



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** December 16, 2021

Staff Contact: Nicki Aaker, Carson City Health and Human Services Director

Agenda Title: For Possible Action: Discussion and possible action regarding authorization for the Carson City Health and Human Services Department ("CCHHS") to apply for the Title X Family Planning Services Grant, through the Office of the Assistant Secretary for Health, Office of Population Affairs, Federal Funding Opportunity Number: PA-FPH-22-001, for an estimated amount of \$1,950,000 over a 5-year grant period. (Nicki Aaker, naaker@carson.org)

Staff Summary: CCHHS is seeking authorization to apply for an estimated amount of \$1,950,000 over a 5-year grant period. Funds would be awarded in annual increments (budget periods) and, generally, for a project period not to exceed 5 years although projects may be approved for longer or shorter project periods for the purpose of providing family planning and preventive health services. Funds from this grant would be used to continue a core program that has been administered under CCHHS' Clinical Services Division since 2009. A portion of the requested grant amount would also be sub-awarded to Douglas County. No fiscal match is required and no additional full-time staff will be hired.

Agenda Action: Formal Action / Motion **Time Requested:** 10 minutes

Proposed Motion

I move to authorize submission of the grant application.

Board's Strategic Goal

Quality of Life

Previous Action

On April 18, 2019, the Board of Supervisors ("Board") approved acceptance of the Title X grant in the amount of \$300,000 annually for the grant period of April 1, 2019 through March 31, 2022. This amount included an annual sub-award to Douglas County.

Background/Issues & Analysis

CCHHS has received Title X grants since 2009. Currently, this grant funds the following positions: .20 FTE Clinical Services Manager; .80 FTE Management Assistant; .70 FTE Advanced Practice Registered Nurse; .65 FTE Public Health Nurse; and .10 Fiscal Analyst.

Grant funds would be used to provide family planning and related preventive health services such as the following:

- 1) Advance health equity through the delivery of Title X (family planning) services;
- 2) Improve and extend access to Title X (family planning) services;
- 3) Deliver Title X services of the highest quality; and
- 4) Implement a quality improvement/quality assurance (QI/QA) plan.

Additionally, the grant will be used for continued services, which include:

- 1) Introduction and access to tools for a personal family planning, fertility and reproductive life plan;
- 2) Family planning;
- 3) Health screenings such as sexually transmitted infection testing and treatment, breast and cervical cancer screening and other preventive health screenings;
- 4) Health information, education and counseling; and
- 5) Referrals.

A denial of the authorization to apply for this grant would lead to a significant decrease or elimination of the delivery of these services which would impact the community's access to healthcare.

While there is not a fixed cost-sharing percentage or amount, entities must show financial support from sources other than Title X, such as private funding, state funding, and income from private and public insurance for reimbursable services. CCHHS has a well-established infrastructure and meets this requirement. There is no additional fiscal impact to the City. Additionally, funds will be sub-granted to Douglas County. Douglas County has been included within the CCHHS' grant applications in the past, which allows CCHHS to be competitive. The budget will include oversight of the sub-award.

Applicable Statute, Code, Policy, Rule or Regulation

Carson City Grants Policy

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: The account number will be established when the grant is received.

Is it currently budgeted? No

Explanation of Fiscal Impact: This is a new 5-year grant period. No fiscal match is required and no additional full-time staff will be hired.

Alternatives

Do not authorize submission of the grant application.

Attachments:

[Title X NOFO.pdf](#)

Board Action Taken:

Motion: _____	1) _____	Aye/Nay
	2) _____	_____

(Vote Recorded By)



Office of the
Assistant Secretary
for Health

Office of Population Affairs

Notice of Funding Opportunity: Title X Family Planning Services Grants

Opportunity Number: PA-FPH-22-001

Application Due Date:

January 11, 2022 at 6:00 PM Eastern

OVERVIEW

FEDERAL AGENCY NAME

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

FUNDING OPPORTUNITY TITLE

Title X Family Planning Services Grants

ACTION

Notice

ANNOUNCEMENT TYPE

Initial Competitive Grant

FUNDING OPPORTUNITY NUMBER

PA-FPH-22-001

ASSISTANCE LISTING NUMBER AND PROGRAM:

93.217 Family Planning Services

DATES

Application Deadline: January 11, 2022 by 6:00 PM Eastern.

Technical Assistance: Webinar, November 9, 2021 at 3:00 PM Eastern.

EXECUTIVE SUMMARY

The Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2022 grants under the authority of Title X of the Public Health Service Act, Section 1001 (42 U.S.C. §300).

This notice solicits applications for projects to provide Title X family planning services throughout the 50 United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et al.), the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau (hereafter, States). OPA intends to make available approximately \$256 million for an estimated 90 grant awards for a period of up to five (5) years. The actual amount available will not be determined until enactment of the FY 2022 federal budget.

OPA's Title X Family Planning Program is the only federal grant program dedicated to providing comprehensive family planning and related preventive health services. The Title X Program is implemented through competitively awarded grants to a diverse network of public and

private nonprofit clinics. The Title X Program plays a critical role in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured clients, including adolescent clients, every year.

This notice solicits applications from public and private nonprofit entities to establish and operate voluntary Title X family planning projects. Family planning services include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services (such as HIV prevention education, counseling, testing, and referral), and other preconception health services. We seek a broad competition for Title X grant awards and are interested in innovative strategies to expand access, ensure quality, and achieve equity for all clients.

All activities funded under this announcement must be in compliance with requirements of the Title X statute, any legislative mandates, and any program regulations, as of the time the requirement is applicable and in effect. Copies of the Title X statute, regulations, and legislative mandates may be downloaded from the OPA web site at <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>. On October 4, 2021, HHS issued a Final Rule to revise the regulations that govern the Title X family planning program. This Rule, entitled “Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services” is available in its entirety at <https://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21542.pdf>.

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 must reflect non-federal financial support in addition to Title X funds on both the Standard Form (SF) 424A, Budget Information for Non-Construction Programs, and in the budget narrative. Recipients will provide family planning services that are in compliance with the Title X statute, regulations, and legislative mandates and that are guided by OPA’s key priorities.

HHS/OASH encourages applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that its application complies with all requirements and instructions.

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FUNDING OPPORTUNITY DETAILS

A. DATES

1. Application Deadline

Your application is due January 11, 2022, by 6 p.m. Eastern Time. To receive consideration, you must submit your application electronically via Grants.gov no later than this due date and time. If you do not submit your application by the specified deadline, we will return it to you unread.

You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, Grants and Acquisitions Management (GAM) Division, Office of the Assistant Secretary for Health (OASH), Department of Health and Human Services (HHS). To obtain an exemption, you must request one via email from GAM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline.

If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (e.g., GRANT#####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to OASH_Grants@hhs.gov.

Failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

GAM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. *See* Section F.8 ("Other Submission Requirements") for information on application submission mechanisms.

This announcement is subject to Executive Order 12372. 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 F.6 Intergovernmental Review.

To ensure adequate time to submit your application successfully, OASH recommends that you register as early as possible in Grants.gov because the registration process can take up to one month. You must register an authorizing official for your organization. OASH does not determine your organization's authorizing official; your organization makes that designation. For information on registering for Grants.gov, refer to <https://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.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

2. Technical Assistance

We will provide a technical assistance webinar for potential applicants on November 9, 2021. Login details will be posted at <https://opa.hhs.gov>.

