

State of Hawaii
Department of Health
Family Health Services Division
Maternal & Child Health Branch
Women's Health Section – Family Planning Program

Request for Proposals

HTH-560-CW-010 Title X Family Planning, Reproductive Health Clinical, Community Outreach, Information, Health Education Services

Issued: January 5, 2012

Date Due: March 27, 2012

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

January 5, 2012

REQUEST FOR PROPOSALS

TITLE X FAMILY PLANNING REPRODUCTIVE HEALTH CLINICAL, COMMUNITY OUTREACH, INFORMATION, HEALTH EDUCATION SERVICES RFP No. HTH-560-CW-010

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Women's Health Section, Family Planning Program, is requesting proposals from qualified applicants to provide subsidized family planning and reproductive health services for women and men (statewide) of reproductive age with priority given to those with incomes that fall at or below 250 percent of the Federal poverty level. There will also be some areas where family planning outreach, community health educator positions will be funded to promote community outreach, information and health education services that are connected to family planning clinical providers, although this will be a service requirement as well in all services provided with or without funding specifically for these positions. The contract term will be on or about January 1, 2013 through June 29, 2014. Depending on additional funding received the contract term would be extended through June 29, 2016. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before March 27 2012, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time ("HST"), on March 27, 2012, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Family Planning Program will conduct an orientation on January 23, 2012 from 9:30 a.m. to 11:30 a.m. HST, via Video Conference Center at the following locations.

- Oahu: Keoni Ana Bldg., 1177 Alakea Street, Honolulu; Kakuhihewa Bldg., 601 Kamokila Blvd., Kapolei; Ko'olauloa Community Health and Wellness Center, 54-316 Kamehameha Hwy., Hauula, Waimanalo Health Center, Ko'olauloa Health Center
- Hawaii (Big Island): Hilo State Office, 75 Aupuni Street, Hilo; Kona Health Center, Kona; Hamakua Health Center, 45-549 Plumeria Street, Honokaa
- Lanai/HPCA Bridge
- Molokai: Molokai State Building, Kaunakakai
- Kauai: Lihue State Office, 3040 Umi Street, Lihue
- Maui: Wailuku Judiciary Bldg., 54 High Street, Wailuku

All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on February 13, 2012. All written questions will receive a written response from the State on or about February 23, 2012 and will be posted on the website <http://www.hawaii.gov/rfps103f/>.

Inquiries regarding this RFP should be directed to the RFP contact person, Candice Radner Calhoun at 741-A Sunset Avenue, Room 100, Honolulu, Hawaii 96816, telephone: (808) 733-9048, fax: (808) 733-9032, e-mail: candice.calhoun@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 4

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN *March 27, 2012* and received by the state purchasing agency no later than **10 days from the submittal deadline.**

All Mail-ins

Department of Health
Maternal and Child Health Branch
Family Planning Program
741-A Sunset Avenue, Room 102
Honolulu, Hawaii 96816

DOH RFP COORDINATOR

Candice Radner Calhoun
For further info. or inquiries
Phone: 733-9048
Fax: 733-9032

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), March 27, 2011.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., March 27, 2012.

Drop-off Sites

Oahu:

Department of Health
Maternal Child Health Branch
741-A Sunset Avenue, Room 102
Honolulu, Hawaii
Attn: Family Planning Program

RFP Table of Contents

Section 1 Administrative Overview

- I. Procurement Timetable..... 1-1
- II. Website Reference 1-2
- III. Authority 1-2
- IV. RFP Organization 1-3
- V. Contracting Office 1-3
- VI. Orientation 1-3
- VII. Submission of Questions 1-4
- VIII. Submission of Proposals..... 1-4
- IX. Discussions with Applicants..... 1-6
- X. Opening of Proposals..... 1-7
- XI. Additional Materials and Documentation..... 1-7
- XII. RFP Amendments 1-7
- XIII. Final Revised Proposals..... 1-7
- XIV. Cancellation of Request for Proposals..... 1-7
- XV. Costs for Proposal Preparation 1-8
- XVI. Provider Participation in Planning..... 1-8
- XVII. Rejection of Proposals 1-8
- XVIII. Notice of Award 1-8
- XIX. Protests..... 1-9
- XX. Availability of Funds 1-9
- XXI. General and Special Conditions of the Contract..... 1-10
- XXII. Cost Principles 1-10

