

GRANT APPLICATION

TITLE X

FAMILY PLANNING SERVICES



*DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF POPULATION AFFAIRS
OFFICE OF FAMILY PLANNING
GRANTS MANAGEMENT OFFICE*

Regions V, VI, VII, VIII, IX, X

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Enclosures:

1. Announcement of Availability of Funds for Family Planning Services Grants
2. Grant Application Form 5161-1 (Revised 5/96)
3. Title X of the Public Health Service Act
4. 42 CFR Part 59A - Grants for Family Planning Services
5. Grants Process Policy Notice 97-03 – Guidelines for Grant Application Preparation
6. Grants Process Policy Notice 97-04 – Review Criteria for Title X Family Planning Services Program
7. Application Checklist

**TITLE X - POPULATION RESEARCH AND VOLUNTARY
FAMILY PLANNING PROGRAMS**

PROJECT GRANTS AND CONTRACTS FOR FAMILY PLANNING SERVICES

SEC. 1001 [300]

(a)The Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities 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). To the extent practicable, entities which receive grants or contracts under this subsection shall encourage family participation in projects assisted under this subsection.

(b)In making grants and contracts under this section the Secretary shall take into account the number of patients to be served, the extent to which family planning services are needed locally, the relative need of the applicant, and its capacity to make rapid and effective use of such assistance. Local and regional entities shall be assured the right to apply for direct grants and contracts under this section, and the Secretary shall by regulation fully provide for and protect such right.

(c)The Secretary, at the request of a recipient of a grant under subsection (a), may reduce the amount of such grant by the fair market value of any supplies or equipment furnished the grant recipient by the Secretary. The amount by which any such grant is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment on which the reduction of such grant is based. Such amount shall be deemed as part of the grant and shall be deemed to have been paid to the grant recipient.

(d)For the purpose of making grants and contracts under this section, there are authorized to be appropriated \$30,000,000 for the fiscal year ending June 30, 1971; \$60,000,000 for the fiscal year ending June 30, 1972; \$111,500,000 for the fiscal year ending June 30, 1973, \$111,500,000 each for the fiscal years ending June 30, 1974, and June 30, 1975; \$115,000,000 for fiscal year 1976; \$115,000,000 for the fiscal year ending September 30, 1977; \$136,400,000 for the fiscal year ending September 30, 1978; \$200,000,000 for the fiscal year ending September 30, 1979; \$230,000,000 for the fiscal year ending September 30, 1980; \$264,500,000 for the fiscal year ending September 30, 1981; \$126,510,000 for the fiscal year ending September 30, 1982; \$139,200,000 for the fiscal year ending September 30, 1983; \$150,030,000 for the fiscal year ending September 30, 1984; and \$158,400,000 for the fiscal year ending September 30, 1985.

FORMULA GRANTS TO STATES FOR FAMILY PLANNING SERVICES

SEC. 1002 [300a]

(a)The Secretary is authorized to make grants, from allotments made under subsection (b), to State health authorities to assist in planning, establishing, maintaining, coordinating, and evaluating family planning services. No grant may be made to a State health authority under this section unless such authority has submitted, and had approved by the Secretary, a State plan for a coordinated and comprehensive program of family planning services.

(b)The sums appropriated to carry out the provisions of this section shall be allotted to the States by the Secretary on the basis of the population and the financial need of the respective States.

(c)For the purposes of this section, the term "State" includes the Commonwealth of Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, the District of Columbia, and the Trust Territory of the Pacific Islands.

(d) For the purpose of making grants under this section, there are authorized to be appropriated \$10,000,000 for the fiscal year ending June 30, 1971; \$15,000,000 for the fiscal year ending June 30, 1972; and \$20,000,000 for the fiscal year ending June 30, 1973.

TRAINING GRANTS AND CONTRACTS; AUTHORIZATION OF APPROPRIATIONS

SEC. 1003 [300a-1]

(a) The Secretary is authorized to make grants to public or nonprofit private entities and to enter into contracts with public or private entities and individuals to provide the training for personnel to carry out family planning service programs described in section 1001 or 1002 of this title.

(b) For the purpose of making payments pursuant to grants and contracts under this section, there are authorized to be appropriated \$2,000,000 for the fiscal year ending June 30, 1971; \$3,000,000 for the fiscal year ending June 30, 1972; \$4,000,000 for the fiscal year ending June 30, 1973; \$3,000,000 each for the fiscal years ending June 30, 1974 and June 30, 1975; \$4,000,000 for fiscal year ending 1976; \$5,000,000 for the fiscal year ending September 30, 1977; \$3,000,000 for the fiscal year ending September 30, 1978; \$3,100,000 for the fiscal year ending September 30, 1979; \$3,600,000 for the fiscal year ending September 30, 1980; \$4,100,000 for the fiscal year ending September 30, 1981; \$2,920,000 for the fiscal year ending September 30, 1982; \$3,200,000 for the fiscal year ending September 30, 1983; \$3,500,000 for the fiscal year ending September 30, 1984; and \$3,500,000 for the fiscal year ending September 30, 1985.

RESEARCH

SEC. 1004 [300a-2]

The Secretary may -

(1) conduct, and

(2) make grants to public or nonprofit private entities and enter into contracts with public or private entities and individuals for projects for, research in the biomedical, contraceptive development, behavioral, and program implementation fields related to family planning and population.

INFORMATIONAL AND EDUCATIONAL MATERIALS

SEC. 1005 [300a-3]

(a) The Secretary is authorized to make grants to public or nonprofit private entities and to enter into contracts with public or private entities and individuals to assist in developing and making available family planning and population growth information (including educational materials) to all persons desiring such information (or materials).

(b) For the purpose of making payments pursuant to grants and contracts under this section, there are authorized to be appropriated \$750,000 for the fiscal year ending June 30, 1971; \$1,000,000 for the fiscal year ending June 30, 1972; \$1,250,000 for the fiscal year ending June 30, 1973; \$909,000 each for the fiscal years ending June 30, 1974, and June 30, 1975; \$2,000,000 for fiscal year 1976; \$2,500,000 for the fiscal year ending September 30, 1977; \$600,000 for the fiscal year ending September 30, 1978; \$700,000 for the fiscal year ending September 30, 1979; \$805,000 for the fiscal year ending September 30, 1980; \$926,000 for the fiscal year ending September 30, 1981; \$570,000 for the fiscal year ending September 30, 1982; \$600,000 for the fiscal year ending September 30, 1983; \$670,000 for the fiscal year ending September 30, 1984; and \$700,000 for the fiscal year ending September 30, 1985.

REGULATIONS AND PAYMENTS

SEC. 1006 [300a-4]

(a) Grants and contracts made under this subchapter shall be made in accordance with such regulations as the Secretary may promulgate. The amount of any grant under any section of this title shall be determined by the Secretary; except that no grant under any such section for any program or project for a fiscal year beginning after June 30, 1975, may be made for less than 90 per centum of its costs (as determined under regulations of the Secretary) unless the grant is to be made for a program or project for which a grant was made (under the same section) for the fiscal year ending June 30, 1975, for less than 90 per centum of its costs (as so determined), in which case a grant under such section for that program or project for a fiscal year beginning after that date may be made for a percentage which shall not be less than the percentage of its costs for which the fiscal year 1975 grant was made.

(b) Grants under this title shall be payable in such installments and subject to such conditions as the Secretary may determine to be appropriate to assure that such grants will be effectively utilized for the purposes for which made.

(c) A grant may be made or contract entered into under section 1001 or 1002 for a family planning service project or program only upon assurances satisfactory to the Secretary that--

(1) priority will be given in such project or program to the furnishing of such services to persons from low-income families; and

(2) no charge will be made in such project or program for services provided to any person from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized or is under legal obligation to pay such charge.

For purposes of this subsection, the term "low-income family" shall be defined by the Secretary in accordance with such criteria as he may prescribe so as to insure that economic status shall not be a deterrent to participation in the programs assisted under this title.

(d)(1) A grant may be made or a contract entered into under section 1001 or 1005 only upon assurances satisfactory to the Secretary that informational or educational materials developed or made available under the grant or contract will be suitable for the purposes of this title and for the population or community to which they are to be made available, taking into account the educational and cultural background of the individuals to whom such materials are addressed and the standards of such population or community with respect to such materials.

(2) In the case of any grant or contract under section 1001, such assurances shall provide for the review and approval of the suitability of such materials, prior to their distribution, by an advisory committee established by the grantee or contractor in accordance with the Secretary's regulations. Such a committee shall include individuals broadly representative of the population or community to which the materials are to be made available.

VOLUNTARY PARTICIPATION

SEC. 1007 [300a-5]

The acceptance by any individual of family planning services or family planning or population growth information (including educational materials) provided through financial assistance under this title (whether by grant or contract) shall be voluntary and shall not be a prerequisite to eligibility for or receipt of any other service or assistance from, or to participation in, any other program of the entity or individual that provided such service or information.