We recommend you review the entire announcement promptly so you can have any questions answered well in advance of the application due date. We also recommend you subscribe to this announcement in Grants.gov so you receive any amendments, question and answer documents, or other updates.

B. PROGRAM DESCRIPTION

The Office of the Assistant Secretary for Health (OASH), Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2022 grants under the authority of Title X of the Public Health Service Act, Section 1001 (42 U.S.C. §300).

The primary focus of OASH is leading America to healthier lives, especially for those who have suffered historic disparities. In support of this vision, we promote health across the reproductive lifespan through innovative, evidence-based sexual and reproductive health and family planning programs, services, strategic partnerships, evaluation, and research. Grants funded through this NOFO will support Title X family planning services to millions of clients nationwide.

1. Background

Title X family planning services are services that assist in preventing or achieving pregnancy. Title X clinics provide these services to clients of all identities and ages, including adolescent clients, with priority given to persons from low-income families. Title X services are voluntary, confidential, and provided regardless of one's ability to pay or a client's religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status. For many clients, Title X clinics are their only ongoing source of health care and health education. Title X family planning services include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved

contraceptive products and natural family planning methods for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services (such as HIV prevention education, counseling, testing, and referral), and other preconception health services.

The majority of the clients served by Title X providers are low-income, female, and under 30 years old. In order to ensure that all prospective low-income clients are able to access services, there is no charge for services to people with family incomes below 100% of the most recent federal poverty level (FPL) guidelines, and services are discounted on a sliding scale for people with family incomes between 101-250% of the FPL. In 2020, 66% of clients had family incomes at or below 100% FPL, while 87% had family incomes below 250% of the FPL. Detailed information about current and past clients served by Title X recipients and the broad range of services provided to clients by Title X recipients is available in the Family Planning Annual Report (FPAR) available on the OPA website at <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report>.

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. For applicants that will not provide all services directly, you must document, in your application, the process and selection criteria you will use to identify qualified subrecipients to fulfill Title X activities. You should also show how your subrecipients will provide the required services and best serve individuals in need throughout the anticipated service area.

2. Expectations for Recipients

a. Comply with Title X Statute, Regulations, Legislative Mandates, and Additional Program Guidance

All activities funded under this announcement must be in compliance with requirements of the Title X statute, any legislative mandates, and any program or other applicable regulations in effect. We also expect all activities funded under this announcement to be in compliance with additional program guidance issued by OPA.

1) Title X Statute

Requirements regarding the provision of family planning services under Title X are 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 C.F.R. part 59, subpart A). In addition, sterilization of clients as part of the Title X program must be consistent with 42 C.F.R. 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 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).”

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

2) Title X Regulations

On October 4, 2021, OPA issued a final rule, "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services" (42 C.F.R. Part 59), to revise the regulations that govern the Title X family planning program by readopting the 2000 regulations (65 F.R. 41270), with several revisions to ensure access to equitable, affordable, client-centered, quality family planning services for clients, especially low-income clients.

The 2021 final rule includes a description of what programs the regulations apply (§ 59.1), definitions (§ 59.2), who is eligible to apply for a family planning services grant (§ 59.3), how one applies for a family planning services grant (§ 59.4), requirements that must be met by a family planning project (§ 59.5), procedures to assure the suitability of informational and educational material (print and electronic) (§ 59.6), criteria HHS will use to decide which family planning services projects to fund and in what amount (§ 59.7), how grants are awarded (§ 59.8), for what purposes the grant funds may be used (§ 59.9), confidentiality (§ 59.10), and additional conditions (§ 59.11). A copy of the 2021 final rule is available in Section K.3 and is also available at <https://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21542.pdf>.

3) Legislative Mandates

The following legislative mandates have been part of the Title X appropriations language for the last several years. This NOFO assumes these provisions will be carried forward in FY 2022. 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 PHS 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 PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

4) Additional Program Guidance

We also expect recipients to follow additional program guidance issued by OPA. This includes providing clinical services consistent with the [*Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the U.S. Office of Population Affairs*](#) (QFP).[1] In 2014, with updates in 2015 and 2017, OPA collaborated with the Centers for Disease Control and Prevention (CDC) to create the first federal evidence-informed guidelines for the delivery of family planning and related preventative health services. QFP answers the questions, "What services should be offered to a client who is in need of family planning, and how should those services be provided?" The QFP recommendations support all providers in delivering quality family planning services and defines family planning services within a broader context of preventive services, to improve health outcomes for women, men and their (future) children. Additional program guidance also includes, but is not limited to, occasional Program Policy Notices issued by OPA to provide clarity and guidance on policy issues relevant to Title X recipients.

b. Address OPA Program Priorities

In addition to the statute, regulations, legislative mandates, and additional program guidance that apply to Title X, OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People Objectives (<https://health.gov/healthypeople>) and from HHS priorities. OPA expects recipients to develop and implement plans to address our program priorities and provide evidence of the project's capacity to address program priorities. Our program priorities for recipients funded under this NOFO are as follows:

1) Advance health equity through the delivery of Title X services.

Health equity is when all persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.[2] Advancing equity for all, including people from low-income families, people of color, and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality, is a priority for HHS, for OPA, and for the Title X program. By focusing on advancing equity in the Title X program, we can create opportunities to support communities that have been historically underserved, which benefits everyone. We expect recipients to ensure that the predominantly low-income clients who rely on Title X services as their usual source of medical care have access to the same quality healthcare, including full medical information and referrals, that higher-income clients and clients with private insurance are able to access. Key strategies for advancing equity include, but are not limited to,

removing barriers to accessing services, improving the quality of services, and providing services that are client-centered.

Prepare a Disparity Impact Statement

In addition, as a part of your effort to advance health equity, you may be expected to develop a disparity impact statement using local data to identify populations at highest risk for health disparities and low health literacy.¹ The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the project. Below are available HHS resources:

- CMS.gov: Quality Improvement & Interventions: Disparity Impact Statement (<https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/quality-improvements-and-interventions>)
- SAMHSA.gov: Disparity Impact Statement (<https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>)

2) Improve and expand access to Title X services

Improving and expanding accessibility of services for all clients, especially low-income clients, means providing client-centered services that are available when and where clients need them and can most effectively access them. We expect recipients to develop plans and strategies for implementing family planning services in ways that make services as accessible as possible for clients. Recipients should identify and execute strategies for delivering services that are responsive to the diverse needs of the clients and communities served. This includes, but is not limited to, the location of services, hours of services, modality of service provision (e.g., in-person, telehealth, drive-thru, mobile clinics), availability of ancillary services such as translation services and referral linkages, robust education and community outreach, ensuring access to a broad range of acceptable and effective family planning methods and services at service sites, and implementing billing and payment practices that expand access to services.

