



**Subrecipient Application Instructions for the Provision of
Title X Family Planning Services
April 1, 2022- March 31, 2027**

Due date is NO LATER THAN Friday, December 10, 2021 by 5:00pm MT

Wyoming Health Council (WHC) announces the anticipated availability of Title X family planning funds for the 2022-2027 grant year. WHC designed this packet to collect the relevant information it needs from subrecipients to inform its application for federal Title X funds to the Office of Population Affairs (OPA).

WHC is committed to providing high quality family planning services to low-income adults and adolescents throughout Wyoming. WHC invites only current subrecipients under contract with WHC to submit applications to contract for the delivery of family planning services. This application does not bind WHC to the actual funding of any proposals. Initial and ongoing funding is contingent on WHC's receipt of adequate support from the Office of Population Affairs (OPA).

WHC reserves the right to amend or cancel this application solicitation at any time.

Eligibility and Qualifications:

Each applicant must meet, or be able to demonstrate the ability to meet, the following qualifications:

1. Comply with the *Title X Statutes, Regulations, and Legislative Mandates and Additional Program Guidance*. (42 CFR 59)
 - [2021 Title X Final Rule](#)
 - [MMWR Providing Quality Family Planning Services \(QFP\), CDC \(April 2014\)](#)
 - [Title X Statutes and Regulations and Legislative Mandates](#)
2. Provide an estimated minimum of 10% of the award under this Request for Application (RFA) in non-federal matching funds. Revenues received from third party payers, client fees and client donations (defined as program revenue) must be used to support the project and may be used to meet the matching requirement.
3. Submit all required documents and deliverables as requested by the WHC.

Total Project Concept

Title X family planning projects operate on a "Total Project Concept." Title X funds awarded represent the amount of federal funding to be contributed by WHC towards the total proposed budget for the family planning project.

The applicant will project the number of unduplicated clients to be served during the contract year. Services must be provided during the course of the full contract year, even if the agreed client number is met prior to the end of the year or projected revenue is less than that required to support the family planning project with any budget deficits to be funded by the applicant. Failure to meet performance requirements, service projections, or a change in project scope may result in a reduction of award during the contracted service period.

Financial Management and Funding Restrictions

Subrecipients must maintain a financial management system that complies with federal requirements and standards, has appropriate cost centers to track and validate costs applicable to the family planning project, and follows applicable cost principles for determining reasonableness, allocability, and allowability of costs charged to the family planning project, pursuant to 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. Subrecipients must maintain and make available to WHC, or appropriate officials of the federal agency, documentation and records of all revenues and expenditures for review or audit. In addition, subrecipients and subcontractors must comply with the charges, billing, and collection policies and procedures outlined in Section 8.4 of the [*Program Requirements for Title X Funded Family Planning Projects*](#).

Application Requirements:

- The application documents in their entirety must be submitted electronically and in one (1) file to rjohnston@wyhc.org and gwilson@wyhc.org
- Please contact Rob Johnston, Executive Director at rjohnston@wyhc.org with any questions regarding this application.
- Must use provided templates. Additional or previous versions of documents, appendices or exhibits will not be considered. Add additional rows to exhibit tables as needed to provide complete information.
- Narratives and justifications must be provided where indicated.
- All requested information must be provided. Terms of uncertainty (e.g., unknown, ??, undetermined) are unacceptable. Required areas left blank will be considered areas in which your project has no intentions to comply.
- Consideration for or amount of funding may be affected by inability to submit application according to requirements.
- Maintain order of application content:

Subrecipient Overview and Attestation

Project Narrative (5 pages max)

Exhibit A: Service Site Information

Exhibit B: Projected Family Planning Users

Exhibit C: Services Provided

Exhibit D: Projected Budget and Narrative

Exhibit E: Personnel Costs and Responsibility Descriptions

Exhibit F: Travel

Exhibit G: Equipment

Exhibit H: Referral Agencies (Exhibit G for current grant year)

Exhibit I: Workplan and Timeline (Exhibit D for current grant year)

Subrecipient Overview and Attestation

Applicant Organization Name:			
EIN Number:		DUNS Number:	
Type of Organization: <i>e.g., 501(c)(3):</i>		Date of Incorporation:	
Mailing Address:			
Street Address: (If different from above)			
Website Address:			
Contract/Budget Period: From: April 1, 2022 To: March 31, 2023			
Funds Budgeted From:	Dollar Amount	% Of Total Family Planning Program Dollars	
Program Income:			
WHC Title X:			
TOTAL:			
Title X Program Manager/WHC Family Planning Contact:			
Name:	Title:		
Email:	Telephone Number:		
Additional Contacts Relevant to Title X:			
Clinical Director:	Email:		
	Phone:		
Fiscal Contact:	Email:		
	Phone:		
Outreach & Education Contact:	Email:		
	Phone:		