PROHIBITION OF ABORTION

SEC. 1008 [300a-6]

None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.

PLANS AND REPORTS

SEC 1009

(a) Not later than seven months after the close of each fiscal year, the Secretary shall make a report to the Congress setting forth a plan to be carried out over the next five fiscal years for -

- (1) extension of family planning services to all persons desiring such services,
- (2) family planning and population research programs,
- (3) training of necessary manpower for the programs authorized by this title and other Federal laws for which the Secretary has responsibility and which pertain to family planning, and
- (4) carrying out the other purposes set forth in this title and the Family Planning Services and Population Research Act of 1970.

(b) Such a plan shall, at a minimum, indicate on a phased basis--

(1) the number of individuals to be served by family planning programs under this title and other Federal laws for which the Secretary has responsibility, the types of family planning and population growth information and educational materials to be developed under such laws and how they will be made available, the research goals to be reached under such laws, and the manpower to be trained under such laws;

(2) an estimate of the costs and personnel requirements needed to meet the purposes of this title and other Federal laws for which the Secretary has responsibility and which pertain to family planning programs; and

(3) the steps to be taken to maintain a systematic reporting system capable of yielding comprehensive data on which service figures and program evaluations for the Department of Health and Human Services shall be based.

(c) Each report submitted under subsection (a) shall--

(1) compare results achieved during the preceding fiscal year with the objectives established for such year under the plan contained in the previous such report;

(2) indicate steps being taken to achieve the objectives during the fiscal years covered by the plan contained in such report and any revisions to plans in previous reports necessary to meet these objectives; and

(3) make recommendations with respect to any additional legislative or administrative action necessary or desirable in carrying out the plan contained in such report.

PART 59--GRANTS FOR FAMILY PLANNING SERVICES

Subpart A--Project Grants for Family Planning Services

Sec.

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59.2 Definitions.

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59.9 For what purposes may grant funds be used?

59.10 What other HHS regulations apply to grants under this subpart?

59.11 Confidentiality.

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Authority: The provisions of this Subpart A are issued under sec. 6(c), 84 Stat. 1507, 42 U.S.C. 300a-4; sec 6(c), 84 Stat. 1506 42 U.S.C. 300.

Source: Federal Register/Vol. 45 No. 108/Tuesday, June 3, 1980/Rules and Regulations

§ 59.1 To what programs do these regulations apply?

The regulations of this subpart are applicable to the award of grants under section 1001 of the Public Health Service Act (42 U.S.C. 300) to assist in the establishment and operation of voluntary family planning projects. 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.

§59.2 Definitions.

As used in this subpart:

"Act" means the Public Health Service Act, as amended.

"Family" means a social unit composed of one person, or two or more persons living together, as a household.

"Low income family" means a family whose total annual income does not exceed 100 percent of the most recent Community Services Administration Income Poverty Guidelines (45 CFR 1060.2).

"Low-income family" also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources.

"Nonprofit," as applied to any private agency, institution, or organization, means that no part of the entity's net earnings benefit, or may lawfully benefit, any private shareholder or individual.

"Secretary" means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

"State" means one of the 50 States, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, American Samoa, Northern Marianas, or the Trust Territory of the Pacific Islands.

§ 59.3 Who is eligible to apply for a family planning services grant?

Any public or nonprofit private entity in a State may apply for a grant under this subpart.

§ 59.4 How does one apply for a family planning services grant?

(a) Application for a grant under this subpart shall be made on an authorized form.

(b) An individual authorized to act for the applicant and to assume on behalf of the applicant the obligations imposed by the terms and conditions of the grant, including the regulations of this subpart, must sign the application.

(c) The application shall contain-

(1) a description, satisfactory to the Secretary, of the project and how it will meet the requirements of this subpart;

(2) a budget and justification of the amount of grant funds requested;

(3) a description of the standards and qualifications which will be required for all personnel and for all facilities to be used by the project; and

(4) such other pertinent information as the Secretary may require.

§ 59.5 What requirements must be met by a family planning project?

(a) Each project supported under this subpart must:

(1) Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, such as natural family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services.

(2) Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other service, assistance from or participation in any other program of the applicant.²

(3) Provide services in a manner which protects the dignity of the individual.

(4) Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.

(5) Not provide abortions as a method of family planning.

(6) Provide that priority in the provision of services will be given to persons from low income families.

(7) Provide that no-charge will be made for services provided to any

person from a low-income family except to the extent that payment will be made by a third party (including a Government agency) which is authorized to or is under legal obligation to pay this charge.

(8) Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent CSA Income Poverty Guidelines (45 CFR 1060.2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

² Section 205 of Pub. L 94-63 states: "Any (1) officer or employee of the United States (2) officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance or (3) person who receives, under any program receiving Federal assistance, compensation for service, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure, by threatening such person with the loss of, or disqualification for the receipt of any benefit or service under a program receiving Federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both."

(9) If a third party (including a Government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX or title XX of the Social Security Act, a written agreement with the title XIX or title XX agency is required.

(10)(i) Provide that if an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these

entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential subgrantees which have previously provided or propose to provide family planning services to the area proposed to be served by the applicant.

(ii) Provide an opportunity for maximum participation by existing or potential subgrantees in the ongoing policy decision making of the project.

(11) Provide for an Advisory Committee as required by §59.6.

(b) In addition to the requirements of subsection (a) of this section, each project must meet each of the following requirements unless the Secretary determines that the project has established good cause for its omission. Each project must:

(1) Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.

(2) Provide for social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services which may be necessary to facilitate clinic attendance.

(3) Provide for informational and educational programs designed to (i) achieve community understanding of the objectives of the program, (ii) inform the community of the availability of services, and (iii) promote continued participation in the project by persons to whom family planning services may be beneficial.

(4) Provide for orientation and inservice training for all project personnel.

(5) Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.

(6) Provide that family planning medical services will be performed under the direction of a physician

with special training or experience in family planning.

(7) Provide that all services purchased for project participants will be authorized by the protect director or his designee on the project staff.

(8) Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other Federal programs.

(9) Provide that if family planning services are provided by contact or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and methods of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary.

(10) Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

§ 59.6 What procedures apply to assure the suitability of informational and educational material?

(a) A grant under this section may be made only upon assurances satisfactory to the Secretary that the project shall provide for the review and approval of informational and educational materials developed or made available under the project by an Advisory Committee prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of title X of the Act. The project shall not disseminate any such materials which are not approved by the Advisory Committee.

(b) The Advisory Committee referred to in subsection (a) of this section shall be established as follows:

(1) Size. The Committee shall consist of no fewer than five but not more than nine members, except that this provision

may be waived by the Secretary for good cause shown,

(2) Composition. The Committee shall include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of population or community for which the materials are intended.

(3) Function. In reviewing materials, the Advisory Committee shall:

(i) Consider the educational and cultural backgrounds of individuals to whom the materials are addressed;

(ii) Consider the standards of the population or community to be served with respect to such materials;

(iii) Review the content of the material to assure that the information is factually correct;

(iv) Determine whether the material is suitable for the population or community to which it is to be made available; and

(v) Establish a written record of its determinations.

§ 59.7 What criteria will Health and Human Services use to decide which family planning services projects to fund and in what amount?

(a) Within the limits of funds available for these purposes, the Secretary may award grants for the establishment and operation of those projects which will in the Department's judgment best promote the purposes of section 1001 of the Act, taking into account:

(1) The number of patients and, in particular, the number of low-income patients to be served;

(2) The extent to which family planning services are needed locally;

(3) The relative need of the applicant;

(4) The capacity of the applicant to make rapid and effective use of the Federal assistance;

(5) The adequacy of the applicant's facilities and staff;

(6) 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; and

(7) The degree to which the project plan adequately provides for the requirements set forth in these regulations.

(b) The Secretary shall determine the amount of any award on the basis of his estimate of the sum necessary for the performance of the project. 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 which 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.

(c) No grant may be made for an amount equal to 100 percent of the project's estimated costs.

§ 59.8 How is a grant awarded?

(a) The notice of grant award specifies how long HHS intends to support the project without requiring the project to re compete for funds. This period, called the project period, will usually be for 3 to 5 years.

(b) Generally the grant will initially be for 1 year and subsequent continuation awards will also be for 1 year at a time. A grantee must submit a separate application to have the support continued for each subsequent year. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as the grantee's progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the Government.

(c) Neither the approval of any application nor the award of any grant commits or obligates the United States in any way to make any additional, supplemental, continuation, or other award with respect to any approved

application or portion of an approved application.

§ 59.9 For what purpose may grant funds be used?

Any funds granted under this subpart shall be expended solely for the purpose for which the funds were granted in accordance with the approved application and budget, the regulations of this subpart, the terms and conditions of the award, and the applicable cost principles prescribed in Subpart Q of 45 CFR Part 74.

§ 59.10 What other HHS regulations apply to grants under this subpart?