3) Deliver Title X services of the highest quality

We expect recipients to provide quality family planning services that are consistent with QFP and other relevant nationally recognized standards of care. Quality healthcare is safe, effective, client-centered, timely, efficient, and equitable. Furthermore, client-centered care is

¹ Applicants may choose to use the Centers for Disease Control (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index (SVI) [<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>], or other local data tools, in developing disparity impact statements.

respectful of, and responsive to, individual client preferences, needs, and values and where client values guide all clinical decisions. QFP was originally released in 2014 with ongoing updates and provides evidence-informed guidelines for the delivery of family planning and related preventative health services. We expect recipient networks to have the capacity to support implementation of QFP. We expect that recipients will provide initial and ongoing training and professional development for their staff on QFP and other relevant, nationally recognized standards of care.

c. Implement a quality improvement and quality assurance (QI/QA) plan.

We expect recipients to implement a quality improvement and quality assurance plan that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess patient satisfaction. We expect recipients to address oversight and service provision at the recipient level, the subrecipient level, and the service site level within their QI/QA plan.

As a part of the QI/QA plan, all recipients must collect and report FPAR data to OPA on an annual basis (OMB approval 0990-0479, expires 9/30/2024) and are expected to use their FPAR data to inform their QI/QA activities. Prior to 2022, Title X recipients reported aggregate-level FPAR data to OPA on an annual basis (referred to here as FPAR 1.0). Beginning in 2022, we are adopting FPAR 2.0, which is the next iteration of FPAR data reporting that will collect encounter level data for Title X Family Planning Service recipients. FPAR 2.0 will allow for improved data collection, reporting, and analysis that will ultimately allow for more opportunities to improve service delivery. As a part of this improved data collection, Title X Family Planning Services recipients will also begin collecting data on sexual orientation and gender identity (pending OMB approval), which are data elements outside of the FPAR 2.0 data elements typically found in electronic health records. The current method of aggregate level FPAR 1.0 data reporting will end in 2022.

Additional information about FPAR 2.0, including the data elements and response options, is available on the OPA website at <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report/fpar2>. Recipients will start collecting FPAR 2.0 encounter-level data in 2022 and report it for the first time in 2023. We are using a phased implementation approach with two data reporting options that both begin in January 2023. The preferred approach is for recipients who can submit any FPAR 2.0 encounter data to do so. The FPAR 2.0 system will calculate aggregate recipient and site-level data. Recipients who cannot submit any FPAR 2.0 encounter-level data will request and obtain a waiver from OPA to continue to report aggregate-level FPAR 1.0 data with a plan to transition to FPAR 2.0 by 2024.

C. AUTHORITY

Title X of the Public Health Service Act, Section 1001 (42 U.S.C. § 300).

D. FEDERAL AWARD INFORMATION

The Office of Population Affairs intends to make funds available for competing grant awards. The actual amount available will not be determined until enactment of the FY 2022 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.

We will fund awards in annual increments (budget periods) and generally for a period of performance up to five years, although we may approve shorter periods of performance. Budget periods may also vary from the estimate indicated below due to timing of award issuance or other administrative factors. Funding for all approved budget periods beyond the first is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government.

Award Information

Estimated Federal Funds Available: \$ 256,000,000

Anticipated Number of Awards: 90

Award Ceiling (Federal Funds including indirect costs): \$ 22,000,000 per budget period

Award Floor (Federal Funds including indirect costs): \$ 200,000 per budget period

Anticipated Start Date: April 1, 2022

Estimated Period of Performance: Not to exceed 5 year(s)

Anticipated Initial Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted:

Electronic via Grants.gov ONLY unless an exemption is granted

E. 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, Guam, the Commonwealth of Puerto Rico, the Northern

Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et al.), the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau (hereafter, States)) is eligible to apply for a grant under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are eligible to apply for Title X family planning services grants. Examples of eligible Organizations include:

- State Governments
- U.S. territories
- County Governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public Housing authorities/Indian housing authorities
- Native American tribal organizations (other than federally recognized tribal governments)
- Nonprofits having 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Non-profit private institutions of higher education

2. Cost Sharing or Matching

Program regulations at 42 C.F.R. § 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 C.F.R. § 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 narrative and 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 Grants and Acquisition Management (GAM) Division 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. Although projects are expected to identify additional sources of funding and not solely rely on Title X funds, there is no specific amount of level of financial match requirement for this program.

3. Other – Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening. The responsiveness criteria are as follows:

- **Family Participation Certification.** Applicants must include a written statement in the appendix of the application certifying that:

“if funded, this Title X Family Planning Services project will encourage family participation in the decision of minors to seek family planning services and will provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”

4. Application Disqualification Criteria

If you successfully submit an application, we will screen it to ensure it meets the below requirements. If we determine your application fails to meet the criteria described below, we will disqualify it, that is, we will **not** review it and will give it **no** further consideration.

- (a) You must submit your application electronically via <https://grants.gov/> (unless an exemption was granted 2 business days prior to the deadline) by the date and time indicated in the DATES section (A.1) of this announcement.
- (b) If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- (c) HHS/OASH/GAM deems your application eligible according to section E.1 Eligible Applicants.

- (d) You must complete the required forms in the application package: SF-424, SF-424A, SF-424B, SF-LLL, and Project Abstract Summary.
- (e) Your application must be submitted in the English language and must be in the terms of U.S. dollars (45 C.F.R. § 75.111(a)).
- (f) Your 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.
- (g) Your Project Narrative must not exceed 65 pages. NOTE: The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
- (h) Your total application, including the Project Narrative plus Appendices, must not exceed 150 pages. NOTE: items listed in “(g)” immediately above do not count toward total page limit.
- (i) Your Federal funds request including indirect costs must not exceed the maximum indicated in Award Ceiling.
- (j) Your Federal funds request including indirect costs must not be below the minimum indicated in Award Floor.
- (k) Your application must meet the Application Responsiveness Criteria outlined above.
- (l) If your application includes cost sharing (voluntary or required), you must include in your budget narrative a non-federal sources justification.

F. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <https://www.grants.gov/>. You can find it by searching on the CFDA number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

OASH Grants and Acquisitions Management Division

Phone: 240-453-8822

Email: OASH_Grants@hhs.gov

2. Content and Form of Application Submission

a. Application Format

Your application must be prepared using the forms and information provided in the online application package. This includes but is not limited to: SF-424 Application for Federal Assistance; SF-424A Budget Information for Non-Construction Programs; SF-424B Assurances for Non-Construction Programs.; SF-LLL Disclosure of Lobbying Activities; and Project Abstract Summary.

We encourage individuals to use their full name (first, middle, last) on the Standard Forms and other documents such as resumes and curriculum vitae to distinguish them for verification in the System for Award Management exclusion records. Delays may result in award processing if full names are not provided. NOTE: only one Project Director/Principal Investigator will be named on any resulting award. You should clearly identify the individual in that role in your application.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section □. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria.

Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete. If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5” X 11” paper GAM, we will not review it. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

b. Appendices Format

Your Appendices should include any specific documents outlined in Section F.3.c, under the heading “Appendices” in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as résumés/CVs, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

c. Project Abstract Summary Format

You 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. If your project is funded, HHS may publish information from your form; therefore, do not include sensitive or proprietary information.

d. Budget Narrative Format

The Budget Narrative 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.

3. Application Content

Successful applications will contain the following information:

a. Project Narrative Content

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

You must clearly describe the administrative, management, and clinical capability of the applicant organization and plans for delivering family planning services that meet the expectations outlined in the NOFO. You should include all services to be provided by the project as part of the program plan. 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.