Section 2 - Service Specifications

- I. Introduction
 - A. Overview, Purpose or Need 2-1
 - B. Planning activities conducted in preparation for this RFP..... 2-1
 - C. Description of the Goals of the Service 2-1
 - D. Description of the Target Population to be Served..... 2-1
 - E. Geographic Coverage of Service 2-1
 - F. Probable Funding Amounts, Source, and Period of Availability..... 2-1
- II. General Requirements..... 2-2
 - A. Specific Qualifications or Requirements 2-2
 - B. Secondary Purchaser Participation 2-2
 - C. Multiple or Alternate Proposals 2-2
 - D. Single or Multiple Contracts to be Awarded 2-2
 - E. Single or Multi-Term Contracts to be Awarded 2-3
 - F. RFP Contact Person 2-3

III.	Scope of Work	2-3
	A. Service Activities	2-3
	B. Management Requirements	2-3
	C. Facilities.....	2-4
IV.	Compensation and Method of Payment.....	2-5

Section 3 - Proposal Application Instructions

	General Instructions for Completing Applications	3-1
I.	Program Overview.....	3-2
II.	Experience and Capability	3-2
	A. Necessary Skills.....	3-2
	B. Experience	3-2
	C. Quality Assurance and Evaluation	3-2
	D. Coordination of Services	3-2
	E. Facilities	3-2
III.	Project Organization and Staffing	3-2
	A. Staffing	3-3
	B. Project Organization.....	3-3
IV.	Service Delivery	3-3
V.	Financial	3-4
	A. Pricing Structure.....	3-4
	B. Other Financial Related Materials.....	3-4
VI.	Other	3-5
	A. Litigation	3-5

Section 4 – Proposal Evaluation

I.	Introduction.....	4-1
II.	Evaluation Process.....	4-1
III.	Evaluation Criteria.....	4-2
	A. Phase 1 – Evaluation of Proposal Requirements.....	4-2
	B. Phase 2 – Evaluation of Proposal Application	4-2
	C. Phase 3 – Recommendation for Award	4-5

Section 5 – Attachments

Attachment A.	Competitive Proposal Application Checklist
Attachment B.	Sample Proposal Table of Contents
Attachment C.	Family Planning Services Summary of Visit Types
Attachment D.	Title X Assurance of Compliance
Attachment E.	Table A – Performance Measures (outreach/health education services)
Attachment F.	Table B – Output Measures (outreach/health education services)
Attachment G.	Action Plan (Health Educator)
Attachment H.	FP 100 – Expenditure Reports (family planning clinical service); POST (family planning health education)

Attachment I.	SPO-H-205 Example (reformatted for family planning service budgets)
Attachment J.	Client Visit Record(s) – Current/Draft Proposed
Attachment K.	Quarterly Report Form (clinical/health education reports)
Attachment L.	Table 13 – Family Planning Annual Report
Attachment M.	Table 14 – Family Planning Annual Report
Attachment N.	Proposal Attachments, N(1) to N(3)
Attachment O.	Table A – Performance Measures (family planning client services)
Attachment P.	Table B – Output Measures (family planning client services)
Attachment Q.	Interpersonal Relationship between Staff and Clients/Patients (DOH Policy)
Attachment R.	Federal Certifications Attachment

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	January 5, 2012
Distribution of RFP	January 5, 2012 to March 26, 2012
RFP orientation session	January 23, 2012
Closing date for submission of written questions for written responses	February 13, 2012
State purchasing agency's response to applicants' written questions	February 23, 2012
Discussions with applicant prior to proposal submittal deadline (optional)	January 5, 2012 to March 26, 2012
Proposal submittal deadline	March 27, 2012
Discussions with applicant after proposal submittal deadline (optional)	Late March to April 2012
Final revised proposals (optional)	May - June 2012
Proposal evaluation period	June -July 2012
Provider selection	July - August 2012
Notice of statement of findings and decision	July - August 2012
Contract start date	On or about January 1, 2013

II. Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo/>

	For	Click
1	Procurement of Health and Human Services	“Health and Human Services, Chapter 103F, HRS...”
2	RFP website	“Health and Human Services, Ch. 103F...” and “The RFP Website” (located under Quicklinks)
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	“Statutes and Rules” and “Procurement of Health and Human Services”
4	Forms	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Forms”
5	Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles”
6	Standard Contract -General Conditions	“Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions”
7	Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Protests”

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at <http://hawaii.gov>)

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://hawaii.gov/tax/ click “Forms”
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	http://capitol.hawaii.gov/ click “Bill Status and Documents” and “Browse the HRS Sections.”
10	Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click “Business Registration”
11	Campaign Spending Commission	http://hawaii.gov/campaign
12	Program Guidelines for Project Grants for Family Planning Services (United States Department of Health and Human Services, Office of Public Health and Science, Office Population Affairs, Office of Family Planning)	http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/ click “[text] for text document or [pdf] for adobe acrobat document in format column Includes Title X implementing regulations, 42 CFR Part 59
	Instruction Series	http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/documents-and-tools/family-planning-instructions.html
	Program Priorities	http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-priorities/
	Legislative Mandates	http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/legislative-mandates/

Key Issues	http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/title-x-key-issues/
Statutes and Regulations	http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/
13 TITLE 45 CFR, PART 46	http://ohsr.od.nih.gov/guidelines/45cfr46.html
14 45 CFR, PART 74 and 45 CFR, PART 92	http://www.hhs.gov/opa/grants-and-funding/grant-forms-and-references/
15 State Of Hawai'i Primary Care Needs Assessment Data Book 2009	http://hawaii.gov/health/doc/pcna2009databook.pdf

III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments: Provides applicants with information and forms necessary to complete the application.

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:
Department of Health, State of Hawaii

Maternal and Child Health Branch
 Women's Health Section
 Family Planning Program
 741-A Sunset Avenue, Room 102
 Honolulu, Hawaii 96816
 Phone: (808) 733-9030 Fax: (808) 733-8355

VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: January 23, 2012 **Time:** 9:30 a.m. to 11:30 a.m.
HST

Location: Video Conference Centers at the following locations.

- Oahu (3 sites): Keoni Ana Bldg., 1177 Alakea Street, Honolulu; Kakuhihewa Bldg., 601 Kamokila Blvd., Kapolei; Waimanalo Health Center, Ko`olauloa Community Health and Wellness Center, 54-316 Kamehameha Hwy., Hauula
- Hawaii (Big Island – 3 sites): Hilo State Office, 75 Aupuni Street, Hilo; Kona Health Center, Kona; Hamakua Health Center, 45-549 Plumeria Street, Honokaa
- Lanai, HPCA Bridge
- Molokai: Molokai State Building, Kaunakakai
- Kauai: Lihue State Office, 3040 Umi Street, Lihue
- Maui: Wailuku Judiciary Bldg., 54 High Street, Wailuku

For further information on locations, please contact the Family Planning Program at 733-9030. **Please bring a copy of the RFP with you.**

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the paragraph VII. Submission of Questions.

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: February 13, 2012 **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:

Date: February 23, 2012

VIII. Submission of Proposals

- A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in II. Website Reference. Refer to the Proposal Application Checklist for the location of program specific forms.
1. **Proposal Application Identification (Form SPO-H-200)**. Provides applicant proposal identification.
 2. **Proposal Application Checklist**. Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
 3. **Table of Contents**. A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 4. **Proposal Application (Form SPO-H-200A)**. Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.
- B. **Program Specific Requirements**. Program specific requirements are included in Sections 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications are listed on the Proposal Application Checklist located in Section 5.
- C. **Multiple or Alternate Proposals**. Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Tax Clearance**. Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers shall be required to submit a tax

clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II. Website Reference.)