Attention is drawn to the following HHS Department-wide regulations which apply to grants under this subpart. These include;

42 CFR Part 50--PHS Informal Grant Appeals Procedure

45 CFR Part 16--Department Grant Appeals Process

45 CFR Part 19--Limitation on Payments or Reimbursements for Drugs

45 CFR Part 74-Administration of Grants

45 CFR Part 80--Nondiscrimination Under Programs Receiving Federal Assistance Through the

Department of Health and Human Services' Implementation of Title VI of the Civil Rights Act of 1964

45 CFR Part 81--Practice and Procedures for Hearings Under Part 80

45 CFR Part 84--Nondiscrimination on the basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance

45 CFR Part 90--Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance.

42 CFR Part 122, Subpart E -- Health System Agency Reviews of Certain Proposed Uses of Federal Health Funds.

§ 59.11 Confidentiality.

All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed

without the individual's consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

§ 59.12 Inventions or discoveries

(a) A project grant award is subject to the regulations of HHS as set forth in 45 CFR Parts 6 and 8, as amended. These regulations shall apply to any activity of the project for which grant funds are used, whether the activity is part of an approved project or is an unexpected byproduct of that project

(b) The grantee and the Secretary shall take appropriate measures to assure that no contracts, assignments, or other arrangements inconsistent with the grant obligation are continued or entered into and that all personnel involved in the grant activity are aware of and comply with such obligations.

§ 59.13 Additional conditions.

The Secretary may, with respect to any grant, impose additional conditions prior to or at the time of any award, when in the Department's judgment these conditions are necessary to assure or protect advancement of the approved program, the interests of public health, or the proper use of grant funds.

GRANTS PROCESS POLICY NOTICE 97-03

GUIDELINES FOR GRANT APPLICATION
PREPARATION

TITLE X FAMILY PLANNING SERVICES PROGRAM

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GUIDELINES FOR GRANT APPLICATION PREPARATION

GENERAL INSTRUCTIONS

This document establishes policies and procedures for grant applications for the Title X Family Planning Services Program. These instructions are applicable to public and nonprofit private entities applying for funds for the establishment and operation of voluntary family planning projects.

In efforts to streamline the grants management process for the Family Planning Services Program a standard set of instructions has been developed to assist applicants/grantees in applying for new, competing continuation, and noncompeting continuation funding.

The focus of the application is to document and prioritize need and to clearly describe the applicant's unique and comprehensive approach to meeting this need. No one section of an application stands alone. Each section supports and justifies other sections of the application.

These instructions are to be used in conjunction with the Program Guidelines for Project Grants for Family Planning Services (hereafter referred to as *Program Guidelines*.)

This document provides supplemental guidance for application form PHS 5161-1 (Revised 5/96) by prescribing application requirements for Family Planning Services. The sequence of the application and information/data for inclusion are specified.

Each application will be reviewed in accordance with the policies and procedures described in Grants Process Policy Notice (GPPN) 97-02, *Review Policies and Procedures for Title X Family Planning Services Program*. Competing applications will be measured against the *Review Criteria for Title X Family Planning Services* as described in GPPN 97-04.

The application must provide detailed information in the program work plan for the full project period (not to exceed five years).

Exhibits are included as sample formats to provide important data. Use the narrative section to provide critical information that is not on the exhibits, but which helps to explain and justify applications.

All the required information should be provided in the sequence described in these instructions. The number of pages has not been restricted. However, applicants should present the information in a concise, succinct manner. Appendices should not be used to extend the narrative of the application.

Applicants are advised to work closely with their regional program staff and grants management during the development of their applications.

This policy is in effect for applications requesting fiscal year 1998 funds and will remain in effect until revised.

NEW AND COMPETING CONTINUATION APPLICATIONS

APPLICATION SUBMISSION

Prepare the program narrative statement in accordance with these instructions for all new and competing continuation applications. The program narrative should be concise and complete. Supporting documents should be included where they can present information clearly and succinctly. Cross referencing should be used rather than repetition.

All new and competing continuation applications must be submitted 120 days prior to the requested budget start date.

All copies of all applications must be submitted to the Office of Grants Management. An original and two copies are required. However, three additional copies will facilitate the review process. **Grantees should submit applications to the appropriate Grants Management location as follows:**

REGIONS: I, II, III and IV

Grants Management Specialist for
Family Planning Services
DHHS/Region IV/OPA/OGM/FP
Atlanta Federal Center
61 Forsyth Street, Suite 5B95
Atlanta, GA 30303-8909
Phone: 404-562-7902
Fax: 404-562-7899
Email: jfaizi@hrsa.dhhs.gov

REGIONS: V, VI, VII, VIII, IX, and X

Grants Management Officer
Office of Grants Management for
Family Planning Services
DHHS/REGION VI
1301 Young Street, Room 766
Dallas, TX 75202
Phone: 214-767-3401
Fax: 214-767-3425
Email: mpickett@hrsa.dhhs.gov

APPLICATION SEQUENCE

SF 424 - PHS 5161-1 (Revised 5/96)
SF 424B - Standard Assurances
HHS 690 - Assurance of Compliance with Title VI (New)
Standard Certifications
Title X Assurance of Compliance (Exhibit C)
Table of Contents
Progress Report (Competing continuation)
Needs Assessment
Organization and Management
Program Work Plan
Clinical Management
Community Education/Outreach
Evaluation and Quality Assurance Assessment
National Priority Project
Financial Management
Budget Information 424A, Sections A-F
Exhibits

APPLICATION STYLE

- Type single-spaced in standard size black type on 8 1/2 x 11 paper that can be photocopied (12-15 c.p.i.)
- Use conventional border margins
- Print on one side only
- Do not use photo reductions
- Do not submit oversized documents, posters, videotapes, cassette tapes, or other materials which cannot be photocopied; and
- Number pages sequentially starting with the Table of Contents
- Do not use color print or graphics
- Do not use spiral bound or glued binders

Figures, charts, tables, figure legends, and footnotes may be smaller in size but must be clear and readily legible. Computer-generated facsimiles may be submitted for any of the forms provided in this packet. Such substitute forms should be printed in black ink. They must maintain the exact wording and format of the government printed forms, including all captions and spacing.

INTERGOVERNMENTAL REVIEW

The Family Planning Services Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100, Intergovernmental Review of Federal Programs. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs.

Applicants (other than federally-recognized Indian tribal governments) should contact their Single Point Of Contact (SPOC) as early as possible to alert them to the prospective application and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State.

The due date for State process recommendations is 60 days after the appropriate Federal application receipt due date.

PUBLIC HEALTH SYSTEM REPORT REQUIREMENTS

Under these requirements (approved by the Office of Management and Budget, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions. Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date.

- 1) A copy of the face page of the application (SF 424)
- 2) A summary of the project, not to exceed one page, which provides:
 - a) A description of the population to be served,
 - b) A summary of the services to be provided, and
 - c) A description of the coordination planned with the appropriate State and local health agencies.

A. PROGRESS REPORT

A progress report must be included in competing continuation applications.

The report should evaluate progress against the program work plan in achieving the stated objectives for the previous budget year. Explain how the objectives were achieved. Analyze the reasons that objectives were not achieved and/or were substantially achieved. Summarize the impact of the annual objectives on achieving the long term objectives.

Report on any other significant activities, accomplishment, or setbacks that have been undertaken or have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial happenings as well as agency events.

This section should contain a discussion of the grantee's use of any special Title X funding. The discussion should include the activities and outcomes accomplished.

B. NEEDS ASSESSMENT

For more information on this section, refer to the *Program Guidelines*, Part I, Section 3.2.

1. Provide a geographic description of the service area. Discuss seasonal or topographic factors if they impact on the availability of and accessibility to services.
2. Provide a demographic description of the service area and populations proposed to be served. Demographic statistics should be included if the information impacts access to or delivery of family planning services. Examples of data presented could include but not be limited to birth rates, fertility rates, teen pregnancy rates, IMR, LBW, women in need, race/ethnicity, and special populations. The data should be an integral part of the family planning needs assessment, and should be reflected in the development of the program work plan. Identify sources of all data.
3. Describe any high priority populations and/or target areas proposed to be served.

4. Describe existing resources for the provision of family planning services in the service area.
5. Identify statewide or community resources and networks related to reproductive health including inter- and intra-agency linkages. Describe the relationship with these organizations.
6. Summarize the unmet family planning needs and describe why the needs are not being met.

C. ORGANIZATION, ADMINISTRATION & MANAGEMENT

For additional information on this section, refer to the *Program Guidelines*, Part I, Sections 5 and 6.

1. ORGANIZATIONAL STRUCTURE

Applicants should provide:

- a) A brief description and history of the organization
- b) New applicants must include proof of nonprofit status, including IRS 501(c)(3) certification, if applicable.
- c) New applicants must include articles of incorporation and bylaws, if applicable. Competing continuations should submit updates to bylaws, if applicable.
- d) Describe the organizational structure for program management.
- d) Attach an organizational chart and describe the location of the Title X program within the organizational structure.
- f) Private nonprofit organizations provide a list of governing board and/or advisory board members that identifies expertise and population represented (nonprofit organizations).