Successful proposals should include the following:

1) Proposed Service Area and Plans to Address the Need for Family Planning Services

- Describe the proposed service area, including the service area boundaries, and the need for Title X family planning services in the proposed service area. Describe the current availability of family planning services in the proposed service area and any existing gaps in the availability or accessibility of services.

- Describe your process for assessing the need for services within the proposed service area and how you have/will continue to use the results of your assessment to inform and improve service delivery.
 - Using and citing current data, describe the clients in need of services in the proposed service area and any factors associated with access and utilization of family planning services (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment). Also describe any unique health care needs or characteristics that impact health status and delivery of family planning services (e.g., language barriers, food insecurity, housing insecurity, financial strain, lack of transportation, the physical environment, intimate partner violence, human trafficking). Describe the structure of your Title X network, including your recipient organization, any subrecipients that will assist in carrying out the proposed project, and the proposed services sites where family planning services will be delivered. To the extent that you will not provide all services directly, describe the process and selection criteria that will be used to select subrecipients and service sites, including a description of eligible entities for funding as subrecipients.
- For each direct service site, describe the location of the site compared to the identified need; the days/hours of planned operation; the estimated number of clients expected to receive services at the site; the broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, preconception health services, and adolescent-friendly health services) that will be provided directly at the site; and a justification for any methods and services that will not be available at the site along with a description of how you will ensure client access for the methods and services not available directly at the site.
- Describe how you will address identified health care access and utilization barriers and other factors that impact health status to ensure the availability and accessibility of family planning services within the proposed service delivery area.
- Describe how you plan to educate clients and the broader service delivery area about the availability of family planning services.
- Describe the number of clients in need of services, particularly low-income clients, to be served, the broad range of services and methods that will be provided, and how the proposed project will expand access to Title X services to clients in need of services in the defined service area. Describe the number

of unduplicated clients that you project to serve on an annual basis, including the number of adolescent clients. Include how that determination took into consideration recent or potential changes in the local health care landscape (e.g., after-effects of the COVID-19 public health emergency, potential changes in insurance coverage), organizational structure, and/or workforce.

- Describe how grant funds will be used to best address the identified needs. Demonstrate that the cost per client and cost per encounter are reasonable. Describe other non-Title X resources available to address the needs for family planning services within the proposed service area and how grant funds will be used to leverage and expand available resources, and not duplicate them.

2) Plan to deliver family planning services in compliance with the statute, regulations, legislative mandates and aligned with OPA program priorities

- Describe how you will implement Title X family planning services that are in compliance with the Title X statute, regulations, and legislative mandates. Your plan should include a description of how you will ensure compliance with the statute, with each provision of the regulation (42 C.F.R. Part 59, Subpart A §59.1-§59.11), and with each legislative mandate.
- Describe plans and strategies for providing family planning services that address OPA program priorities and data collection requirements, including:
 - Advancing health equity throughout the delivery of Title X family planning services.
 - Improving and expanding accessibility of Title X family planning services for all clients, especially low-income clients.
 - Delivering Title X family planning services that are of the highest quality and consistent with nationally recognized standards of care.
 - Implementing a QI/QA plan, including but not limited to, collecting, reporting, and using FPAR 2.0 data.
- Clearly describe your project plan including goal statements and related outcome objectives that are S.M.A.R.T. (Specific, Measurable, Achievable, Realistic and Time-framed) and designed to provide family planning services that are in compliance with the Title X statute, regulations, and legislative mandates and that address OPA's program priorities. The activities proposed are feasible, are clearly connected to the identified needs, and likely to achieve the stated outcomes.

- Describe any major anticipated barriers and describe how you propose to overcome such barriers.

3) Project management and capability

- Describe your project management structure and how it will enable accountability and rapid and effective use of grant funds.
- Describe the expertise and experience of your organization and other organizations that will partner with you on the project to deliver family planning services. Provide evidence of your experience working in the proposed service area and with the community(ies) to be served.
- Describe your experience and expertise providing clinical health services, specifically quality family planning services, and describe your capacity to deliver 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.
- Describe the key management team for your project. Describe how the makeup and distribution of functions among key management staff, and their qualifications, support the operation and oversight of the proposed project.
- Describe the facilities where your project will be administered and where family planning services will be delivered. Describe how the location of project facilities will ensure continued access to family planning services for clients in the proposed service area.
- Provide 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 clinical services provider, with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. Staff providing clinical services should be licensed and function within the applicable professional practice acts for the State in which they practice. Demonstrate that proposed staff have the expertise needed to implement Title X family planning services. Describe how the size, demographics, and health care needs of the service area/client population were considered when determining the number and mix of staff, and how you maintain documentation of licensure and credentialing verification for clinical staff.
- Describe your plans for providing ongoing training and professional development for staff across your recipient network.

- Describe how you will monitor and oversee provision of Title X family planning services across your network to ensure compliance and continuous quality improvement, including detailed plans for subrecipient monitoring.
- Describe how your financial accounting and internal control systems will align with the requirements of 42 C.F.R. § 59.5 and § 59.7.
- Demonstrate your ability to make use of non-federal resources (i.e., non-Title X funds) within the community to be served and the degree to which those resources are used to enhance the range of family planning services provided through the project.

b. Budget Narrative Content

Your annual budget request should be based on (1) number of clients who will receive services, (2) broad range of methods and services that will be provided, (3) average cost of providing family planning services per client in the service area in the past, (4) availability of non-Title X funds to support the provision of family planning services in the defined service area, and (5) activities that enhance quality, access, or equity that would impact the cost of services.

In Section K.5, we have provided historical data on previous Title X funding totals by State. Section 1001 Title X Services grants are discretionary grants NOT formula or block grants. The funding is not allocated on a state-by-state basis. You may propose any service area for which you are capable of serving consistent with all applicable statutes, regulations, and policies. The information included in Section K.5 is provided only as background information for applicants interested in historical data. The information in the Table will not be used as the basis for determining funding levels in the current competition.

You must complete the required budget forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF-424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Costs below for further information.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section F.7 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF-424A for the first year of the proposed project. Provide a budget justification, which includes explanatory text and line-item detail, for the first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, **do not include costs beyond the first budget period in the object class budget in box 6 of the SF-424A or box 18 of the SF-424**; the amounts entered in these sections should only reflect the first budget period.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. For example, if you are proposing to provide services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Sample Budget Table

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel. **Subrecipient/contract and consultant activities must be described in sufficient detail to describe accurately the project effort that each will conduct.**

1) Object Class Descriptions and Required Justifications

(a) Personnel Description

Costs of staff salaries and wages, excluding benefits.

(b) Personnel Justification

Clearly identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see F.7.2) Funding Restrictions, *Salary Rate Limitation* for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Sample Personnel Table

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

(c) Fringe Benefits Description

Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

(d) Fringe Benefits Justification:

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

(e) Travel Description

Costs of travel by staff of the applicant organization only.

(f) Travel Justification

For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage

allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors.

(g) Equipment Description

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (Note: Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non-Federal entity's regular accounting practices.) See 45 C.F.R. § 75.2 for additional information.