Authorized Signature:	
(Signature of Agency Official)	(Title)
(Printed Name)	(Date)

By signing this document, the applicant organization certifies the statements in this application are true, complete, and accurate to the best of the signer’s knowledge, and the organization accepts the obligation to comply with public health service terms and conditions if an award is made as a result of the application. The signer is also aware that any false, fictitious, or fraudulent statements or claims may subject the signer to criminal, civil, or administrative penalties.

The following assurances/certifications are made and verified by the signature of the authorized official on the preceding page:

Civil Rights – Title VI of the Civil Rights Act of 1964 (Pub.L. 88-352, as amended, and all the requirements imposed by or pursuant to the DHHS regulation (45 CFR 80).
Individuals with Disabilities – Section 504 of the Rehabilitation Act of 1973 (Pub.L. 93- 112), as amended, and all requirements imposed by or pursuant to the DHHS regulation (45 CFR 84).
Sex Discrimination – Title IX of the Educational Amendments of 1972 (Pub.L. 92-318), as amended, and all requirements imposed by or pursuant to the DHHS regulation (45 CFR 86).
Age Discrimination – The Age Discrimination Act of 1975 (Pub.L. 94-135), as amended, and all requirements imposed by or pursuant to the DHHS regulation (45 CFR 91).
Debarment and Suspension – Title 45 CFR Part 76.
Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR Part 76.
Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the DHHS regulation (45 CFR 93).
Environmental Tobacco Smoke – Public Law 103-227.
Program Fraud Civil Remedies Act (PFCRA)
For those agencies that are nonprofit corporations: by signing the cover page, you are assuring that your agency is currently a nonprofit corporation in good standing in the state of Wyoming.

Project Narrative Instructions:

The Project Narrative (5 pages max) should provide a clear and concise description of your project and include the following components:

- Describe any plans to increase or expand services throughout the entire 5-year grant period, specifically in years 2-5. Clearly identify Title X subsidized from Non-Title X services. (All identified Title X services must be provided on the sliding fee scale).
- 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.
- Describe the proposed service area and plans to address the need for family planning services, current availability in the proposed area and any existing gaps in the availability or accessibility of services. Describe your process for assessing the need for services and how you will use this process for a quality assurance/quality improvement (QA/QI) plan
- Describe how you will address advancing health equity in the provision of family planning services within the proposed service delivery area(s).
- Describe how you will address healthcare access and utilization barriers to ensure the availability and accessibility of family planning services within the proposed service delivery area(s).
- Describe the number of clients in need of services, particularly low-income clients, early and middle adolescents (minors), and other underserved populations.
- Identify and justify the (Title X) methods or services that will not be available at the service site along with a description of how you will ensure client access for those methods and services. See Exhibit C
- Describe any major anticipated barriers and describe how you propose to overcome such barriers.

Insert Project Narrative here

EXHIBIT A: Service Site Information

Subrecipient Agency and Service Site(s)	Location	Service Area County/Counties	Office Hours ¹	Clinic Hours ²

¹ Times of the day the office staff is available to clients such as to receive phone calls, make appointments, etc.

² Times of the day that family planning clinical/medical services are provided.

EXHIBIT B: Projected Family Planning Users

Subrecipient Agency or Satellite Service Site	Projected number of Total FP Users		Projected number of Unduplicated ¹ FP Users		Projected number of Low-Income ² Users	Projected number of Unduplicated ¹ Low-Income ² Users	Projected number of minors
	Female	Male	Female	Male			
Projected increase percentage for subsequent years ⁴							

¹ Unduplicated means counted only once per calendar year at first visit.

² Low-Income are those individuals at or below 100% of FPL.

³ Minors are those individuals ages 17 and below.