2. PROGRAM STRUCTURE

An umbrella agency should discuss the number and types of delegate agencies and/or contract providers participating in the program. A copy of the standard contract between the applicant and the delegate agencies must be included.

3. MONITORING OF DELEGATE AGENCIES AND/OR CONTRACT PROVIDERS

Applicants should describe their:

- a. internal systems in place for assuring that delegate agencies or contract providers are in compliance with the Title X statute and the contract with the applicant;
- b. policy concerning on-site reviews, the number, manner, and frequency of the reviews; the scope of the review, etc.;
- c. internal reviews to assure delegate agency compliance (e.g. expenditure reports, funding requests, budget reviews, internal medical audit reviews, protocol reviews, etc. Describe the type of reviews, frequency, and the applicant's expectation of the delegate; and
- d. procedures for assuring or requiring that delegate agency personnel receive continuing education or training on Title X related topics.

4. PERSONNEL POLICIES

Applicants should briefly describe their personnel policies dealing with staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, grievance procedures, confidentiality of personnel records, and conflict of interest.

Describe the policy and procedures for employee orientation and in-service training.

Applicants submitting competing continuation applications should describe any updates or revisions of their personnel policies.

5. POSITION DESCRIPTIONS AND BIOGRAPHICAL SKETCHES of key personnel should be included in the application. (For example, project director, operations director, medical director, fiscal director, etc.)

6. BILINGUAL SERVICES

Describe the provision of bilingual services based on the needs assessment, if appropriate.

D. PROGRAM WORK PLAN

This program work plan is meant to be an ongoing monitoring and evaluation tool for the grantee and the regional office. The program work plan must include long term goals and objectives for the life of the project period requested (not to exceed five years), and short term goals and objectives (one year or less).

The program areas to be addressed should include:

- ! Administrative
- ! Clinical
- ! Community education and outreach
- ! Family involvement
- ! Financial Management

The applicant should engage in a realistic planning process as goals and objectives are developed. Do not be hesitant to extend the horizons of project activities by identifying objectives that may be difficult to achieve but within project skills and resources. Fear of failure to achieve those objectives should not prevent one from identifying objectives that will further the goals of the organization. If situations or circumstances upon which the objectives are based change, making them impossible to achieve, mid-course adjustments to the program work plan should be made.

It is important, however, that the grantee clearly note the changes in the program work plan when adjustments are made.

The evaluation process should be such that, when objectives are either not met or considerably overachieved, the reasons are both apparent and addressed in subsequent progress reports.

The grantee should avoid setting objectives over which it has limited control or that are too minimal to be realistic. The program work plan should reflect activities supported in the budget. The budget request should support the proposed program work plan items.

The following outline suggests a format for developing the program work plan. (See Exhibits D & E for sample formats.) Other formats are acceptable as long as the information is complete.

1. PROBLEM/NEED STATEMENTS

Problem/Need Statements are clearly and specifically defined descriptions of major needs or problems, quantified where possible. The problem/need statements should tie into and flow from the overall project description. For example, such statements in the plan may address:

- a. Needs of the target population
- b. Problems of a specific service
- c. Needs of a specific population (teens)
- d. Specific health problem (STD)

2. GOALS

Goals are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs or problems and are usually long term.

3. OBJECTIVES

Objectives are descriptions of desired, measurable, time-limited results or outcomes. They can be used to identify an acceptable level of performance or establish criteria for evaluation.

4. ACTION STEPS

Action steps are the major activities that must occur to accomplish an objective - critical actions that must be taken to attain the measurable outcome or end result.

5. DATA

Identify the kinds of data to be collected and maintained.

E. CLINICAL MANAGEMENT

For more information on this section, refer to the *Program Guidelines*, Part II, Sections 7 through 11. The applicant should address the following areas in the manner which services are being delivered, as a direct service provider or as an umbrella organization with delegate agencies.

1. SERVICE SITE INFORMATION

Service Site information should be presented in tabular form. This information includes: delegate agency/service site identification, location, service area, office hours, clinic hours, number of users as reported on last Family Planning Annual Report and number of users projected for the budget period. The number of users reported/projected should be at the delegate agency level. See Exhibit A for sample format.

a) Hours of Operation

On Exhibit A provide days and hours of operation for each location including hours of provider clinics if different from the hours of operation. Clinic hours refer to the times medical services are available; office hours are the hours that the clinic sites are actually open.

b) Direct Care Providers

Briefly summarize the current state laws regarding requirements for Advanced Practice Nurses and Physician Assistants used in the program.

c) Facilities

On a map, provide locations of all delegate agencies and satellite sites. Discuss the availability of facilities to the target population. Describe accessibility of services to physically challenged individuals.

2. SERVICE PLANS AND PROTOCOLS

Describe the services provided at the initial visit, annual revisits, and other revisits.

Describe the process for development, approval and updating of protocols.

3. SERVICES (See Part II, Sections 7.3, 7.4, 8.1-8.9, 9.1-9.4, 10.1-10.3)

Provide information on services provided at each service site and indicate if services are: direct, on-site; direct, off-site; paid referral; provided by central grant administration; or not provided. Complete Exhibit B for each of the delegate agency/service sites.

Provide a brief explanation for any required service that is not provided directly by the applicant ("directly" in this context meaning subsidized by Title X).

Describe the applicant's standards for the provision of emergency and after hours coverage.

Describe the clinical tracking system for follow-up and referral.

For umbrella agencies with services provided by delegates, items below may be presented as the minimal standards acceptable to the applicant rather than a thorough description of services within each delegate agency.

4. LABORATORY SERVICES (See Part II, Sect. 8.3 and 11.1)

Describe the policy for lab services including quality assurance procedures. Describe policy for obtaining services beyond the scope of the on-site lab. Describe the criteria used for the selection of outside contract lab (e.g. price, certification, and other quality assurance measures).

5. PHARMACY SERVICES (See Part II, Sect. 11.2)

Describe the provision of pharmacy services including a summary of the State's laws with respect to the provision of this service.

6. HIV SERVICES

Include a description of the HIV services offered.

7. MEDICAL RECORDS (See Part II, Section 11.3)

Briefly describe the policies and procedures covering the maintenance of the medical records system, including confidentiality and release of records.

8. HUMAN SUBJECTS

When applicable, provide evidence of compliance with Human Subjects Clearance (Research) requirements.

9. CLIENT EDUCATION & COUNSELING

Describe educational and counseling services provided to clients, provisions to assure informed consent and confidentiality.

Provide evidence of compliance with regulations on sterilization procedures

Provide assurance that those requesting information on options for the management of an unintended pregnancy are given non-directive counseling on the following alternative courses of action, and referral upon request:

- Prenatal care and delivery
- Infant care, foster care, or adoption
- Pregnancy termination.

10. PROFESSIONAL CREDENTIALS AND LICENSURE

Describe procedures to ensure professional credentials and licensure are appropriately addressed and documented.

F. COMMUNITY EDUCATION/OUTREACH

For additional information on this section, refer to the *Program Guidelines*, Part I, Section 6.9-6.12.

The applicant should describe:

1. Opportunities for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and persons in the community knowledgeable about the community's need for family planning services.
2. The structure of the Information and Education Review Committee and its role/function in the family planning program.
3. The evaluation process and approval guidelines used by the information and education committee to review materials.
4. Program promotional activities and community education efforts based on needs of target population.

G. EVALUATION AND QUALITY ASSESSMENT & ASSURANCE

The applicant should describe:

1. The evaluation system and plan to assess, at a minimum, the quality of care provided to clients and determine its success or failure in meeting goals and objectives.
2. The process to assess client satisfaction.

H. FINANCIAL MANAGEMENT

For additional information on this section, refer to the *Program Guidelines*, Part I, Sections 5.5 and 6.3.

Applicants should provide a brief description of the financial management systems with effective controls and accountability for all funds, property and other assets; and which safeguard all such assets and assure they are used solely for authorized purposes.

1. BILLING AND COLLECTIONS

- a) Describe the billing and collections process with reference to the specific elements in section 6.3 of the *Program Guidelines*.
- b) Describe how the sliding fee scale is developed, the process by which the fees for services are set, and the frequency with which fees are updated.
- c) Describe the client intake process including an explanation of how often the client financial information is updated.
- d) Indicate whether or not a written agreement is currently in place where reimbursement is available from Title XIX (Medicaid).

2. FINANCIAL AUDIT

The applicant should:

- a) Discuss the status of the most recent financial audit, including the date of completion, time period covered by the audit, and the date submitted to the DHHS/Office of the Inspector General (OIG).
- b) Discuss any exceptions noted by the audit and any findings noted in the management letter. This discussion should include all remedial action taken or planned.
- c) Describe the procedures in place to obtain and review current audits and management letters of the delegate agencies and review any actions taken as a result of those audits.