(h) Equipment Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

(i) Supplies Description

Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

(j) Supplies Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

(k) Contractual Description

Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

(l) Contractual Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 C.F.R. § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134 and currently set at \$250,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another entity (including non-employee individuals), you must provide a detailed budget and budget narrative for each subrecipient/contractor, by title/name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

(m) Other Description

Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

(n) Other Justification

Provide computations, a narrative description, and a justification for each cost under this category.

(o) Indirect Costs Description

Total amount of indirect costs. This category has one of two methods that you may select. You may only select one.

- Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.
- Per 45 C.F.R. § 75.414 (f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or

inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

This method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

(p) Indirect Costs Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

(q) Program Income Description

Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 C.F.R. § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 C.F.R. § 75.307 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

(r) Program Income Justification

Describe and estimate the sources and amounts of program income that this project may generate if funded. Unless being used for cost sharing, if applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

(s) Non-Federal Resources Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient’s cost sharing or matching when such contributions meet all of the criteria listed in 45 C.F.R. § 75.306.

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by period of performance for fully-funded awards, even if the justification by budget period, or by period of performance for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.

For awards that do not require matching or cost sharing by statute or regulation, where “cost sharing” refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Your failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. Note, you will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

(t) Non-federal Resources Justification

You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by period of performance for fully-funded awards). **If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review.**

2) Plan for Recipient Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.

- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, it is recommended that you provide the link as part of your plan in the budget narrative. We have also included supplementary information in Section K.1, which contains questions applicants may find useful in considering their Recipient Plans for Oversight of Federal Funds.

c. Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as **a single electronic file** uploaded to the Attachments section of your Grants.gov application. These items include: 1) Work Plan; 2) Schedule of Discounts and Billing; 3) Coverage Map; 4) Letters of Commitment from Referral Entities; 5) Curriculum Vitae/Resumes for Key Project Personnel; and 6) Family Participation Certification.

1) Work Plan

Your work plan should reflect, and be consistent with, the Project Narrative and Budget Narrative, and must cover all years of the period of performance. However, each year's activities should be fully attainable in one budget year. You may propose multi-year activities, 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.

Your 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, your work plan should identify the timeframes involved (including start and end dates), and the lead person responsible for completing the task.

You must include a detailed list of all the family planning services proposed to be provided by your project. If some or all of the services will be provided by subrecipients, you must include a list of these entities. For each direct service site:

- describe the location of the site compared to the identified need;

- the days/hours of planned operation;
- the estimated number of clients expected to receive services at the site;
- the broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, preconception health services, and adolescent-friendly health services) that will be provided directly at the site; and
- a justification for any methods and services that will not be available at the site along with a description of how you will ensure client access for the methods and services not available directly at the site.

Title X service sites that are unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services, must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested.

2) Schedule of Discounts and Billing

A schedule of discounts, based on ability to pay, is required for those from families with incomes between 101-250% of the Federal Poverty Level. For those 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. Include a schedule of discounts for your projects and the methodology for how you developed/will develop this schedule. If you propose to have the sub recipient(s) develop their own schedule(s) of discounts, you should include guidance on how the schedule(s) of discounts are developed and how you intend on monitoring subrecipient development and implementation of the schedule of discounts. Also include a description of the processes in place to ensure that persons from low-income families, with incomes that fall at or below 100% of the current FPL, will not be charged except where third parties are authorized or legally obligated to pay; and that all reasonable efforts will be made to obtain third party payment without the application of any discounts. Include evidence that you have the ability to bill third parties, including private and public insurance such as Medicaid, when appropriate, and the ability to facilitate enrollment of clients into Medicaid.

3) Coverage Map

You must include a coverage map of your proposed service area that clearly shows the location of proposed Title X service sites compared to the need for services.

4) Letters of Commitment from Referral Entities

You may include signed Letters of Commitment for the organizations that have been specifically named as referral entities (organizations that provide services that are not paid with Title X funds, but that may contribute to continuum of care for clients) to carry out any aspects of

the project not provided by subrecipients. The signed letters of commitment should include the specific role and resources that will be provided (if any), or activities that will be undertaken, in support of the applicant. The entity's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support, and letters of support such as this will not be considered during the review.

5) Curriculum Vitae/Resume for Key Project Personnel

You must submit with your application curriculum vitae and/or resumes of all key personnel. Key Personnel includes those individuals who will oversee the technical, professional, and managerial functions and/or assume responsibility for assuring the validity and quality of your organization's program. This includes at a minimum the Project Director, Program Manager/Coordinator, and Medical Director. We encourage individuals to use their full name (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records.

6) Family Participation Certification

You must include a written statement certifying that, if funded, your 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. See Section E.3.

4. Unique Entity Identifier and System for Award Management (SAM)

You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal awards through Grants.gov. 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.

You will find instructions on the Grants.Gov web site as part of the organization registration process at <https://www.grants.gov/web/grants/applicants/organization-registration.html>.

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.

If you are registering a new entity or renewing your registration, you must submit a notarized letter formally appointing an Entity Administrator to SAM.GOV For detailed

instructions on the content of the letter and process for domestic entities see: https://www.fsd.gov/gsafsd_sp?sys_kb_id=8cfe46491b1cb8909ac5ddb6bc4bcbbb&id=kb_article_view&sysparm_rank=1&sysparm_tsqueryId=c6131c131bdcf0d0a7d7da49bc4bc1a.

A quick start guide for registrants is available at https://www.fsd.gov/sys_attachment.do?sys_id=80f49f211bdcfc909ac5ddb6bc4bc76. You should allow a minimum of five days to complete an initial SAM registration. Allow up to 10 business days after you submit your registration for it to be active in SAM. This timeframe may be longer if SAM flags the information you provide for manual validation. You will receive an email alerting you when your registration is active.

If your organization is already registered in SAM, you must renew your SAM registration each year. Organizations registered to apply for Federal awards through <http://www.grants.gov> will need to renew their registration in SAM.

You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this information must be included on a Notice of Award. For instructions on updating this information see https://www.fsd.gov/sys_attachment.do?sys_id=d08b64ab1b4434109ac5ddb6bc4bcbbc.

It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 C.F.R. § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are 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 you, the recipient, make a sub-award.

5. Submission Dates and Times

You must submit your application for this funding opportunity by **the date and time indicated in Section A.1 of this announcement**. Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it 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 <https://grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

6. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 C.F.R. part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, you should discuss the project with the State Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the SPOCs is available at <https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf>.

The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Plaza Level, 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 Grants and Acquisitions Management Division at 240-453-8822.

7. Funding Restrictions

Direct and Indirect Costs proposed and, if successful, charged to the HHS/OASH award must meet the cost requirements of 45 C.F.R. part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles. These requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 C.F.R. § 75.414. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost

Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

1) Pre-Award Costs

Pre-award costs (per 45 C.F.R. § 75.458) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Such costs are allowable only to the extent that they would have been allowable if incurred after the date of the Federal award and only with the written approval of the HHS awarding agency.

Pre-award costs are NOT allowed.

2) Salary Rate Limitation

Each year’s appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 2021, the Executive Level II salary is \$199,300. This amount reflects an individual’s base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Individual’s <i>actual</i> base full-time salary: \$350,000	
50% of time devoted to project, i.e., 0.5 FTE	
Direct salary (\$350,000 x 0.5)	\$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 rate limitation:	
Individual’s base full-time salary <i>adjusted</i> to Executive Level II: \$199,300 with 50% of time devoted to the project	
Direct salary (\$199,300 x 0.5)	\$99,650
Fringe (25% of salary)	\$24,913
Total amount allowed	\$124,563

Appropriate salary rate limits will apply as required by law.