⁴ Projected increase percentage from previous year for subsequent years (Years 2-5)

EXHIBIT C: Services Provided

Service	Provided on-site(s)	Referral to outside Non-Title X agency	Plan to provide in Year 1	Plan to provide in Years 2-5?
Female Sterilization				
Male Sterilization				
Hormonal IUD				
Non-Hormonal IUD				
Contraceptive Implant				
3-Month Hormonal Injection				
Combined Oral Contraceptive Pills				
Progestin Only Contraceptive Pill				
Hormonal Contraceptive Patch				
Contraceptive Vaginal Ring				
Emergency Contraceptive Pill				
Cervical Cap/Diaphragm				
Contraceptive Sponge				
Female/Internal Condoms				
Male/ External Condoms				
Spermicidal Methods or Products				
Cycle Beads				
Natural Family Planning/Fertility Awareness-Based Methods				
Lactation Amenorrhea Method				
STI Screening/Testing				
STI Treatment				
HIV Screening/Testing				
HIV Case Management				
Cervical Cancer Screening				

Breast Cancer Screening				
Basic Infertility Services				
Minor GYN Problems				
Special GYN Procedures				
Urinalysis				
Hormone Replacement Therapy				
Gender-Affirming Hormone Therapy				
Telehealth Services				
Same-day Appointments				
Walk-in Appointments				
Extended Weekday Hours				
Weekend Hours				

EXHIBIT D: Projected Budget and Narrative

Wyoming Title X Subrecipient Projected Budget and Narrative April 2022-March 2023

Revenues	<i>Description and Inclusions</i>	Projected Budget
Title X	<i>Title X funds from grantee</i>	\$
Other Federal Grants	<i>PPP, COVID relief, etc.</i>	\$
Block Grants	<i>Community Services Block Grants</i>	\$
Client Donations	<i>Only donations received from clients</i>	\$
Medicaid	<i>Payments received by Wyoming Medicaid to include Pregnancy by Choice; not Kid Care CHIP or WBCCEDP</i>	\$
Kid Care CHIP	<i>Payments received from Kid Care CHIP only</i>	\$
WY Cancer Program	<i>Formerly known as WBCCEDP Paid for with funds through CDC and WY Medicaid</i>	\$
Private Insurance	<i>Payments received from private insurance companies, including Tricare</i>	\$
WDH Communicable Disease Unit	<i>Knowyo Voucher Program funds Reimbursements from WDH CDU for antibiotics purchased for Title X clients</i>	\$
Block Grant	<i>Community Services Block Grants</i>	\$
Local Government	<i>Funds received from city and county governments</i>	\$
State Government	<i>Funds received directly from the State of Wyoming</i>	\$
Fundraising	<i>Funds received from fundraising efforts</i>	\$
United Way	<i>Funds received from United Way fund drives or United Way special projects</i>	\$

In-Kind	<i>Estimated value of non-cash support or donated goods or services (e.g., free or discounted cost of space use or unpaid services provided by Medical Director, Medical Attending Physician Residents, volunteers)</i>	\$
Others	<i>Bank account interest, and other sources of revenue that do not fit into above revenue categories.</i>	\$
Total Revenues		\$

Expenditures	<i>Description and Inclusions</i>	Expected
Wages See exhibit E	<i>Gross wages/salary for Title X staff with the exception of staff paid by contract(contractual)</i>	\$
Narrative:		
Fringe Benefits See exhibit E	<i>Healthcare (medical, vision, dental) insurance, life insurance, employer paid retirement contributions, bonuses, education/tuition assistance, Social Security, Workers' Compensation, Unemployment, FICA/Medicare, and any other benefits related to the employee's salary</i>	\$
Narrative:		
Travel See exhibit F	<i>Travel costs related to attendance of mandatory meetings and other agency travel associated with program activities.</i>	\$
Narrative:		
Training and Continuing Education	<i>Tuition or registration directly related to program activities. Usually includes mileage, commercial travel, per diem, hotel, etc.</i>	
Narrative:		
Equipment See exhibit G	<i>Generally permanent items or fixed assets which has a unit cost of \$5,000 or more and are included in your depreciation schedule.</i>	\$
Narrative:		
Supplies	<i>Total of Contraceptives, other pharmaceuticals, clinic and office supply line items below</i>	\$
Contraceptives	<i>Contraceptives only</i>	\$
Narrative:		
Other Pharmacy	<i>Other pharmaceuticals (i.e., lidocaine, Podophyllin, saline, chlorhexidine, KOH, etc.)</i>	