3. INSURANCE PROGRAM

The applicant should describe:

- a) the insurance program including property, casualty, professional liability, fidelity bonding, and directors' and officers' coverage, and
- b) the procedures for determining adequate insurance coverage for the delegate agencies.

I. BUDGET INFORMATION

The budget request should support the proposed program work plan. Items required by the plan should be budgeted, and the program work plan should in turn reflect activities supported by the budget.

Budget Summary, SF 424A, Section A

This section must be completed by all applicants. All continuations should report estimated unobligated balances of Title X funds.

Budget Categories, SF 424A, Section B

This section is a summary of all budget calculations and information for the budget period. Use Column 1 for the basic Title X program budget.

Non-Federal Resources, SF 424A, Section C

The applicant should include realistic revenue projections that reflect actual sources of income for the project. These should include income from Title XIX, Title XX, Maternal and Child Health grants through the states or counties; other state, county and local funds; Bureau of Primary Health Care; third party payors; patient revenue; and cash and in-kind contributions.

Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, and license fees and royalties on patents and copyrights.

Other Budget Information, SF424A, Section F

Indirect cost rates budgeted for the applicant and delegates should be in accordance with the indirect cost agreement allowing such costs. The grantee must have an indirect cost agreement or an accepted cost allocation plan with DHHS or other cognizant Federal agency in order to claim indirect costs. Grantees are encouraged to develop their own indirect cost policies for delegate agencies and to enforce them.

Provide on additional pages, expense information that includes further detail by object class. If there are budget items for which costs are shared with other programs, the basis for the allocation of costs should be explained.

The budget justification must be provided in sufficient detail to support one-step below the object class category level, as described below.

The budget categories are to reflect applicant proposed costs:

1. PERSONNEL AND FRINGE BENEFITS
 - a) Identify each key position (e.g., project or program director, executive director, medical director, fiscal director)

- b) Provide the names of each person identified as occupying key positions and the annual salary, if the position is vacant, so state.
- c) Provide a listing of all remaining filled and vacant positions, percentage of time allocated, and projected salaries.
- d) Itemize the components that comprise the fringe benefits rate (e.g., health insurance, FICA, SUTA, life insurance, retirement plan).

2. TRAVEL

Identify purposes of travel. Costs can be aggregated by category, numbers of staff and trips (e.g. project director meetings, site evaluations, training).

3. EQUIPMENT

List only those equipment items costing \$5,000 or more per unit. Items costing less than \$5,000 can be aggregated by category (e.g., medical, office, etc.)

4. SUPPLIES

Categorize supplies according to type -- medical, lab, pharmacy, contraceptive or office. Funds proposed for NORPLANT and DMPA should be listed separately.

5. CONTRACTUAL

List all delegate agencies and/or contract providers and the amounts allocated to each. Provide a description of the methodology used to allocate the funds.

6. OTHER

Itemize all costs in this category and explain in sufficient detail to enable allowability determinations to be made. In most cases, consultant costs for technical assistance, legal fees, rent, utilities, insurance, printing, dues, subscriptions, and audit related costs would fall under this category. Funds allocated for sterilization should be listed separately.

NONCOMPETING CONTINUATION APPLICATIONS

GENERAL INSTRUCTIONS

These instructions are applicable to existing grantees and provide guidance on the preparation of noncompeting continuation applications. The noncompeting continuation application should be viewed as an opportunity to:

- ! Review and evaluate the current program from a clinical, financial and administrative perspective to assure that the objectives, policies and procedures are consistent with the scope and purpose of the grant program, and
- ! Demonstrate that the previously identified needs of the population continue to be addressed in an organized and realistic fashion, assuring a program of high quality.

No one section of the application stands alone. Each section supports and justifies other sections of the application. Exhibits A and B should be included to provide important updated information only on services provided and service sites.

The noncompeting continuation application will address changes that have occurred or changes that are proposed for the coming budget period. Change in scope means significant changes in the scope of the project as described by the grantee in the grant application and approved by the awarding office. This does not mean that every activity change represents a change in scope.

Supporting documents should be included where they can present information clearly and succinctly. Cross referencing should be used rather than repetition.

Application Sequence

- SF424 (PHS 5161-1, Revised 5/96)
- SF424B - Standard Assurances
- Certifications
- Title X Assurance of Compliance
- Table of Contents
- Progress Report
- Program Work Plan
- Budget Information (SF 424A)
- Exhibits

All noncompeting continuation applications must be submitted no later than 90 days prior to the established budget start date.

Please refer to the general instructions for new and competing continuation applications (pages 3-5) for information on the following:

1. Application Submission Points
2. Application Style
3. Intergovernmental Review
4. Public Health System Report Requirements

A. PROGRESS REPORT

Evaluate progress against the work plan in achieving the stated short-term objectives for the previous budget year. Explain how the objectives were achieved. Analyze the reasons that objectives were not achieved and/or where progress substantially exceeded expectations.

Evaluate the annual objectives as they relate to achieve the long-term objectives. Summarize the impact of the annual objectives on achieving the long-term objectives. Is the achievement of the annual objectives leading to the achievement of the long term-objectives.

Report on any other significant activities, accomplishments, or setbacks that have been undertaken or have occurred in the current budget period but were not part of the plan. These should include legislative, and/or judicial happenings as well as agency events. This section should contain a discussion of the grantee's use of any special Title X funding. The discussion should include activities and outcomes accomplished.

B. PROGRAM WORK PLAN

The program work plan is an ongoing monitoring and evaluation tool for the grantee and the regional office.

The program work plan must address any additions, deletions, and changes to the long-term objectives contained in the latest competing application.

Please refer to the Program Work Plan instructions in the New and Competing Continuation portion of this document on page 9 for further information.

C. BUDGET INFORMATION

Please refer to the Budget Information instructions in the New and Competing Continuation portion of this document on page 15 for further information.

D. EXHIBITS

Exhibit A - Service Site Information (for areas where information has been updated)

Exhibit B - Services Provided (for areas where information has been updated)

Exhibit C - Title X Assurance of Compliance

SERVICES PROVIDED

Exhibit B

Delegate Agency or Service Site:

| SERVICES | 1, 2, 3, 4, 5 |
|---|----------------------|
| A. Client Education and Counseling | |
| 1. Informed Consent | |
| B. History | |
| 1. Physical Assessment | |
| 2. Lab Testing | |
| C. Fertility Regulation | |
| 1. Barrier | |
| 2. IUD | |
| 3. Oral Contraception | |
| 4. Norplant | |
| 5. DMPA | |
| 6. NFP | |
| 7. Fertility Awareness | |
| 8. Sterilization | |
| D. Infertility Services | |
| 1. Level 1 | |
| E. Pregnancy Diagnosis/Counseling | |
| F. Sexually Transmitted Disease Testing (Specify:) | |
| G. Sexually Transmitted Disease Treatment | |
| H. HIV Services | |
| I. Identification of Estrogen-Exposed Offspring | |
| J. Minor Gyn Problems | |
| K. Health Promo/Disease Prevention | |
| L. Special Gyn Procedures | |
| M. Other Services (Specify:) | |
| | |

1 = Direct Service, on-site

3 = Paid referral

5 = Not provided

2 = Direct Service, off-site

4 = Provided by central grant administration

EXHIBIT C

TITLE X ASSURANCE OF COMPLIANCE

_____ assures that it will:
(Name of Organization)

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

Further, _____ certifies that it will:
(Name of Organization)

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

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

(Signature)

(Title)

(Date)

EXHIBIT F

INSTITUTIONAL FILES

Institutional files provide a central repository for general information of continuing value about organizations which are receiving federal grant funds.

The material contained in the institutional file will not be required in grant applications for existing grantees. Existing grantees have the responsibility to assure that the most current documents are submitted to the Regional Office. Once an institutional file is established, the grantee will submit updates as appropriate.

