DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Assistant Secretary for Health, Office of Population Affairs

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

ACTION: Notice

ANNOUNCEMENT TYPE: AMENDED COMPETITIVE GRANT

FUNDING OPPORTUNITY NUMBER: OPA-FY2015-1 (amended)

CFDA NUMBER: 93.217

CFDA PROGRAM: Family Planning Services

DATES:

TABLE I

Service Area	Estimated Funds Available	Application Due date
Region I		
Connecticut (entire state)	$2,473,000	12/31/2014
Maine (entire state)	$1,965,000	12/31/2014
Massachusetts (entire state)	$5,913,000	12/31/2014
Region II		
New York (entire state, not including Manhattan)	$9,762,000	4/1/2015
Puerto Rico (entire territory)	$3,249,000	4/1/2015
Region III		
Delaware (entire state)	$1,124,000	12/31/2014
Washington, DC	$1,264,000	12/31/2014
West Virginia (entire state)	$2,310,000	12/31/2014
Pennsylvania (entire state, not including Philadelphia)	$5,432,000	4/1/2015
Region IV		
Kentucky (entire state)	$5,414,000	4/1/2015

North Carolina (entire state)	$7,263,000	4/1/2015
South Carolina (entire state)	$5,651,000	4/1/2015
Tennessee (entire state)	$6,707,000	4/1/2015
Region V		
Illinois (entire state)	$7,980,000	12/31/2014
Minnesota (Ramsey County)	$441,000	12/31/2014
Ohio (entire state, not including Athens, Crawford, Delaware, Franklin, Hocking, Lucas, Madison, Mahoning, Marion, Medina, Pickaway, Portage, Richland, Stark, Summit, Trumbull, Union and Wayne Counties)	$5,837,000	12/31/2014
Wisconsin (entire state)	$3,538,000	12/31/2014
Region VI		
Oklahoma (entire state)	$4,444,000	12/31/2014
New Mexico (entire state)	$3,304,000	12/31/2014
Texas (entire state)	$13,947,000	12/31/2014
Region VII		
Kansas (entire state)	$2,522,000	4/1/2015
Nebraska (entire state)	$2,072,000	4/1/2015
Region VIII – None		
Region IX		
California (East Los Angeles)	$480,000	12/31/2014
Guam (entire territory)	$290,000	4/1/2015
Commonwealth of the Northern Mariana Islands (entire CNMI)	$180,000	4/13/2015
Republic of the Marshall Islands (entire RMI)	$129,000	7/1/2015
Region X – None		

Applications are due by 5 p.m. ET on the applicable date listed above in Table I. To receive consideration, applications must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date. Applications which do not meet the specified deadlines will be returned to the applicant unread. All applicants must submit electronically via Grants.gov unless they obtain a written exemption from this requirement 2 business days in advance of the deadline by the Director, HHS/OASH Office of Grants Management. To obtain an exemption, applicants must request one via email from the HHS/OASH Office of Grants Management, and

provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Requests should be submitted at least 4 business days prior to the application deadline to ensure the request can be considered prior to 2 business days in advance of the deadline. If requesting an exemption, include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization; the name and telephone number of the Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval. The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* the heading "**APPLICATION and SUBMISSION INFORMATION**" for information on application submission mechanisms.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section IV.4 Intergovernmental Review.

To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register as early as possible in Grants.gov since the registration

process can take up to one month. For information on registering for Grants.gov, refer to http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Applicants are strongly encouraged to register multiple authorized organization representatives.

Technical Assistance: A technical assistance webinar for potential applicants will be held within 30 days of this announcement. Please visit www.hhs.gov/opa for more information.

EXECUTIVE SUMMARY: The Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2015 family planning services grants under the authority of Title X of the Public Health Service Act. The Office of Population Affairs intends to make available approximately $117 million for competing grants in 27 service areas and/or populations. The actual amount available will not be determined until enactment of the FY 2015 federal budget. While there is not a fixed cost-sharing percentage or amount, projects must include financial support from sources other than Title X. The proposed project budget should reflect financial support in addition to Title X funds on both the Standard Form (SF) 424A, Budget Information, and in the budget justification.

This notice solicits applications from public and private nonprofit entities to establish and operate voluntary family planning projects to serve the areas and/or populations listed in Table I. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated.