Narrative:		
Clinic	<i>Disposable supplies(i.e., pregnancy tests, other test strips, paper gowns/drapes, table paper, bandages, one-time use speculums, DuraPrep, scrub solution, lube alcohol preps, needles, syringes, phlebotomy supplies, infection control, slides, slide covers, etc.) Equipment related to clinic use under \$5,000</i>	
Narrative:		
Office	<i>Paper, printer ink, etc. Equipment related to office use under \$5,000</i>	
Contractual	<i>Total of Medical provider contract costs, Ahlers software, EMR systems (Practice Suite, CureMD, etc.) and telehealth platforms, Laboratory costs (Cytocheck, WPHL) etc.</i>	\$
Medical provider	<i>If medical provider services are by contract versus salaried personnel</i>	
Ahlers software	<i>Only include appropriate costs related to Title X use (if you use Ahlers for additional services (i.e., Immunizations, adult health, MCH/MFH, COVID))</i>	
EMR system	<i>Only include appropriate costs related to Title X use (if you use the EMR for additional services (i.e., Immunizations, adult health, MCH/MFH, COVID))</i>	
Telehealth platform	<i>Only include appropriate costs related to Title X use (if you use the platform for additional services (i.e., Immunizations, adult health, MCH/MFH, COVID))</i>	
Laboratory costs	<i>Only include appropriate costs related to Title X use (if you use the for additional services (i.e., Immunizations, COVID))</i>	
Narrative:		
In-Kind	<i>See Revenue In-Kind. Amounts are the same</i>	\$
Narrative:		
Facility costs	<i>Rent/lease, utilities, property insurance premiums, janitorial services</i>	\$
Narrative:		

Maintenance	<i>Upkeep of building and equipment (e.g., autoclave and microscope cleaning)</i>	\$
Narrative:		
Insurance	<i>Liability insurance policy premiums</i>	\$
Narrative:		
Telephone	<i>Telephone, internet, fax lines, cell phone service, etc.</i>	\$
Narrative:		
Project Promotion and Outreach	<i>Newspaper ads, cinema ads, outreach events</i>	\$
Narrative:		
Postage	<i>Mailing and shipping costs</i>	\$
Narrative:		
Professional Services	<i>Accounting, Audit and legal services</i>	\$
Narrative:		
Fundraising	<i>Costs related to fundraising events</i>	\$
Narrative:		
Others	<i>Other costs not listed in the above categories</i>	\$
Narrative:		

Total Expenditures		\$
---------------------------	--	-----------

EXHIBIT E: Personnel Costs and Responsibility Descriptions

Name	Role	Annual Full-Time Salary	Annual Full-Time Fringe Benefits ¹	Time % ² devoted to Title X	Total
	Medical Director	\$	\$		\$
	Project Manager	\$	\$		\$
	NP/PA/MD	\$	\$		\$
	NP/PA/MD	\$	\$		\$
	NP/PA/MD	\$	\$		\$
	RN	\$	\$		\$
	RN	\$	\$		\$
	Reception/Front Desk	\$	\$		\$
	Billr/Coder	\$	\$		\$
	Health Educator/Outreach				

¹ If fringe benefit rate exceeds 25%, provide details and justification.

Hours per week	Enter this decimal ²	Hours per week	Enter this decimal ²
40	1.0	22	0.55
38	0.95	20	0.5
36	0.9	18	0.45
35	0.875	16	0.4
34	0.85	15	0.375
32	0.8	12	0.35
30	0.75	10	0.25
28	0.7	8	0.20
26	0.65	6	0.15
25	0.625	5	0.125
24	0.6	4	0.1

Role	Brief Description of Responsibility
Medical Director	
Project Manager	
Nurse Practitioner	
Registered Nurse	
Reception/Front Desk	

EXHIBIT F: Travel

Item	Cost per day/unit	Number of trips	Number of people/units per trip	Number of days/units per trip	Total
Transportation					
Lodging					
Per Diem					
Mileage					
Misc.					
				Total Travel Costs	\$
Description and Purpose of Travel:					

EXHIBIT G: Equipment (only for items costing \$5,000 or more)