The following materials should be submitted to the appropriate Regional Office to be placed in the institutional file:

- Articles of Incorporation or other
 - State approval of nonprofit corporation status
- IRS Certification of 501(c)(3) status
- Corporate Bylaws
- Project Administration Policy and Procedures Manual
- Clinical Policy and Procedures Manual
- Personnel policies

Updates to the above documents should be **submitted to the appropriate Regional Office.**

The following materials **must be available on site for review:**

- Billing and Collection policies
- Schedule of Charges
- Sliding Fee Scale
- Accounting Policies, Chart of Accounts, Procedures
- Nurse Practice and Physician Assistant Practice Acts
- Procurement Policies
- Travel Policies

EXHIBIT H

REGIONAL PROGRAM CONTACTS

Jim Sliker, RPC/FP
Public Health & Sciences
DHHS Region I, Room 2126
JFK Bldg
Boston, MA 02203
Phone: 617-565-1060
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Paul Smith, RPC/FP
DHHS/Region VI
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Barry Gordon, RPC/FP
USPHS Region II
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Diane Cassidy, Acting, RPC/FP
DHHS/Region VII
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Kansas City, MO 64106
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Louis Belmonte, RPC/FP
DHHS, Region III
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Philadelphia, PA 19106-3499
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Fax: 215-861-4641

John J. McCarthy, RPC/FP
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Fax: 404-562-7899

Jim Hauser, RPC/FP
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Janice Ely, RPC, FP
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Fax: 312-353-0718

Janet Wildeboor, RPC/FP
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Fax: 206-615-2481

EXHIBIT I

GRANTS MANAGEMENT CONTACTS

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Email: mpickett@hrsa.dhhs.gov

Eleanor Walker
Grants Management Specialist
(Address same as above)

Phone: 214-767-3889
Fax: 214-767-3425
Email: ewalker@hrsa.dhhs.gov

June Faizi
Grants Management Specialist
for Family Planning
DHHS/REGION IV/OPA/OGM/FP
Atlanta Federal Center
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Atlanta, GA 30303-8909

Phone: 404-562-7902
Fax: 404-562-7899
Email: jfaizi@hrsa.dhhs.gov

EXHIBIT D

SAMPLE PROGRAM WORK PLAN - FORMAT A

| PROBLEM/NEED: Infant mortality rate in service area is 4th in the state. The incidence of low birth weight in the service area is twice the national average. Recent study showed strong correlation between inadequate nutrition and low birth weight in the population served. | | | | |
|--|--|--|--|--|
| Goal, Objective | Key Action Step | Data Source and Eval.Methods | Progress | Comments |
| <p>A. Reduce the incidence of LBW</p> <p>A1. To increase the percentage of pregnant users enrolled in WIC from 20% to 50% by Jan. 1999.</p> <p>A2. By Jan. 2000, reduce the incidence of late entry to prenatal care (after 1st trimester) from 36% (current) to 25%.</p> | <p>A1.a. Establish an on-site WIC program.</p> <p>A1.b. Institute perinatal home visiting program as outreach for potential WIC clients.</p> <p>A2.a. Establish teen pregnancy support group at school health project.</p> | <p>A1. Review of WIC records, MIS system data and prenatal records for change in enrollment.</p> <p>A2. Review of patient records (prenatal and health education section) and MIS system data for earlier entry to care.</p> | <p>A1. New objective as of May 1997.</p> <p>A2.a. Teen advisory council for school health center has adopted plan for support group.</p> | <p>A1. Target of 50% enrollment if health educator leaves.</p> |

EXHIBIT E

SAMPLE PROGRAM WORK PLAN - FORMAT B

Type of Objective: FINANCIAL MANAGEMENT

GOAL: By 12/31/2000, improve financial management of delegate agencies.

| OBJECTIVE | ACTIVITY | PERSON(S) RESPONSIBLE | BEGIN/END DATES | EVALUATION |
|---|--|--|--------------------|---|
| A. By 6/30/98, and ongoing, adhere to line item budgets. | 1. Negotiate line-item budgets within available funding as determined by funding formula, projected fee collections, and projected expenditures. 2. Include budget within contracts with non-profit agencies. | Administrator | 3/98 6/98 | Line-item budgets included in contracts |
| B. By 12/31/98, and ongoing, complete an annual review of the financial statements and practices. | 1. Determine audit requirements. 2. Conduct on-site review of financial accounting practices according to identified requirements. | Administrator Fiscal Officer Administrator Fiscal Officer | | |

EXHIBIT A

FAMILY PLANNING PROGRAM
SERVICE SITE INFORMATION

| DELEGATE AGENCY | CITY | SERVICE AREA | OFFICE HOURS | CLINIC HOURS <small>1/</small> | NUMBER OF USERS LAST FPAR/PROJECTED |
|-----------------|------|--------------|--------------|-----------------------------------|-------------------------------------|
| | | | | | |

1/ Times of day/days of month that medical provider clinics are held.

2/ Number of users should be reported/projected at the delegate agency level for umbrella agencies.

SAMPLE FORMAT

EXHIBIT G

PROGRESS REPORT

| GOAL | OBJECTIVE | PROGRESS |
|------|-----------|----------|
| | | |

GRANTS PROCESS POLICY NOTICE 97-04

**REVIEW CRITERIA
FOR
TITLE X FAMILY PLANNING SERVICES PROGRAM**

**Office of Grants Management for Family Planning Services
Dallas, Texas**

July 1997

REVIEW CRITERIA

TITLE X FAMILY PLANNING SERVICES PROGRAM

The attached pages include criteria to be used by the Objective Review Committee (ORC) members to determine the adequacy and merit of applications requesting Federal assistance under the Title X program.

The ORC serves in an advisory capacity to provide advice to awarding officials based on the independent evaluation of the technical merits of grant applications reviewed. This advice takes the form of written recommendations for approval, deferral, or disapproval of each application before the ORC. Committee recommendations are transmitted to the awarding official as part of the materials considered by him/her in making award decisions.

Under no circumstances should committee members discuss the review with or advise applicants of their recommendations or committee deliberations.

The Title X Family Planning Services Objective Review Report will be prepared by the **Primary Reviewer** and brought to the review meeting in writing and on 3.5" disc. The **Primary Reviewer** will be responsible for updating this report based on deliberations and decisions of the committee. The **Primary Reviewer/ORC Summary Report** will include an evaluation of the progress report, including progress on NPSI projects.

The **Chairperson** will ensure that the report reflects the committee's actions.

The **Secondary Reviewer** will also complete this report in writing and bring to the meeting. All reviewers will complete the Reviewer Scoring Sheet for each application being reviewed.

In recommending **special conditions** of award please be aware that all conditions must be consistent with appropriate requirements of the standard provisions required by statute, regulations, and policies.

Special conditions are additional terms and conditions that are judged necessary to attain the objectives for which the grant is being made, facilitate postaward administration of the grant, conserve grant funds, or otherwise protect the interest of the Federal Government.

The NGA shall not contain lengthy conditions designed to amend or clarify substantive matters improperly or inadequately addressed in the application, nor reiterate policies or regulatory material contained in the standard provisions.

Advisory comments are suggestions to be conveyed to the grantee or for program staff to consider in managing the grant.

This policy is in effect for applications requesting fiscal year 1998 funds and will remain in effect until amended or rescinded.

PRIMARY REVIEWER/ OBJECTIVE REVIEW SUMMARY REPORT

TITLE X FAMILY PLANNING SERVICES

| | |
|--|---|
| Grantee/Applicant: | <input type="checkbox"/> Competing continuation <input type="checkbox"/> New |
| Funds Requested: \$ | Grant Number: |
| Project Period Requested: _____ Years | Reviewer: |

BRIEF OVERVIEW/DESCRIPTION OF THE ORGANIZATION:

DISCUSSION OF STRENGTHS AND WEAKNESSES: (For competing continuation applicants, include an evaluation of the progress report including progress on NPSI projects as appropriate.)

RECOMMENDATION: (Approval, Disapproval, Deferral)

RECOMMENDED CONDITIONS OF AWARD:

ADVISORY COMMENTS:

Primary Reviewer: _____

Secondary Reviewer: _____

Chairperson (signature)

Date

OBJECTIVE REVIEW

SUMMARY RATING SHEET

Regardless of overall recommendation given an application, it is important that each criteria be rated separately.

| | | | |
|---------------------|-------------|-------------|------------------|
| Unacceptable | Poor | Good | Excellent |
| Under 75 | 75-104 | 105-134 | 135-150 |

| CRITERIA | TOTAL POINTS POSSIBLE | RATING SCORE |
|--|-----------------------------|-----------------|
| A. Needs Assessment | 18 | |
| B. Organization, Administration and Management | 24 | |
| C. Program Work Plan | 15 | |
| D. Clinical Management | 51 | |
| E. Community Education/Outreach | 15 | |
| F. Evaluation and QAA | 6 | |
| G. Financial Management | 21 | |
| TOTAL | 150 | |

Excellent: 90% x 150 = 135

Good: 70% x 150 = 105

Poor: 50% x 150 = 75

Unacceptable: Under 75 points.

REVIEWER SCORING SHEET

Criteria # A - Needs Assessment

Scoring range:

| | | | |
|-----------|-----------|-----------|----------------|
| NONE 0 | POOR 1 | GOOD 2 | EXCELLENT 3 |
|-----------|-----------|-----------|----------------|

The projects most effectively promoting the purpose of Title X give priority to high risk and low income clients. Depending on the scope of the individual project, special efforts should be made to reach such groups as minorities, teenagers, male partners, non-English speaking, the handicapped, etc. The application should include:

- ___ 1. Description of the area to be served (state-wide, county-wide, census tracts, approximate square miles, barriers to service, etc.)
- ___ 2. Demographic analysis of service area population provided (age, groups, sex, ethnicity, race, income, urban/rural characteristics, transient, etc.).
- ___ 3. Analysis of other relevant data (e.g., infant mortality, LBW, birth rate, adolescent pregnancy rate, maternal mortality, mortality/morbidity rates from various indicators, i.e., cervical and breast cancer, sexually transmitted infections, etc.).
- ___ 4. Identification of problems requiring solution and a description as to why the needs are not being met.
- ___ 5. Description of statewide or community similar existing resources and networks related to reproductive health including inter- and intra-agency linkages. Describe the relationship with these organizations in the target area.
- ___ 6. Justification for choice of target area and description of it related to foregoing items (should include estimated % of low-income, Medicaid, teens, etc.)