8. Other Submission Requirements

a. Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <https://grants.gov>.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. **We do not accept Microsoft Excel files.**

We strongly recommend that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission, you may prevent any unintentional formatting that might occur with submission of an editable document. Please note, although Grants.gov allows you to attach any file format as part of your application, we restrict this practice and only accept the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.

You must submit your application in a 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. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

b. Important Grants.gov Information

You may access the electronic application for this program on <https://grants.gov>. You must search the downloadable application page by the Opportunity Number or Assistance Listing (formerly CFDA) number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you 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. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Section I.3 for contact information.

See Section F.4 for requirements related to DUNS numbers and SAM registration.

c. Program-Specific Requirements

1) Non-profit Status

If you are a non-profit organization, you **may be required to** submit documentation of nonprofit status to confirm your status. Any of the following constitutes acceptable proof of such status:

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

G. APPLICATION REVIEW INFORMATION

1. Criteria

Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria

- a. Proposed Service Area and Plans to Address Need for Family Planning Services
 - 1) The extent to which the applicant substantiates and/or justifies that family planning services are needed locally within the proposed service area **(15 points)**
 - 2) The extent to which the applicant identifies the number of clients, and, in particular, the number of low-income clients to be served, and describes the broad range of methods and services that will be provided to address client needs. For applicants that will not provide all services directly, the extent to which the applicant has documented the process and selection criteria it will use to identify qualified subrecipients to fulfill Title X activities. **(15 points)**
- b. Plan to Deliver Family Planning Services in Compliance with the Statute, Regulations, Legislative Mandates, and Aligned with OPA Program Priorities
 - 1) The degree to which the project plan adequately provides for the requirements set forth in the Title X statute, regulations (42 C.F.R. part 59, subpart A), and legislative mandates **(20 points)**
 - 2) The ability of the applicant to advance health equity, including evidence that the structure of the recipient network will effectively address the need for services and result in increased access to quality family planning services for all clients, especially for low-income clients. **(20 points)**
- c. Project Management and Capability
 - 1) The relative need of the applicant, including the extent to which the applicant's project management plan shows the applicant's need for funds and the applicant's capability to make effective use of grant funds. **(5 points)**
 - 2) The adequacy of the applicant's facilities and staff, including evidence of an infrastructure that is sustainable in ensuring continued access to family planning services for clients in the proposed service area. **(10 points)**
 - 3) The capacity of the applicant to make rapid and effective use of the Federal assistance. Applicants must demonstrate/explain how they propose to use the federal assistance to provide quality family planning services that meet the needs of and improve access for clients in the proposed service area. **(10 points)**.

d. Budget

- 1) 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, including the degree to which the budget and budget narrative identify other sources of revenue, including but not limited to the estimated amount of program income and how the applicant proposes to invest it back into the proposed Title X project
(5 points)

2. Review and Selection Process

OPA is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth in Title X regulations at 42 C.F.R. §59.7(a) and described above.

An independent review panel will evaluate applications that meet the responsiveness criteria, if applicable, and are not disqualified. 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 E.1, the reviewers will comment on and rate 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.

The Deputy Assistant Secretary for Population Affairs will provide recommendations for funding to the Grants Management Officer to conduct risk analysis. No award decision is final until a Notice of Award is issued by the Grants Management Officer.

In providing these recommendations the Deputy Assistant Secretary for Population Affairs will take into consideration the following additional factor(s):

- The geographic distribution of services within the identified service area.
- The extent to which funds requested for a project maximize access for the population in need within the entire service area.
- The extent to which projects that rely on subrecipients to provide services can provide the required services and best serve individuals in need throughout the anticipated service area.
- 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 (42 C.F.R. § 59.7).

3. Review of Risk Posed by Applicant

GAM will evaluate, in accordance with 45 C.F.R. § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. We will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 45 C.F.R. part 75;
- c. History of performance. Your record in managing Federal awards, if you are 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;
- d. Reports and findings from audits performed; and
- e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 C.F.R. § 75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative

agreements, or procurement awards; and integrity and business ethics.” 45 C.F.R. § 75.205(a)(2); see also 45 C.F.R. §75.212 for additional information.

4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates

Upon completion of risk analysis and concurrence of the Grants Management Officer, OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including the level of funding if an award is made, are final and you may not appeal.

OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

H. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

We do not release information about individual applications during the review process. If you would like to track your application, please see instructions at <https://www.grants.gov/web/grants/applicants/track-my-application.html>. The official document notifying you that an application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH GAM. If you are successful, you will receive this document via a system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization’s information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but unfunded. These applications may be 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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 C.F.R. part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), 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. The current HHS GPS is available at <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 C.F.R. parts 74 and 92 have been superseded by 45 C.F.R. part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 C.F.R. § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

3. Program Specific Terms and Conditions

a. Disparity Impact Statement

Successful applicants may be expected to develop a disparity impact statement using local data to identify populations at highest risk for health disparities and low health literacy. Additional information and links to resources are available in Section K.

b. Ensuring an Accurate Family Planning Service Site Database

In order to maintain an accurate record of current Title X service sites, recipients 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 project officer, of any deletions,

additions, or changes to the name, location, street address and email, and contact information for Title X recipients and service sites. The OPA project officer will review and approve all changes prior to being posted in the OPA clinic database and available on the OPA website. Note, this does not replace the requirement for prior approval by the Grants Management Officer under HHS grants policy for changes in project scope, including clinic closures.

4. Closeout of Award

Upon expiration of your period of performance, if we do not receive acceptable final performance, financial, and/or cash reports in a timely fashion within the closeout period, and we determine that closeout cannot be completed with your cooperation or that of the Principal Investigator/ Project Director, we must complete a unilateral closeout with the information available to us. (See H.16 Reporting below for closeout reporting requirements.) If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently FAPIIS). As a result, we may also determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

5. Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

6. Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals. See <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <https://www.hhs.gov/ocr/about-us/contact-us/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697.

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, <https://www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf>), provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. For further guidance on providing culturally and linguistically appropriate services, you should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

7. Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all award 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.

8. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS.

Recipients must also include a disclaimer stating the following

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, [PROGRAM

OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

9. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 C.F.R. § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 C.F.R. § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

10. 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) (See <https://www.govinfo.gov/content/pkg/USCODE-2010-title22/html/USCODE-2010-title22-chap78-sec7104.htm>).

11. 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 <https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>.

12. Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 C.F.R. § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

13. Prohibition on certain telecommunications and video surveillance services or equipment.

As described in 2 C.F.R. 200.216, recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or
- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - 1) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - 2) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - 3) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

14. Human Subjects Protection

Federal regulations (45 C.F.R. part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 C.F.R. part 46. You may find it online at <https://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Applicants that plan to engage in research involving human subjects are encouraged to provide information regarding participation in research in their recruitment efforts and provide a link to <https://www.hhs.gov/about-research-participation>.

OASH may require, as part of any award, the submission of all IRB approvals within 5 days of the IRB granting the approval and before any work requiring IRB approval begins.

