grants.gov Website Portal will not be transferred to the GrantSolutions system, and OPHS has no responsibility for any application that is not validated and transferred to OPHS from the Grants.gov Website Portal. Grants.gov will notify the applicant regarding the application validation status.

Once the application is successfully validated by the Grants.gov Website Portal, the applicant should immediately mail all required hard-copy materials to the Department of Health and Human Services (HHS) c/o Grant Application Center, Office of Grants Management Operations Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, to be received by the deadlines specified above. It is critical that the applicant clearly identify the Organization name and Grants.gov Application Receipt Number on all hard-copy materials.

Once the application is validated by Grants.gov, it will be electronically transferred to the GrantSolutions system for processing. Upon receipt of both the electronic application from the Grants.gov Website Portal, and the required hardcopy mail-in items, applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of the application submitted using the Grants.gov Website Portal.

Applicants should contact Grants.gov regarding any questions or concerns regarding the electronic application process conducted through the Grants.gov Website Portal.

Electronic Submissions via the GrantSolutions System

OPHS uses GrantSolutions for the electronic processing of all grant applications, as well as the electronic management of its entire Grant portfolio. When submitting applications via the GrantSolutions system, applicants are still required to submit a hard-copy of the application face page (Standard Form 424) with the original signature of an individual authorized to act for the applicant agency and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard-copy of the Standard Form LLL and/or certain Program-related forms (e.g., Program Certifications) with the original signature of an individual authorized to act for the applicant agency. When submitting the required hard-copy forms, do not send the entire application. Complete hard-copy applications submitted after the electronic submission will not be considered for review. Hard-copy materials should be submitted to the OPHS Office of Grants Management at the address specified above.

Electronic applications submitted via the GrantSolutions system must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. The applicant may identify specific mail-in items to be sent to the Office of Grants Management (see mailing address above) separate from the electronic submission; however, these mail-in items must be entered on the

GrantSolutions Application Checklist at the time of electronic submission, and must be received by the due date requirements specified above. Mail-in items may only include publications, resumes, or organizational documentation.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide the applicant with a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission including all electronic application components, required hardcopy original signatures, and mail-in items. As items are received by the OPHS Office of Grants Management, the electronic application status will be updated to reflect the receipt of mail-in items. It is recommended that the applicant monitor the status of their application in the GrantSolutions system to ensure that all signatures and mail-in items are received.

Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the application. The application must be submitted in a file format that can easily be copied and read by reviewers. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume or the organization the obligations

imposed by the terms and conditions of the grant award. Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Department of Health and Human Services (HHS) c/o Grant Application Center, Office of Grants Management Operations Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, on or before 5:00 P.M. Eastern Time on the deadline date specified in the DATES section of the announcement. The application deadline date requirement specified in this announcement supersedes the instructions in the application kit. Applications that do not meet the deadline will be returned to the applicant unread.

4. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The application kit contains the currently available listing of the SPOCs that have elected to be informed of the submission of applications. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the Department of Health and Human Services (HHS) c/o Grant Application Center, Office of Grants Management Operations Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209. The SPOC has 60 days from the due date as listed in the **DATES**

section of this announcement to submit any comments. For further information, contact the OPHS Office of Grants Management at 240-453-8822.

5. Funding Restrictions

The allowability, allocability, reasonableness and necessity of direct and indirect costs that may be charged to OPHS grants are outlined in the following documents: 2 CFR § 220 (OMB Circular A- 21, for Institutions of Higher Education); 2 CFR § 225 (OMB Circular A-87, for State, Local, and Indian Tribal Governments); 2 CFR § 230 (OMB Circular A-122, for Nonprofit Organizations); and 45 CFR part 74, Appendix E (Hospitals). Copies of the Office of Management and Budget (OMB) Circulars are available on the Internet at <http://www.whitehouse.gov/omb/circulars/html>.

In order to claim indirect costs as part of a budget request, an applicant must have an indirect cost rate which has been negotiated with the Federal Government. The Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State can provide information on how to receive such a rate. A list of DCA Regional Offices is included in the application kit for this announcement.

6. Other Submission Requirements

Applicants should include a one-page abstract of the proposed project.

V. APPLICATION REVIEW INFORMATION

1. Criteria: Eligible applications will be assessed according to the following criteria:

Within the limits of funds available for these purposes, grants may be awarded for the establishment and operation of those projects which will best promote the purposes of section 1001 of Title X of the Public Health Service Act, taking into account:

- a. The degree to which the project plan adequately provides for the requirements set forth in the Title X regulations at 42 CFR part §59, subpart A (20 points);
- b. The extent to which family planning services are needed locally (20 points);
- c. The adequacy of the applicant's facilities and staff (20 points);
- d. The number of patients, and, in particular, the number of low-income patients to be served (15 points);
- e. The capacity of the applicant to make rapid and effective use of the Federal assistance (10 points);
- f. The relative availability of non-Federal resources within the community to be served and the degree to which those resources are committed to the project (10 points); and
- g. The relative need of the applicant (5 points).