18 Total Points Possible

___ Total Points Received

Criteria # B - Organization, Administration and Management

Scoring Range:

| | | | |
|-----------|-----------|-----------|----------------|
| NONE 0 | POOR 1 | GOOD 2 | EXCELLENT 3 |
|-----------|-----------|-----------|----------------|

The applicant should provide a brief description and history of the organization and describe organizational structure for program management.

All projects should have written policies which describe administrative procedures, personnel policies, job responsibilities, requirements and qualifications. The racial/ethnic mix of project staff should reflect the racial/ethnic mix of target areas.

The application should include:

- ___ 1. A current organizational chart of the applicant and the family planning component.
- ___ 2. Job descriptions, including qualification standards for key staff. Biographical sketches for key personnel.
- ___ 3. Availability of bilingual staff for education and counseling where there is a significant number of non-English speaking clients.
- ___ 4. A description of the project staff training plan based on identified needs and priorities.
- ___ 5. description of the procedure for evaluation and review of the job performance of all project personnel conducted annually.
- ___ 6. A copy of the standard contract between the applicant and delegate agencies
- ___ 7. Identification of the number and type of delegate agencies and/or contract providers.
- ___ 8. Description of internal systems in place for assuring that delegate agencies or contract providers are in compliance with Title X requirements.

24 Total Points Possible

___ Total Points Received

Criteria C - Work Plan

Scoring Range:

| | | | |
|-----------|-----------|-----------|----------------|
| NONE 0 | POOR 1 | GOOD 2 | EXCELLENT 3 |
|-----------|-----------|-----------|----------------|

The program plan is the primary means by which the applicant presents realistic, time framed and measurable objectives. The plan should present each objective in quantifiable terms and describe the methodology and time frame for accomplishment.

There must be short-term and long-term objectives when the applicant requests a multiple year project period. The plan should address the following areas: administrative; clinical; community education and outreach; family involvement; and financial management. The application should include:

- ___ 1. Program objectives based on needs described in the needs assessment.
- ___ 2. Realistic program objectives, measurable and time framed. Outcome measures for the project period are identified.
- ___ 3. The methodology for meeting program objectives is adequate and appropriate.
- ___ 4. An evaluation component which regularly assesses and measures the progress made toward attaining each specific objective. Procedures for resolving problems in the achievement of objectives are identified.
- ___ 5. Methodology and standards to be used for evaluation of objectives are described.

 15 Total Points Possible

 Total Points Received

Criteria D - Clinical Management

Scoring Range:

| | | | |
|-----------|-----------|-----------|----------------|
| NONE 0 | POOR 1 | GOOD 2 | EXCELLENT 3 |
|-----------|-----------|-----------|----------------|

Family planning medical services are provided by a physician or mid-level practitioner. Services/functions include client counseling, physical assessment of clients, prescribing and dispensing of drugs and contraceptive supplies, treatment of minor infections, lab testing and referral, as indicated, to other providers and agencies.

Title X projects must provide accurate and unbiased information relevant to family planning so that the client is able to make an informed and individual choice about a family planning method.

The application should include:

- ___ 1. Schedules of office and clinic hours and services at the clinic site.
- ___ 2. Description of medical services offered to family planning clients is appropriate for the target population; and all required services are available on site or by referral.
- ___ 3. Description of process to ensure professional credentials and licensure are appropriately addressed and documented.
- ___ 4. Description of process for development, approval and updating of protocols.
- ___ 5. Description of policy for lab services, including quality assurance procedures.
- ___ 6. Description of provision of pharmacy services, including a summary of State's laws with respect to provision of this service.
- ___ 7. Description of the HIV services offered; and the level of these services is appropriate to the target population needs.
- ___ 8. Description of policy and procedure for the management of medical records which is in accordance with accepted medical standards.
- ___ 9. A description of referral and follow-up systems.

- ___ 10. Description of plans for the management of on-site medical emergencies and non-medical emergencies.
- ___ 11. Evidence of compliance with Human Subjects Clearance (Research) requirements and when applicable description of current projects.
- ___ 12. Provision for educational sessions for patients prior to selection of a contraceptive method.
- ___ 13. Provision for educational and consulting services for clients, either directly or through referral.
- ___ 14. Assurance that the Title X project is not counseling, referring or steering clients for abortions.
- ___ 15. Description of policy to ensure family involvement in the provision of services for adolescents.
- ___ 16. Evidence that the Title X plan is in compliance with current regulations regarding sterilization procedures.
- ___ 17. Description of provisions to assure informed consent and confidentiality.

51 Total Points Possible

___ Total Points Received

Criteria E - Community Education and Outreach

Scoring Range:

| | | | |
|-----------|-----------|-----------|----------------|
| NONE 0 | POOR 1 | GOOD 2 | EXCELLENT 3 |
|-----------|-----------|-----------|----------------|

Title X projects should make provision for informational and educational programs designed to achieve, at a minimum, community understanding of services and promote continuing participation in the project by persons to whom family planning services may be beneficial. The application should include:

- ___ 1. A plan for community information which informs residents of the availability of services and promotes community understanding of the benefits of family planning.
- ___ 2. Evidence that the community information program is based on a needs assessment of the target area.
- ___ 3. Description of the approaches used in outreach and client recruitment.
- ___ 4. An evaluation component which regularly assesses and measures the progress of information and education activities of the project.
- ___ 5. Evidence of collaboration between various levels, governmental, public and private organizations.

15 Total Points Possible

___ Total Points Received

Criteria F - Program Evaluation and Quality Assurance Assessment (QAA)

Scoring Range:

| | | | |
|-----------|-----------|-----------|----------------|
| NONE 0 | POOR 1 | GOOD 2 | EXCELLENT 3 |
|-----------|-----------|-----------|----------------|

Each Title X project should have an evaluation system and plan in place to assess, at a minimum, the quality of care provided to clients and determine its success or failure in meeting goals and objectives. The application should include:

____ 1. Description of the QAA program, both internal and for delegate agencies or contracted providers which is adequate and appropriate.

____ 2. Description of the procedure to assess client satisfaction.

6 Total Points Possible

____ Total Points Received

Criteria G - Financial Management

Scoring Range:

| | | | |
|-----------|-----------|-----------|----------------|
| NONE 0 | POOR 1 | GOOD 2 | EXCELLENT 3 |
|-----------|-----------|-----------|----------------|

Grantees must maintain a financial management system with effective controls over and accountability for all funds, property and other assets. Grantees must adequately safeguard all such assets and assure they are used solely for authorized purposes.

Procedures for charges, billing and collection must follow the standard set out in 6.3 of the Title X *Program Guidelines*.

The application should include:

- ___ 1. Budget that is reasonable and adequate to meet the goals and objectives of the project.
- ___ 2. Staffing pattern that is realistic, appropriate and adequate to carry out the goals and objectives of the project.
- ___ 3. Description of the financial management policies and procedures, including contracting arrangements, responsible personnel, etc.
- ___ 4. Description of adequate procedures for patient billing and collecting.
- ___ 5. Description of sliding fee scale development, process for setting fees for services and frequency of updates.
- ___ 6. Agreements with third-party payors (Title XIX, Insurance, State, etc.) are appropriate and adequately described.
- ___ 7. Issues of malpractice insurance coverage are appropriately addressed and documented.

21 Total Points Possible

___ Total Points Received

SECONDARY REVIEWER SUMMARY

| | |
|---|---|
| Grantee/Applicant: | <input type="checkbox"/> Competing continuation <input type="checkbox"/> New |
| Funds Requested: \$ | Grant Number: |
| Project Period Requested: ____ Years | Reviewer: |

The Secondary Reviewer should summarize strengths and weaknesses of the application. This summary is to be prepared in writing and copies brought to the ORC meeting.

State Single Point of Contact Listing Maintained by OMB. In accordance with Executive Order #12372, "Intergovernmental Review of Federal Programs," Section 4, "the Office of Management and Budget (OMB) shall maintain a list of official State entities designated by the States to review and coordinate proposed Federal financial assistance and direct Federal development." This attached listing is the OFFICIAL OMB LISTING. This listing is also published in the Catalogue of Federal Domestic Assistance biannually.