15. Research Integrity

An applicant for or recipient of PHS support for biomedical or behavioral research, research training or activities related to that research or research training must comply with 42 C.F.R. part 93, including have written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, file an Assurance of Compliance with the Office of Research Integrity (ORI), and take all reasonable and practical steps to foster research integrity consistent with 42 C.F.R. § 93.300. The assurance must state that the recipient (1) has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) complies with its own policies and procedures and the requirements of part 93. More information is available at <https://ori.hhs.gov/assurance-program>.

16. Reporting

a. Performance Reports

You must submit performance reports on a **annual** basis. Your performance reports must address content required by 45 C.F.R. § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by the due date indicated in the terms and conditions of your award via upload to our grants management system (GrantSolutions.gov).

You will also be required to submit a final performance report covering the entire period of performance 120 days after the end of the period of performance. You must submit the final report by upload to our grants management system (GrantSolutions.gov).

b. Performance Measures

Each year of the project period, the recipient is required to submit a Family Planning Annual Report (FPAR). The information collection (reporting requirements) and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0479 (Expires 9/30/2024). The FPAR 2.0 data elements, instrument and instructions can be found on the OPA Web site at <http://hhs.gov/opa>.

c. Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. You will also be required to

submit a final FFR covering the entire period of performance 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>). Quarterly cash reporting via PMS on the FFR is also required.

Once submitted and accepted, your financial reports will be available in GrantSolutions, which is our grant management system.

d. Audits

If your organization receives \$750,000 or greater in Federal funds, it must undergo an independent audit in accordance with 45 C.F.R. 75, subpart F.

e. Non-competing Continuation Applications and Awards

Each year of the approved period of performance, you will be 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 in advance of the application due date. OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Additionally, failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

f. FFATA and FSRS Reporting

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

g. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 C.F.R. part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 C.F.R. part 75.

h. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 C.F.R. § 180.335, you as the participant must notify OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 C.F.R. § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 C.F.R. § 180.800(a); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 C.F.R. § 180.350, you must give immediate written notice to OASH if you learn either that—

- You failed to disclose information earlier, as required by 2 C.F.R. § 180.335; or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 C.F.R. § 180.335.

I. CONTACTS

1. Administrative and Budgetary Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Robin Fuller

Grants and Acquisitions Management

1101 Wootton Parkway, Plaza Level

Rockville, MD 20852

Phone: 240-453-8822

Email: robin.fuller@hhs.gov

2. Program Requirements

For information on program requirements, please contact the program office representative listed below.

Mousumi Banikya-Leaseburg

Office of Population Affairs

1101 Wootton Parkway, Suite 200

Phone: 240-276-2800

Email: FY22.TitleXNOFO.National@hhs.gov

3. Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: <https://www.grants.gov>

Phone: 1-800-518-4726

Email: support@grants.gov

J. OTHER INFORMATION

1. Awards under this Announcement

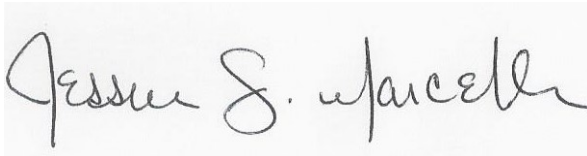
We are not obligated to make any Federal award as a result of this announcement. If awards are made, they may be issued for periods shorter than indicated. Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

2. Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

- Application for Federal Assistance (SF-424)
- Budget Information for Non-construction Programs (SF-424A)
- Assurances for Non-construction Programs (SF-424B)

- Disclosure of Lobbying Activities (SF-LLL)
- Project Abstract Summary
- Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.
- Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.
- Appendices – Submit all appendix content as a single acceptable file, specified above **in the Attachments section of your Grants.gov application.**
 - work plan,
 - schedule of discounts and billing,
 - coverage map,
 - letters of commitment from referral entities,
 - CV/resume for key project personnel
 - Family Participation certification



Jessica Swafford Marcella

_____ 10/26/2021 _____
Date

Deputy Assistant Secretary for Population Affairs, OPA

K. SUPPLEMENTARY MATERIALS

1. Considerations in Recipient Plans for Oversight of Federal Funds

(See also Section F.3.b.2)

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:
 - Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
 - Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
 - All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
 - Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

2. Disparity Impact Statements

Disparity impact statements are a part of a comprehensive data-driven approach for identifying and addressing health disparities to promote health equity for racial and ethnic minority populations. A Disparity Impact Statement refers to the demographic, cultural, and linguistic data that identify the population(s) in which health disparities exist and the quality improvement plan designed to address the noted disparities.

Agencies within the U.S. Department of Health and Human Services offer resources to support developing a Disparity Impact Statement, including the following:

- Building an Organizational Response to Health Disparities: Disparities Impact Statement (<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf>)
- Examples of Disparities Impact Statements (<https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>)
- HDPulse — An Ecosystem of Minority Health and Health Disparities Resources (<https://www.nimhd.nih.gov/resources/hd-pulse.html>)

3. References

- 1) CDC. (2014). Providing Quality Family Planning Services – Recommendations from CDC and the U.S. Office of Population Affairs. Accessed on September 9, 2021 from <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>.
- 2) CDC. (2021) Health Equity. Accessed on March 12, 2021 from <https://www.cdc.gov/chronicdisease/healthequity/index.htm>.

4. 2021 Title X Final Regulations

(available at <https://federalregister.gov/d/2021-21542>)

42 CFR Part 59

PART 59—GRANTS FOR FAMILY PLANNING

For the reasons set out in the preamble, subpart A of part 59 of title 42, Code of Federal Regulations, is revised to read as follows:

Subpart A—Project Grants for Family Planning Services

Sec.

59.1 To what programs do these regulations apply?

59.2 Definitions.

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

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

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

59.6 What procedures apply to assure the suitability of informational and educational material (print and electronic)?

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

59.8 How is a grant awarded?

59.9 For what purposes may grant funds be used?

59.10 Confidentiality.

59.11 Additional conditions.

Authority: 42 U.S.C. 300a-4.

Subpart A—Project Grants for Family Planning Services

§ 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.

Adolescent-friendly health services are services that are accessible, acceptable, equitable, appropriate and effective for adolescents.

Clinical services provider includes physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care.

Client-centered care is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions.

Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients.

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

Family planning services include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services.

Health equity is when all persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Inclusive is when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(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.

Quality healthcare is safe, effective, client-centered, timely, efficient, and equitable.

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

Service site is a clinic or other location where Title X services are provided to clients. Title X recipients and/or their subrecipients may have service sites.

State includes, in addition to the several States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et al.), the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau.

Trauma-informed means a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

§ 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 part must:

(1) Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, preconception health services, and adolescent-friendly health services). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of acceptable and effective medically approved family planning methods and services. Title X service sites that are unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services, must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested.

(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 services, assistance from or participation in any other program of the applicant.¹

(3) Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed; protects the dignity of the individual; and ensures equitable and quality service delivery consistent with nationally recognized standards of care.

(4) Provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.

(5) Not provide abortion as a method of family planning². A project must:

(i) Offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options:

(A) Prenatal care and delivery;

(B) Infant care, foster care, or adoption; and

(C) Pregnancy termination.

¹ 42 U.S.C. 300a-8 provides that any officer or employee of the United States, 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 person who receives, under any program receiving Federal assistance, compensation for services, 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.