All activities funded under this announcement must be consistent with the Title X statute, regulations, and legislative mandates, and are expected to be in compliance with the Program Guidelines and Program Policy Notices. Copies of the Title X statute, regulations, legislative mandates, Program Guidelines, and Program Policy Notices may be downloaded from the Office of Population Affairs web site at http://www.hhs.gov/opa/familyplanning.

I. FUNDING OPPORTUNITY DESCRIPTION:

This announcement seeks applications from public and private nonprofit entities to establish and operate voluntary family planning services projects, which shall provide family planning services to all persons desiring such services, with priority for services to persons from low-income families. The Title X statute specifies that local and regional public or private nonprofit entities may apply directly to the Secretary for a Title X family planning services grant under this announcement. Funding of applications that propose to rely on other entities to provide services will take into consideration the extent to which the applicant indicates it will be inclusive in considering all entities that can provide the required services and are eligible to receive Federal funds to best serve individuals in need throughout the anticipated service area. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. Applicants should use the Title X legislation, applicable regulations, legislative mandates, current Program Guidelines (issued in 2014), OPA Program Policy Notices, program priorities, and other key issues included in this announcement and in the application package, to guide them in developing their applications.

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

Title X Statute and Regulations: Requirements regarding the provision of family planning services under Title X can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. 300 et seq.) and in the implementing regulations which govern project grants for family planning services (42 CFR part 59, subpart A). In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR part 50, subpart B ("Sterilization of Persons in Federally Assisted Family Planning Projects"). Title X of the Public Health Service Act authorizes the Secretary of Health and Human Services (HHS) to award grants for projects to provide family planning services to any person desiring such services, with priority given to individuals from low-income families. Section 1001 of the Act, as amended, authorizes grants "to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)." Title X regulations further specify "These projects shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children" (42 CFR §59.1). In addition, section 1001 of the statute requires that, to the extent practicable, Title X service providers shall encourage family participation in family planning services projects. Finally, section 1001 (b) assures the right of local and regional entities to apply directly to the Secretary for Title X grant funds. Section 1008 of the Act, as amended, stipulates that "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning."

Legislative Mandates: The following legislative mandates have been part of the Title X appropriations language for the last several years. This funding opportunity announcement assumes these provisions will be carried forward in FY 2015. Title X family planning services projects should include administrative, clinical, counseling, and referral services as well as training of staff necessary to ensure adherence to these requirements.

- "None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;" and
- "Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest."

Program Guidelines: Additional operational guidance for projects funded under Title X can be found in the Title X Program Guidelines, which consist of two documents; the April 25, 2014, MMWR *"Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs"* (QFP) and *"Program Requirements for Title X Funded Family Planning Projects."*

Copies of the Title X statute, regulations, legislative mandates, Program Guidelines, and Program Policy Notices may be downloaded from the Office of Population Affairs web site at http://www.hhs.gov/opa/familyplanning. All activities funded under this announcement must be

consistent with the Title X statute, regulations, and legislative mandates, and are expected to be in compliance with the Program Guidelines and Program Policy Notices. For example, projects must meet the regulatory requirements set out at 42 CFR §59.5 regarding charges to clients. The funding criteria set out at 42 CFR §59.7 apply to all applicants under this announcement.

Program Priorities: Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2015 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years. The 2015 program priorities are as follows:

1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to support implementation (e.g., through staff training and related systems changes) of the Title X program guidelines throughout their Title X services projects, and that project staff have received training on Title X program requirements;

2. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with the Title X program requirements and QFP. These services include, but are not limited to, natural family planning methods, infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted disease (STD) and HIV prevention

education, testing, and referral. The broad range of services does not include abortion as a method of family planning;

3. Assessing clients' reproductive life plan as part of determining the need for family planning services, and providing preconception services as stipulated in QFP;

4. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and

5. Demonstrating that the project infrastructure will ensure sustainability of family planning and reproductive health services throughout the proposed service area including:

- Incorporation of certified Electronic Health Record (EHR) systems and other HIT systems that are interoperable;
- Evidence of contracts with insurance and systems for third party billing as well as the ability to facilitate the enrollment of clients into insurance and Medicaid optimally onsite; and to report on numbers assisted and enrolled;
- Evidence of the ability to provide comprehensive primary care services onsite or demonstration of formal robust linkages with comprehensive primary care providers.

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

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

AUTHORITY: Section 1001 of the Public Health Service Act

II. AWARD INFORMATION

The Office of Population Affairs intends to make available approximately $117 million for competing grants. The actual amount available will not be determined until enactment of the FY 2015 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner.

Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to 3 years, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: $104M

Anticipated Number of Awards: 25

Range of Awards: $129,000 - $13,947,000 per budget period

Anticipated Start Date: Varies; see Table I

Period of Performance: Not to exceed 3 years

Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any public or private nonprofit entity located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands) is eligible to apply for a grant under this announcement. Even where states apply for a family planning services grant, local and regional entities may also apply directly to the Secretary for a family planning services grant under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are eligible to apply for Title X family planning services grants.

2. Cost Sharing or Matching

Program regulations at 42 CFR §59.7(c) stipulate that ``No grant may be made for an amount equal to 100 percent of the project's estimated costs." Also, 42 CFR §59.7(b) states that "No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project that was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975."

While there is not a fixed cost-sharing percentage or amount, projects must include financial support from sources other than Title X. The proposed project budget should reflect financial support in addition to Title X funds on both the Standard Form (SF) 424A, Budget Information, and in the budget justification. The amount and source(s) of these funds must be clearly identified separately from the requested Title X support as indicated on the SF 424A, as

well as on the SF 424, Application for Federal Assistance. The OASH Office of Grants Management will review applications to ensure that the requested amount of Title X funding is in compliance with this business requirement.

The cost sharing requirements outlined above are waived for any grant made to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applications will be reviewed to determine whether they meet the following responsiveness criteria. Those that do not will be administratively eliminated from the competition and will not be reviewed.

The applicant appears to have demonstrated:

- evidence that comprehensive medical, informational, educational, social, and referral services related to family planning will be provided as stipulated in 42 CFR 59.5
- evidence of cost-sharing as described in Section III of this announcement

Application Screening Criteria

All applications appropriately submitted will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed. Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline in Table I.
2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. The Project Narrative must not exceed 65 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget narrative.
4. The total application including Appendices must not exceed 150 pages. NOTE: items noted above do not count toward total page limit.
5. Proposed budget does not exceed maximum indicated in Range of Awards.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Information to Request Application Package

Application packages may be obtained electronically by accessing Grants.gov at http://www.grants.gov/. If you have problems accessing the application or difficulty downloading, contact:

Grant Operations Center, Office of Grants Management Operations Center, telephone 1-888-203-6161, or email ASH@LCGnet.com.

2. Content and Form of Application Submission

Application Format

Applications must be prepared using forms and information provided in the online grant application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria.

Project Narrative pages must be double-spaced.

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget narrative/ justification, required forms, assurances, and certifications as described in Application Screening Criteria. All pages, charts, figures, and tables, whether in the narrative or appendices, should be numbered. Applications that exceed the specified page limits when printed on 8.5" X 11" paper by HHS/OASH/OGM will not be considered. We recommend applicants print out their applications before submitting electronically to ensure that they are within the page limit and are easily readable.

Appendices

Appendices should include any specific documents outlined in the Application Content section of this FOA. If not specified, appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created specifically for the application should use the same formatting required for the Project Narrative,

including double-line spacing. However, appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents, may use other formatting but must be easily readable (e.g., organizational structure).

Non-profit Status

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

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

Project Abstract

Applicants must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management and program summary documents. Abstracts may be published by HHS/OASH and should not include sensitive or proprietary information.

Budget Narrative

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

Electronic Submission

The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

You may access the Grants.gov website portal at http://www.grants.gov. All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Applications will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. Application submissions that do not adhere to the due date and time requirements will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file

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

A. **Important Grants.gov Information**

You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.

To ensure successful submission of applications, applicants should carefully follow the step-by-step instructions provided at http://www.grants.gov/web/grants/applicants/apply-for-grants.html . These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

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

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is a unique, nine-digit identification number, which

provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- Instructions are available on the Grants.Gov web site as part of the organization registration process at http://www.grants.gov/web/grants/applicants/organization-registration.html.
- All applicants must register in the System for Account Management (SAM)). You should allow a *minimum* of five days to complete the SAM registration. Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You can register with the SAM online and it will take about 30 minutes (https://www.sam.gov.)
- You must renew your SAM registration each year. Organizations registered to apply for Federal grants through http://www.grants.gov will need to *renew* their registration in SAM.
- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so potential applicants should ***check for active registration well before the application deadline.***
- Applicants must maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an HHS agency.

An award cannot be made until the applicant has complied with these requirements. In accordance with 2 CFR 25.205, at the time an award is ready to be made, if the intended recipient has not complied with these requirements, HHS/OASH:

- May determine that the applicant is not qualified to receive an award; and

- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time the recipient makes a sub-award.

B. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not the proposed project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of the proposed project. HHS/OASH recommends that the project narrative include the following components:

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

Proposed projects must adhere to all requirements of the Title X statute; applicable regulations, including regulations regarding sterilization of persons in federally-assisted family planning projects; and legislative mandates. Applicants are also expected to utilize the Title X Program Guidelines in developing the project plan.

As indicated in the Title X regulations at 42 CFR §59.5(a)(7)-(9) and Program Guidelines, persons from a low-income family, with incomes that fall at or below 100% of the current Federal Poverty Guidelines (Federal Poverty Level, FPL), must not be charged except

where third parties are authorized or legally obligated to pay. Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts.

A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101-250% of the Federal Poverty Level. For persons from families whose income exceeds 250% of the Federal Poverty Level, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

Successful proposals will fully describe how the project will address Title X requirements with an approach to service delivery that is sustainable and ensures access to family planning/reproductive health services as defined in QFP, with priority to services for individuals from low-income families. This includes addressing each of the following:

1. A clear description of the need for the services proposed;
2. A description of the geographic area and population to be served;
3. Evidence that the proposed project will address the family planning needs identified;
4. Evidence that the applicant organization has experience in providing clinical health services, is specially qualified to deliver family planning services, and has the capacity to undertake the comprehensive clinical family planning and related preventive health services required, including offering a broad range of acceptable and effective family planning methods and services as described in QFP;
5. Evidence of experience in the particular service area and with the particular community to be served;
6. Evidence of familiarity with, and ability to provide services that include the following:

a. family planning and related preventive health issues as indicated in the Program Guidelines and program priorities;
b. services that are consistent with current, recognized national standards of care, including QFP, related to family planning, reproductive health, and general preventive health measures;
c. compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest;
d. counseling techniques that encourage family participation in healthcare and reproductive decision-making of adolescents, and incorporate resistance skills for adolescents to avoid exploitation and/or sexual coercion;

7. A proposed schedule of discounts, or for applicants with multiple sub-recipients, a policy that is applicable to sub-recipients which meets the criteria set out in the Title X regulations at 42 CFR §59.5(a)(7)-(9), and in the Program Guidelines;
8. Evidence that the proposed services are consistent with the Title X statute, program regulations (including regulations regarding sterilization of persons in federally assisted family planning services projects), legislative mandates, and Program Guidelines, and Program Policy Notices;
9. Evidence that Title X funds will not be used in programs where abortion is a method of family planning;
10. Evidence that Title X project activities are separate and distinct from non-Title X activities;

11. To the extent that the applicant will not provide all services directly, a description of the process used to select service sites and providers, including a description of eligible entities for funding as sub-recipients.
12. A plan for providing community information and education programs which promote understanding of the objectives of the project and inform the community about the availability of services. The plan should include a strategy for maintaining records of information and education activities provided as part of the project;
13. A plan for an information and education advisory committee that is consistent with the Title X statute and regulations at 42 CFR §59.6, and that ensures that all information and education materials used as part of the project are current, factual, and medically accurate, as well as suitable for the population or community to which they will be made available;
14. Evidence that the Title X program priorities and key issues are addressed in the project plan;
15. A staffing plan which is reasonable and adheres to the Title X regulatory requirement that family planning medical services be performed under the direction of a physician with special training or experience in family planning. Staff providing clinical services (e.g., physicians, State recognized advanced practice nurses, physician assistants) should be licensed and function within the applicable professional practice acts for the State in which they practice;
16. Goal statement(s) and related outcome objectives that are specific, measurable, achievable, realistic and time-framed (S.-M.-A-.R.-T);
17. Evidence that the applicant has a plan to facilitate access to the following:

a. required clinical services, if not provided by the applicant;

b. comprehensive primary care services; and

c. other needed health and social services for clients served in the Title X funded family planning project.

This includes evidence of formal agreements for referral services, and collaborative agreements with other service providers in the community, where appropriate;

18. Evidence of the capability to collect and report the required program data for the Title X annual data collection system, the Family Planning Annual Report (FPAR) as well as required data on sustainability indicators and outreach and enrollment;

19. Evidence of a system for ensuring quality family planning services, including:

a. a process for ensuring compliance with program requirements; and

b. a methodology for ensuring that health care practitioners have the knowledge, skills, and attitudes necessary to provide effective, quality family planning and related preventive health services that are consistent with current, evidence-based national standards of care. This should include training of select health care practitioners by the Clinical Training Center for Family Planning (CTCFP), and utilizing clinical training opportunities available through National Training Centers.