OMB STATE SINGLE POINT OF CONTACT LISTING*
(Prepared by OMB - 5/15/97)

Arizona

Joni Saad
Arizona State Clearinghouse
3800 N. Central Avenue
Fourteenth Floor
Phoenix, Arizona 85012
Telephone: (602) 280-1315
FAX: (602) 280-8144

717 14th Street, N.W. - Suite 400
Washington, D.C. 20005
Telephone: (202) 727-6554
FAX: (202) 727-1617

Arkansas

Mr. Tracy L. Copeland
Manager, State Clearinghouse
Office of Intergovernmental Services
Department of Finance and Administration
1515 W. 7th St., Room 412
Little Rock, Arkansas 72203
Telephone: (501) 682-1074
FAX: (501) 682-5206

Florida

Florida State Clearinghouse
Department of Community Affairs
2740 Centerview Drive
Tallahassee, Florida 32399-2100
Telephone: (904) 922-5438
FAX: (904) 487-2899

California

Grants Coordinator
Office of Planning & Research
1400 Tenth Street, Room 250
Sacramento, California 95814
Telephone: (916) 327-9281
FAX: (916) 322-1025

Georgia

Tom L. Reid, III
Coordinator
Georgia State Clearinghouse
270 Washington Street, S.W. - 8th Floor
Atlanta, Georgia 30334
Telephone: (404) 656-3855
FAX: (404) 656-3828

Delaware

Francine Booth
State Single Point of Contact
Executive Department, Office of the Budget
Thomas Collins Building
P.O. Box 1401
Dover, Delaware 19903
Telephone: (302) 739-3326
FAX: (302) 739-5661

Illinois

Virginia Bova
State Single Point of Contact
Illinois Department of Commerce and Community
Affairs
James R. Thompson Center
100 West Randolph, Suite 3-400
Chicago, Illinois 60601
Telephone: (312) 814-6028
FAX: (312) 814-1800

District of Columbia

Charles Nichols
State Single Point of Contact
Office of Grants Mgmt. & Dev.

Indiana

Frances Williams
State Budget Agency
212 State House
Indianapolis, Indiana 46204-2796
Telephone: (317) 232-5619
FAX: (317) 233-3323

Iowa

Steven R. McCann
 Division for Community Assistance
 Iowa Department of Economic Development 200 East
 Grand Avenue
 Des Moines, Iowa 50309
 Telephone: (515) 242-4719
 FAX: (515) 242-4809

Kentucky

Ronald W. Cook
 Office of the Governor
 Department of Local Government
 1024 Capitol Center Drive - Suite 340
 Frankfort, Kentucky 40601-8204
 Telephone: (502) 573-2382
 FAX: (502) 573-2512

Maine

Joyce Benson
 State Planning Office
 184 State Street
 38 State House Station
 Augusta, Maine 04333
 Telephone: (207) 287-3261
 FAX: (207) 287-6489

Maryland

William G. Carroll
 Manager, Plan & Project Review
 Maryland Office of Planning
 301 W. Preston Street - Room 1104
 Baltimore, Maryland 21201-2365
 Staff Contact: Linda Janey
 Telephone: (410) 767-4490
 FAX: (410) 767-4480

Michigan

Richard Pfaff
 Southeast Michigan Council of Governments
 660 Plaza Drive - Suite 1900
 Detroit, Michigan 48226
 Telephone: (313) 961-4266
 FAX: (313) 961-4869

Mississippi

Cathy Mallette
 Clearinghouse Officer
 Department of Finance and Administration

455 North Lamar Street
 Jackson, Mississippi 39202-3087
 Telephone: (601) 359-6762
 FAX: (601) 359-6764

Missouri

Lois Pohl
 Federal Assistance Clearinghouse
 Office Of Administration
 P.O. Box 809
 Room 760, Truman Building
 Jefferson City, Missouri 65102
 Telephone: (314) 751-4834
 FAX: (314) 751-7819

Nevada

Department of Administration
 State Clearinghouse
 Capitol Complex
 Carson City, Nevada 89710
 Telephone: (702) 687-4065
 FAX: (702) 687-3983

New Hampshire

Jeffrey H. Taylor, Director
 New Hampshire Office of State Planning
 Attn: Intergovernmental Review Process
 Mike Blake
 2 1/2 Beacon Street
 Concord, New Hampshire 03301
 Telephone: (603) 271-2155
 FAX: (603) 271-1728

New Mexico

Robert Peters
 State Budget Division
 Room 190 Bataan Memorial Building
 Santa Fe, New Mexico 87503
 Telephone: (505) 827-3640

New York

New York State Clearinghouse
 Division of the Budget
 State Capitol
 Albany, New York 12224
 Telephone: (518) 474-1605
 FAX: (518) 486-5617

North Carolina

Chrys Baggett, Director
N.C. State Clearinghouse
Office of the Secretary of Admin.
116 West Jones Street - Suite 5106
Raleigh, North Carolina 27603-8003
Telephone: (919) 733-7232
FAX: (919) 733-9571

North Dakota

North Dakota Single Point of Contact
Office of Intergovernmental Assistance
600 East Boulevard Avenue
Bismarck, North Dakota 58505-0170
Telephone: (701) 224-2094
FAX: (701) 224-2308

Rhode Island

Kevin Nelson
Review Coordinator
Department of Administration
Division of Planning
One Capitol Hill, 4th Floor
Providence, Rhode Island 02908-5870
Telephone: (401) 277-2656
FAX: (401) 277-2083

South Carolina

Rodney Grizzle
State Single Point of Contact
Grant Services
Office of the Governor
1205 Pendleton Street - Room 331
Columbia, South Carolina 29201
Telephone: (803) 734-0494
FAX: (803) 734-0356

Texas

Tom Adams
Governors Office
Director, Intergovernmental Coordination
P.O. Box 12428
Austin, Texas 78711
Telephone: (512) 463-1771
FAX: (512) 463-1880

Utah

Carolyn Wright
Utah State Clearinghouse

Office of Planning and Budget
Room 116 State Capitol
Salt Lake City, Utah 84114
Telephone: (801) 538-1535
FAX: (801) 538-1547

West Virginia

Fred Cutlip, Director
Community Development Division
W. Virginia Development Office
Building #6, Room 553
Charleston, West Virginia 25305
Telephone: (304) 558-4010
FAX: (304) 558-3248

Wisconsin

Jeff Smith
Section Chief, State/Federal Relations
Wisconsin Department of Administration
101 East Wilson Street - 6th Floor
P.O. Box 7868
Madison, Wisconsin 53707
Telephone: (608) 266-0267
FAX: (608) 267-6931

Wyoming

Matthew Jones
State Single Point of Contact
Office of the Governor
200 West 24th Street
State Capital, Room 124
Cheyenne, Wyoming 82002
Telephone: (307) 777-7446
FAX: (307) 632-3909

TERRITORIES

Guam

Mr. Giovanni T. Sgambelluri
Director
Bureau of Budget and Management Research
Office of the Governor
P.O. Box 2950
Agana, Guam 96910
Telephone: 011-671-472-2285
FAX: 011-671-472-2825

Puerto Rico

Norma Burgos/Jose E. Caro

Chairwoman/Director
Puerto Rico Planning Board
Federal Proposals Review Office
Minillas Government Center
P.O. Box 41119
San Juan, Puerto Rico 00940-1119
Telephone: (809) 727-4444
(809) 723-6190
FAX: (809) 724-3270
(809) 724-3103

Northern Mariana Islands

Mr. Alvaro A. Santos, Executive Officer
Office of Management and Budget
Office of the Governor
Saipan, MP 96950
Telephone: (670) 664-2256
FAX: (670) 664-2272
Contact Person: Ms. Jacoba T. Seman, Federal
Programs Coordinator
Telephone: (670) 644-2289
FAX: (670) 644-2272

Virgin Islands

Nellon Bowry
Director, Office of Management and Budget
#41 Norregade Emancipation Garden Station
Second Floor
Saint Thomas, Virgin Islands 00802
Please direct all questions and correspondence about
intergovernmental review to:
Linda Clarke
Telephone: (809) 774-0750
FAX: (809) 776-0069.

JURISDICTIONS WITHOUT "STATE SINGLE POINTS OF CONTACTS" INCLUDE: Alabama; Alaska; American Samoa; Colorado; Connecticut; Kansas; Hawaii; Idaho; Louisiana; Massachusetts; Minnesota; Montana; Nebraska; New Jersey; Ohio; Oklahoma; Oregon; Palau; Pennsylvania; South Dakota; Tennessee; Vermont; Virginia; and Washington. This list is based on the most current information provided by the States. Information on any changes or apparent errors should be provided to the Office of Management and Budget and the State in question. Changes to the list will only be made upon formal notification by the State. Also, this listing is published biannually in the Catalogue of Federal Domestic Assistance.

If you would like a copy of this list faxed to your office, please call our publications office at: (202) 395-9068. * In accordance with Executive Order #12372, "Intergovernmental Review of Federal Programs," this listing represents the designated State Single Points of Contact. The jurisdictions not listed no longer participate in the process BUT GRANT APPLICANTS ARE STILL ELIGIBLE TO APPLY FOR THE GRANT EVEN IF YOUR STATE, TERRITORY, COMMONWEALTH, ETC. DOES NOT HAVE A "STATE SINGLE POINT OF CONTACT."