2. Review and Selection Process

Each regional office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth in 42 CFR §59.7(a). Awards (single or multiple for an area or population listed in Table I) will be made for approximately the amount listed. Application budgets that are significantly greater than the amount indicated in table I for the area to be served will be considered unfundable. Eligible applications will be reviewed by a panel of independent reviewers and will be evaluated based on the criteria listed above. In addition to the independent review panel, there will be Federal staff reviews of each application for programmatic and grants management compliance.

Final grant award decisions will be made by the Regional Health Administrator (RHA) for the applicable Public Health Service Region. In making grant award decisions, the RHA will fund those projects which will, in his/her judgment, best promote the purposes of section 1001 of the Public Health Service Act, within the limits of funds available for such projects.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The OPA does not release information about individual applications during the review process. When final funding decisions have been made, each applicant will be notified by letter of the outcome. The official document notifying an applicant that a

project application has been approved for funding is the Notice of Grant Award (NGA), signed by the Director of the OPHS Office of Grants Management. This document specifies to the grantee the amount of money awarded, the purposes of the grant, the length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NGA, as some may require a time-limited response. The NGA will also identify the Grant Specialist and Program Project Officer assigned to the grant.

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant. Grant funds may only be used to support activities outlined in the approved project plan.

The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan. The OPHS requires all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the OPHS mission to protect and advance the physical and mental health of the American people.

When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Federal grant support must be acknowledged in any publication developed using Title X funds. All publications developed or purchased with Title X funds must be consistent with the requirements of the program. The grantee will be expected to make available all materials developed with Title X funds as requested by other Title X projects.

3. Reporting

Each year of the project period, the grantee is required to submit a Family Planning Annual Report (FPAR). The information collections (reporting requirements) and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0221.

The FPAR contains a brief organizational profile and 14 tables to report data on family planning users, service use, and revenue for the reporting year. The FPAR

instrument and instructions can be found on the OPA Web site at <http://hhs.gov/opa>, and are included in the application kit for this announcement.

In addition to FPAR, grantees are required to submit an annual Financial Status Report within 90 days of the end of each budget period. Grantees that receive \$500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133.

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget narrative for the upcoming year. Required reports may be submitted either electronically or in hard copy.

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the OPHS Office of Grants Management grants specialist for the applicable region as listed below. For information on program requirements, contact the regional program consultant for the region in which services are needed.

Region	Administrative and Budgetary Requirements	Family Planning Program Requirements
I (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)	Robin Fuller and Deborah Hayes 240-453-8822 Robin.fuller@hhs.gov Deborah.hayes@hhs.gov	Kathy Desilets 617-565-1062 kathleen.desilets@hhs.gov
II (New Jersey, New York, Puerto Rico, Virgin Islands)	Robin Fuller and Deborah Hayes 240-453-8822 Robin.fuller@hhs.gov Deborah.hayes@hhs.gov	Maria Diaz 212-264-2535 maria.diaz@hhs.gov
III (Delaware; Washington, DC; Maryland; Pennsylvania; Virginia)	Robin Fuller and Jessica Shields 240-453-8822 Robin.fuller@hhs.gov Jessica.shields@hhs.gov	Dickie Lynn Gronseth 215-861-4656 dickielynn.gronseth@hhs.gov
IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)	Eleanor Walker 240-453-8822 Eleanor.walker@hhs.gov	Edecia Richards 404-562-7900 edecia.richards@hhs.gov
V (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)	Eleanor Walker 240-453-8822 Eleanor.walker@hhs.gov	Tamara Cox 312-886-2129 tamara.cox@hhs.gov
VI (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)	Robin Fuller and Jessica Shields 240-453-8822 Robin.fuller@hhs.gov Jessica.shields@hhs.gov	Evelyn Glass 214-767-3088 evelyn.glass@hhs.gov
VII (Iowa, Kansas, Missouri, Nebraska)	Eleanor Walker 240-453-8822 Eleanor.walker@hhs.gov	Delia Jones 816-426-2924 delia.jones@hhs.gov
VIII (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming),	Robin Fuller and Deborah Hayes 240-453-8822 Robin.fuller@hhs.gov Deborah.hayes@hhs.gov	Jill Leslie 303-844-7856 jill.leslie@hhs.gov
IX (Arizona, California, Hawaii, Nevada, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, Republic of the Marshall Islands)	Robin Fuller and Deborah Hayes 240-453-8822 Robin.fuller@hhs.gov Deborah.hayes@hhs.gov	Rebecca Meece 415-437-8403 rebecca.meece@hhs.gov

X (Alaska, Idaho, Oregon, Washington)	Robin Fuller and Deborah Hayes 240-453-8822 Robin.fuller@hhs.gov Deborah.hayes@hhs.gov	Marjie Witman 206-615-2501 marjie.witman@hhs.gov
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VIII. Other Information

There will be an opportunity for a technical assistance conference call to be held within one month after publication of this Notice in grants.gov. For more information regarding this opportunity, including date, registration information, and how to join the call, please consult the OPA Web site at <http://www.hhs.gov/opa>.

_____ [DATE]

Marilyn J. Keefe, M.P.H.
Deputy Assistant Secretary for Population Affairs