20. Evidence that the applicant will operate in a manner that will **sustain** access to family planning and reproductive health services including;

a. use of certified EHR systems that are interoperable;

b. contracts with insurance carriers and ability to bill third party commercial insurance carriers and Medicaid in accordance with Title X requirements;

c. ability to facilitate enrollment of clients into commercial insurance and Medicaid and to report on number of workers trained to provide assistance, number of individuals who were assisted, received eligibility determinations, and enrolled into health insurance programs; and
d. ability to provide or have formal linkages to comprehensive primary care services.

Budget Narrative

You are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant. Unless specified, you should develop your multi-year budgets based on level funding for each budget period. A level-funded budget is equal to the exact dollar figure of the year one budget. ***Please Note:*** Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the ***cost estimated per proposed project, activity, or product***. This budget justification should define the amount of work that is planned and expected to be performed and what it will cost. The Budget Narrative does not count toward your total application page limit.

Appendices

All items described in this section will count toward the total page limit of your application.

Project Work Plan. A Project Work Plan should be provided that identifies the specific services to be provided, the location(s) and hours of clinic operations, and projected number of clients to be served. The Project Work Plan should reflect, and be consistent with, the Project Narrative and Budget, and must cover all three (3) years of the project

period. However, each year's activities should be fully attainable in one budget year. Multi-year activities may be proposed, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

Biographical sketches for key staff

Organizational Chart

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Applications must be submitted by that date and time.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with http://www.grants.gov . Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For

example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

4. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, ''Intergovernmental Review of Federal Programs,'' as implemented by 45 CFR part 100, ''Intergovernmental Review of Department of Health and Human Services Programs and Activities.'' As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The current listing of the SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240–453–8822.

5. Funding Restrictions

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

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

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated Appropriations Act, 2014 (P.L. 113-76) limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is $181,500. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $181,500, their direct salary would be $90,750 (50% FTE), fringe benefits of 25% would be $22,687.50, and a total of $113,437.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's *actual* base full time salary: $350,000 50% of time will be devoted to project	
Direct salary	$175,000
Fringe (25% of salary)	$43,750
Total	$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual's base full time salary *adjusted* to Executive Level II: $181,500 50% of time will be devoted to the project	
Direct salary	**$90,750**
Fringe (25% of salary)	**$22,687.50**
Total amount	**$113,437.50**

Appropriate salary limits will apply as required by law.

6. Other Submission Requirements

Applicants must include a written statement in the application certifying that, if funded, their Title X Family Planning Services Project will encourage family participation in the decision of minors to seek family planning services, and that they will provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

V. APPLICATION REVIEW INFORMATION

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

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

a. The adequacy of the applicant's facilities and staff, including evidence of an infrastructure that is sustainable in ensuring continued access to services for the target population. For applicants that will not provide all services directly, the extent to which the applicant will consider all qualified entities eligible to receive federal funds in providing services throughout the service area (**20 points**);

b. The degree to which the project plan adequately provides for the requirements set forth in the Title X regulations at 42 CFR part **§**59, subpart A (**20 points**);

c. The extent to which family planning services are needed locally (**20 points**);

d. The capacity of the applicant to make rapid and effective use of the Federal assistance. Applicants excluding potential sub-recipients based on factors unrelated to the ability of sub-recipients to effectively serve patients must demonstrate/explain how they propose to use the federal assistance to provide high quality family planning services as (or more) effectively to the patient populations. (**15 points**);

e. The number of patients, and, in particular, the number of low-income patients to be served (**10 points**);

f. The relative availability of non-Federal resources within the community to be served and the degree to which those resources are committed to the project (**10 points**); and

g. The relative need of the applicant (**5 points**).

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth in 42 CFR §59.7(a).

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Final award decisions will be made by the Regional Health Administrator (RHA) for the applicable Public Health Service Region, in consultation with the Deputy Assistant Secretary for Population Affairs (DASPA) and the Assistant Secretary for Health (ASH) or their designees. In making final award decisions, the RHA, DASPA, and ASH will take into consideration the following additional criteria:

a. The geographic distribution of services within the identified service area as described in the application, including consideration of whether the area is best served by a single or multiple grantees; and

b. The extent to which projects best promote the purposes of Section 1001 of the Public Health Service Act, within the limits of funds available for such projects.

Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR Part 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

(1) Applicant's financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

3. Anticipated Announcement and Award Dates

HHS/OASH seeks to award funds as much in advance of the estimated project start date shown in Section II "Award Information," as practicable, with a goal of 10-15 days.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-application.html. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. Successful applicants will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

Unsuccessful applicants will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, recipients must comply with all terms and conditions outlined in their grant awards, the Department of Health and Human Services (HHS) Grants Policy Statement, requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan.

Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Acknowledgement of Funding

Federal grant support must be acknowledged in any publication developed using funds awarded under this program. All publications developed or purchased with funds awarded under this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html.

Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: "In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex

spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage."

Programmatic Reporting

Each year of the project period, the grantee is required to submit a Family Planning Annual Report (FPAR). The information collections (reporting requirements) and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0221 (Expires 9/30/2016).

The FPAR contains a brief organizational profile and 14 tables to report data on family planning users, service use, and revenue for the reporting year. The FPAR instrument and instructions can be found on the OPA Web site at http://hhs.gov/opa, and are included in the application kit for this announcement.

A comprehensive annual progress report, detailing the activities completed from the previously completed budget year (all 12 months) must be electronically submitted to the Office of Grants Management and a copy sent to the Title X Regional Project Officer within 90 days after the end of each budget period.

A final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to the grants management system (GrantSolutions.gov), in the Grant Notes module.

Data on Outreach and Enrollment and Sustainability Indicators

Successful applicants will be required to collect and report data on sustainability indicators for each service site and outreach and enrollment activities for each service site. OPA will provide final standardized data collection forms following approval from OMB.

Ensuring an Accurate Family Planning Service Site Database

In order to maintain an accurate record of current Title X service sites, grantees are expected to provide timely notice (within 30 days) to the Office of Population Affairs (OPA) through its website contractor, as well as to the appropriate HHS regional office, of any deletions, additions, or changes to the name, location, street address and email, and contact information for Title X grantees and service sites. All changes will then be reviewed and approved by the relevant HHS regional office prior to being posted on the OPA website. Note, this does not replace the prior approval requirement under HHS grants policy for changes in project scope, including clinic closures.

Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Reporting schedules will be issued as a condition of grant award. A final FFR covering the entire project period is due 90 days after the end of the project period. FFRs must be submitted via upload to the OASH grants management system (GrantSolutions.gov), in the FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note these FFR reports are separate submissions via the Division of Payment Services. At this time, data are not transferable between the two systems and you will report twice on certain data elements. Grantees receiving $500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133 or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well advance of the application due date.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

Region	Administrative and Budgetary Requirements
I (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)	Jessica Shields 240-453-8822 jessica.shields@hhs.gov
II (New Jersey, New York, Puerto Rico, Virgin Islands)	Jessica Shields 240-453 8822 jessica.shields@hhs.gov
III (Delaware; Washington, DC; Maryland; Pennsylvania; Virginia; West Virginia)	Jessica Shields 240-453-8822 jessica.shields@hhs.gov
IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)	Eleanor Walker 240-453-8822 eleanor.walker@hhs.gov
V (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)	Eleanor Walker 240-453-8822 eleanor.walker@hhs.gov
VI (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)	Jessica Shields 240-453-8822 jessica.shields@hhs.gov
VII (Iowa, Kansas, Missouri, Nebraska)	Eleanor Walker 240-453-8822 eleanor.walker@hhs.gov
VIII (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)	Robin Fuller 240-453-8822 robin.fuller@hhs.gov
IX (Arizona, California, Hawaii, Nevada, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, Republic of the Marshall Islands)	Robin Fuller 240-453-8822 robin.fuller@hhs.gov
X (Alaska, Idaho, Oregon, Washington)	Robin Fuller 240-453-8822 robin.fuller@hhs.gov

For information on program requirements, contact the program office:

Nancy Mautone-Smith
240-453-2849
nancy.mautone-smith@hhs.gov

VIII. OTHER INFORMATION

Application Elements

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Budget Narrative

Assurances for Non-construction Programs (SF-424B)

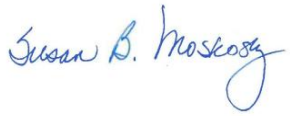
Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative

Appendices [Project Work Plan, Biographical Sketches for key staff, organizational chart]

Other Submission Requirements: Written statement of certifications



_____ May 28, 2015

Susan B. Moskosky, MS, WHNP-BC
Acting Director, Office of Population Affairs