- E. **Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)
- **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See part II, Website Reference.)
- F. **Hawaii Compliance Express (HCE).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The "Certificate of Vendor Compliance" issued online through HCE provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to this section's part II. Website Reference for HCE's website address.
- G. **Campaign Contributions by State and County Contractors.** Providers are hereby notified of the applicability of HRS Section 11-205.5, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, FAQs are available at the Campaign Spending Commission webpage. (See part II, Website Reference.)
- H. **Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal

to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

- I. **Confidentiality of Personal Information.** Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General's General Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.
- J. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:
 - Postmarked after the designated date; or
 - Postmarked by the designated date but not received within 10 days from the submittal deadline; or
 - If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

IX. Discussions with Applicants

- A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. **After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR Section 3-143-403.

X. Opening of Proposals

Upon receipt of a proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XII. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XIII. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with HAR Sections 3-142-202 and 3-142-203.

XVII. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

- (1) Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)
- (2) Rejection for inadequate accounting system. (HAR Section 3-141-202)
- (3) Late proposals (HAR Section 3-143-603)
- (4) Inadequate response to request for proposals (HAR Section 3-143-609)
- (5) Proposal not responsive (HAR Section 3-143-610(a)(1))
- (6) Applicant not responsible (HAR Section 3-143-610(a)(2))

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Loretta J. Fuddy	Name: Gordon Takaki
Title: Director of Health	Title: Public Health Administrative Officer
Mailing Address: P. O. Box 3378, Honolulu, HI 96801	Mailing Address: 3652 Kilauea Avenue Honolulu, Hawaii 96816
Business Address: 1250 Punchbowl Street, Honolulu, HI 96813	Business Address: 3652 Kilauea Avenue Honolulu, HI 96816

XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary..

Applications are required to address requirements in the Federal Title X Program Guidelines for Family Planning Services in their proposal application.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201, which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

Since the early 1970's, the Hawaii State Department of Health ("DOH") has been the Grantee for the federally funded Title X Family Planning Program. The award is made by the U.S. Department of Health and Human Services ("DHHS"), Office of Population Affairs, Office of Family Planning. The Hawaii DOH Family Planning Program ("FPP") of the Women's Health Section ("WHS"), Maternal and Child Health Branch ("MCHB"), Family Health Services Division is responsible to administer the program and funds enabling the provision of Title X subsidized family planning ("FP") services in Hawaii.

As Grantee, the FPP's functions and responsibilities include:

- Assessing community needs in the area of family planning for individuals with low incomes and for those at risk for unintended pregnancy.
- Identifying funding and contracting with service providers to assure the delivery of quality family planning and related preventive services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low-income families.
- Expanding and assuring access to a broad range of acceptable and effective family planning methods and related preventive health services that include natural family planning methods, infertility services (i.e. Level 1), Long Acting Reversible Contraception, and services for adolescents, emphasizing the important role Title X plays in teen pregnancy prevention. The broad range of services does not include abortion as a method of family planning.
- Ensuring the provision of preventive health care services in accordance with nationally recognized standards of care. This includes, but is not limited to: breast and cervical cancer screening and prevention services; sexually transmitted disease ("STD") and Human Immunodeficiency virus ("HIV") prevention education, testing, and referral; and, other related preventive health services.
- Emphasizing the importance of counseling family planning clients on establishing a reproductive life plan, and providing preconception counseling as part of the family planning services, as appropriate.
- Ensuring the provision of risk assessment screening, health education and counseling for domestic violence, intimate partner violence, sexual

coercion, sexual assault, human trafficking, substance use (tobacco, alcohol, other drugs), depression, overweight and obesity.

- Providing community outreach, information and health education services to hard-to-reach and/or vulnerable populations, and promoting partnerships with other community-based health and social service providers that provide needed services.
- Ensuring that there are strategies in place to address the comprehensive family planning and other health needs of individuals, families and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community based health and social service providers that provide needed services. This will include efforts to reach individuals who have multi-factorial social determinants of health not limited to low-income, stress, food insecurity, racism that impact not only intention of pregnancy but an individual's overall health status during their lifespan.
- Working with family planning providers to identify specific strategies for addressing provisions of health care reform ("The Patient Protection and Affordable Care Act"), adapting delivery of family planning and reproductive health services in a changing health care environment, and establishing strategies to assist clients with navigating the changing health care system. This includes, but is not limited to ensuring that all Title X providers, have the ability to integrate with primary care services, bill third party payers, private insurance, and Medicaid and have in place an electronic health record keeping system.
- Monitoring and evaluating the performance of contract agencies;
- Collecting, analyzing, and disseminating data which monitors performance, and improves family planning services;
- Providing training and technical assistance to family planning providers;
- Serving as liaison between the state, federal, and community family planning providers.