Description	Cost per unit	Total

EXHIBIT H: Referral Agencies

Agency/Clinic	Location	Expertise	Services Provided	Description of Collaboration

EXHIBIT I: Workplan and Timeline

- The WHC determined the goals and objectives based on OASH OPA’s Notice of Funding Opportunity: Title X Family Planning Service Grants Opportunity Number: PA-FPH-22-001. Some basic activities have also been predetermined and included in the template. Each subrecipient applicant should determine additional activities that can help support those goals and objectives. Additional rows can be added to the tables in order to accommodate all activities planned by the subrecipient.
- This workplan and timeline template has been modified slightly from the one we will be turning into OPA for the grantee application. The modifications were made to delete duplications in activities throughout the document, making the subrecipient one much shorter. This will be the same one you will use when providing progress reports, end of year reports and annual non-competing grant applications.
- Describe your plans and strategies for providing services according to OPA expectations, support the WHC goals and objectives, and data collection requirement efforts, including: Advancing health equity, improving and expanding accessibility, delivering high quality family planning services, and implementing a QI/QA
- Describe your plan using S.M.A.R.T. (Specific, Measurable, Achievable, Realistic and Time-framed)
- Although the grant application is for an anticipated period of 5 years (April 2022-March 2027), the workplan activities and timeline must be written to show your intentions for Year 1 (April 1, 2022- March 31, 2023) only. Activities and timelines for Years 2-3-4-5 will be developed annually as those dates approach. If you are anticipating major service expansion through 2027, please indicate those plans so WHC can include it in the network’s application and request for funding.

[Title X Statutes, Regulations, and Legislative Mandates](#)

Statute key terms: Sterilization services, FP services, prohibition of abortion, family participation, priority to low-income

Regulation key terms: Equitable, affordable, client-centered, QFP services

Mandate key terms: Family participation, resist coercion counseling, mandatory reporting

[2021 Final Rule](#)

[QFP](#)

Workplan and Timeline April 1, 2022-March 31, 2023

OPA Expectation 1: Comply with Title X Statute, Regulations, Legislative Mandates, and Additional Program Guidance.

Goal: Annually, Wyoming Health Council (WHC) will ensure the Wyoming Title X (TX) network provides quality family planning and related preventive health services that contribute to improved reproductive health outcomes and overall optimal health by completing 4 objectives to ensure clinical, fiscal and administrative compliance with TX Statute, Regulations, Legislative Mandates and Additional Program Guidance.

Activity	Measure of Accomplishment	Person Responsible	Timeline
<i>(Subrecipient agency)will:</i> Submit required grant documents to grantee according to deadlines.			
<i>(Subrecipient agency)will:</i> Along with support from governing board, enter a signed contract, to align with the OPA Expectations, with WHC to provide Title X services			
<i>(Subrecipient agency)will:</i> Comply with OPA expectation in development and implementation of: General Consents Patient Bill of Rights Policy & Procedures Staff training			

Objective 1: Ensure provision of services in compliance with the Title X Statute (Title X of the Public Health Service Act, 42 U.S.C. 300 *et seq.*), (42 CFR part 59, subpart A), (42 CFR part 50, subpart B), Section 1001 of the Act, Section 1001(b), and Section 8 of the Act.

Activity	Measure of Accomplishment	Person Responsible	Timeline

Objective 2: Ensure compliance with the Title X Regulations, “Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services” (42 CFR Part 59) and (65 FR 41270)

Activity	Measure of Accomplishment	Person Responsible	Timeline

--	--	--	--

Objective 3: Ensure adherence to the Legislative Mandates which requires Title X family planning projects to encourage 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. Additionally, no provider of the Title X Public Health Service Act shall be exempt from any State law requiring notification of the reporting of child abuse, child molestation, sexual abuse, rape or incest.

Activity	Measure of Accomplishment	Person Responsible	Timeline

Objective 4: Ensure compliance with the Additional Program Guidance issued by OPA, including but not limited to, providing 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)*.

Activity	Measure of Accomplishment	Person Responsible	Timeline

OPA Expectation 2 : Address OPA Program Priorities

Goal: Annually, WHC will ensure the Title X network provides quality family planning and related preventive health services that address health equity, health disparities, improve and expand access and ensure the provision of high-quality services.

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

Activity	Measure of Accomplishment	Person Responsible	Timeline

Objective 2: Improve and expand access to Title X services

Activity	Measure of Accomplishment	Person Responsible	Timeline

Objective 3: Deliver Title X services of the highest quality

Activity	Measure of Accomplishment	Person Responsible	Timeline

OPA Expectation 3: Implement a quality improvement and quality assurance (QI/QA) plan.

Goal: Annually, the WHC will monitor subrecipient performance and improve quality family planning services through data collection, analysis, and program planning.

Objective 1: Collection and use of Family Planning Annual Report (FPAR) 2.0 data.

Activity	Measure of Accomplishment	Person Responsible	Timeline

Objective 2: Monitor delivery and modify provision of QFP services.

Activity	Measure of Accomplishment	Person Responsible	Timeline

--	--	--	--

Objective 3: Assess client satisfaction.

Activity	Measure of Accomplishment	Person Responsible	Timeline