² Providers may be covered by federal statutes protecting conscience and/or civil rights.

(ii) If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and, referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling.

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

(7) Provide that no charge will be made for services provided to any clients 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 clients 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 Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

(i) Family income should be assessed before determining whether copayments or additional fees are charged.

(ii) With regard to insured clients, clients whose family income is at or below 250 percent of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

(9) Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients' self-report. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income.

(10) 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, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX, or XXI agency is required.

(11)(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 subrecipients 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 subrecipients in the ongoing policy decision making of the project.

(b) In addition to the requirements of paragraph (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 consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, 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 opportunities for community education, participation, and engagement 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 diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered, quality family planning services.

(4) Provide for orientation and in-service 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 clinical services provider, with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning.

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

(8) Provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care.

(9) Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the recipient. The recipient 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 (print and electronic)?

(a) A grant under this section may be made only upon assurance satisfactory to the Secretary that the project shall provide for the review and approval of informational and educational materials (print and electronic) 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 paragraph (a) of this section shall be established as follows:

(1) Size. The committee shall consist of no fewer than five members and up to as many members the recipient determines, except that this provision may be waived by the Secretary for good cause shown.

(2) Composition. The committee shall include individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality).

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

(i) Consider the educational, cultural, and diverse 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, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed;

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

(v) Establish a written record of its determinations.

§ 59.7 What criteria will the Department of 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 clients, and, in particular, the number of low-income clients to be served;

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

(3) The ability of the applicant to advance health equity;

(4) The relative need of the applicant;

(5) The capacity of the applicant to make rapid and effective use of the federal assistance;

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

(7) 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

(8) 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 an 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 for 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 anticipated period will usually be for three to five years.

(b) Generally, the grant will initially be for one year and subsequent continuation awards will also be for one year at a time. A recipient 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 recipient'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 45 CFR Part 75.

§59.10 Confidentiality.

(a) 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 documented 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. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipient must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client.

(b) To the extent practical, Title X projects shall encourage family participation.³ However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.

§59.11 Additional conditions.

The Secretary may, with respect to any grant, impose additional conditions prior to, at the time of, or during 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.

³ 42 U.S.C. 300(a).

5. Historical Title X NOFO Funding Levels Reported by State/US Territory and Pacific Jurisdiction

Section 1001 Title X Services grants are discretionary grants NOT formula or block grants. The funding is not allocated on a state-by-state basis. You may propose any service area for which you are capable of serving consistent with all applicable statutes, regulations, and policies. **The information is provided only as background information for applicants interested in historical data.** The information in the Table will not be used as the basis for determining funding levels in the current competition.

	FY 2017 Funding Level	FY 2018 Funding Level	FY 2019 Funding Level
States			
Alabama	\$5,380,000	\$5,488,000	\$5,300,000
Alaska	\$1,662,000	\$1,689,000	\$1,600,000
Arizona	\$5,342,000	\$5,219,000	\$5,400,000
Arkansas	\$4,071,000	\$4,153,000	\$3,900,000
California	\$21,090,000	\$20,686,000	\$22,000,000
Colorado	\$3,654,000	\$3,728,000	\$3,900,000
Connecticut	\$2,479,000	\$2,564,000	\$2,500,000
Delaware	\$1,135,000	\$1,165,000	\$1,100,000
District of Columbia	\$1,335,000	\$1,310,000	\$1,300,000
Florida	\$10,530,000	\$10,750,000	\$11,800,000
Georgia	\$8,100,000	\$8,262,000	\$8,300,000
Hawaii	\$2,385,000	\$2,284,000	\$2,000,000
Idaho	\$1,579,000	\$1,813,000	\$1,800,000
Illinois	\$8,051,000	\$8,183,000	\$8,500,000
Indiana	\$5,020,000	\$5,070,000	\$5,000,000
Iowa	\$4,077,000	\$4,159,000	\$3,800,000
Kansas	\$2,488,000	\$2,615,000	\$2,500,000
Kentucky	\$5,738,560	\$5,607,000	\$5,200,000

	FY 2017 Funding Level	FY 2018 Funding Level	FY 2019 Funding Level
Louisiana	\$4,624,000	\$4,717,000	\$4,600,000
Maine	\$2,000,000	\$2,035,000	\$1,800,000
Maryland	\$3,970,000	\$4,111,000	\$4,000,000
Massachusetts	\$6,296,000	\$6,127,000	\$5,800,000
Michigan	\$7,485,000	\$7,613,000	\$7,600,000
Minnesota	\$3,187,000	\$3,251,000	\$3,300,000
Mississippi	\$4,452,000	\$4,700,000	\$4,300,000
Missouri	\$4,945,000	\$5,032,000	\$5,000,000
Montana	\$2,051,000	\$2,093,000	\$1,900,000
Nebraska	\$2,107,000	\$2,150,000	\$2,000,000
Nevada	\$3,231,000	\$3,334,000	\$3,200,000
New Hampshire	\$1,483,000	\$1,523,000	\$1,400,000
New Jersey	\$8,857,000	\$8,815,000	\$8,300,000
New Mexico	\$3,325,000	\$3,304,000	\$3,100,000
New York	\$14,529,000	\$14,159,000	\$14,600,000
North Carolina	\$7,375,000	\$7,523,000	\$7,700,000
North Dakota	\$1,041,000	\$1,062,000	\$1,000,000
Ohio	\$8,682,000	\$8,905,000	\$8,800,000
Oklahoma	\$4,455,000	\$4,456,000	\$4,300,000
Oregon	\$3,076,000	\$3,138,000	\$3,200,000
Pennsylvania	\$13,679,000	\$13,475,000	\$12,700,000
Rhode Island	\$1,160,000	\$1,125,000	\$1,100,000
South Carolina	\$5,739,000	\$5,855,000	\$5,500,000
South Dakota	\$1,284,000	\$1,083,000	\$1,000,000
Tennessee	\$6,710,000	\$6,948,000	\$6,600,000
Texas	\$14,229,000	\$13,947,000	\$16,000,000
Utah	\$1,990,000	\$2,030,000	\$2,100,000

	FY 2017 Funding Level	FY 2018 Funding Level	FY 2019 Funding Level
Vermont	\$781,000	\$797,000	\$800,000
Virginia	\$4,450,000	\$4,520,000	\$4,600,000
Washington	\$3,984,000	\$4,008,000	\$4,200,000
West Virginia	\$2,264,000	\$2,392,000	\$2,400,000
Wisconsin	\$3,468,000	\$3,630,000	\$3,800,000
Wyoming	\$872,000	\$886,000	\$900,000
US Territories and Pacific Jurisdictions			
Puerto Rico	\$3,775,000	\$3,366,000	\$3,400,000
U.S. Virgin Islands	\$858,000	\$876,000	\$900,000
American Samoa	\$281,000	\$287,000	\$300,000
Commonwealth of the Northern Mariana Islands	\$188,000	\$192,000	\$200,000
Federated States of Micronesia	\$337,000	\$344,000	\$400,000
Guam	\$295,000	\$301,000	\$300,000
Republic of the Marshall Islands	\$150,000	\$134,000	\$200,000
Republic of Palau	\$105,000	\$146,000	\$200,000