Proposals are requested from qualified applicants to become a designated Title X Delegate Clinic and provide Family Planning clinical and health education services to women and men of reproductive age (with priority given to individuals with low incomes) from January 1, 2013 to June 29, 2013 and from June 30, 2013 to June 29, 2014 (the timeframe of June 30, 2014 to June 29, 2016 is dependent on continued grant award.) If additional funding is awarded the total funding period would be for three and a half years or January 1, 2013 to June 29, 2016. Proposals that are awarded will be funded by federal Title X Family Planning funds and State funds awarded to the DOH.

In 2008, 67,300 women in Hawaii were in need of publically supported contraceptive services and supplies. This includes 18,290 women less than 20 years of age. Many women who do not have health insurance cannot afford contraceptive services. When family planning services are not used, women

have an increased risk for an unintended pregnancy. Nearly one-half of all pregnancies nationwide are unintended and increasingly concentrated among low-income women. This is also true for Hawaii where 46% of live births are the result of unintended pregnancies (Hawaii Pregnancy Risk Assessment Surveillance System). More specifically, approximately 54% of new mothers in Hawaii report that their most recent pregnancy was intended, while 36% report that it was mistimed and 10% report that it was unwanted. The percent of mistimed and unwanted pregnancies in Hawaii indicates that there is an ongoing need to improve access to family planning services. Contraceptive use dramatically reduces the risk of unintended pregnancy. In Hawaii, unintended pregnancy has been for the last ten years a state priority based on the associated risks with this outcome. Available family planning and reproductive health services are needed to prevent outcomes such as unintended pregnancies, an important factor in ensuring positive birth outcomes and a healthy start for infants.

Research frequently shows numerous complex factors such as environmental, psycho-social, behavioral, and partner influences can result in an unintended pregnancy. These multiple factors and social determinants impacting health, pregnancy intention, reproductive life planning, preconception and interconception care and decision making are not limited to: neighborhood conditions, unhealthful living conditions, effects of domestic or personal violence, racism, occupation or work related effects and stress, low socio-economic status, and stressful life events. These multi-factorial determinants can influence women's health outcomes early in life, most often in the preconception and interconception periods and has the potential to determine an individual's overall health status during their life span.

Family planning and reproductive health services are a primary gateway to women's health care. For higher risk clients this is often their first exposure to preventive health care and promotes an opportunity for connection to a medical home and ongoing preventive health services for both reproductive and general health and well-being. With health care reform and movement to ensure each individual has a medical home, the program community-based outreach and health education activities can be targeted to individuals at highest risk and in need of services using culturally appropriate strategies to improve service connection and access. Culturally appropriate refers to services and activities that are responsive to, and respectful of the history, traditions, and cultural values of different ethnic groups.

For men, family planning and reproductive health service access provides a unique opportunity for a population sub-set that infrequently seek health care to be served in a holistic manner. Also by including men there is the potential to expand family planning birth control method choices, decrease sexually transmitted infections (STI), including HIV/AIDS, reduce gender based and intimate partner violence, and decrease unintended pregnancies. Males may

more commonly seek care for a STI and family planning services can also provide a gateway for reproductive health discussion and comprehensive male health service access.

Some health educator positions connected with Title X family planning providers will be funded to reach hard to reach and vulnerable populations and support access to family planning services. This includes those facing unequal access to resources and impacted by social determinants, which in turn increase risks for unintended pregnancies and other related health and psycho-social risks that impact optimal health outcomes. Quality care will require partnering with other community-based and social service providers that provide needed services. Community outreach, health education and public awareness on the health benefits of planned pregnancies, child spacing, use of contraceptives, and access to contraceptive services will be key integrated components. This approach is required to assure services for those in need and in reducing Hawaii's unintended pregnancy rates and associated health care costs.

B. Planning activities conducted in preparation for this RFP

The Family Health Services Division, Maternal and Child Health Branch, Women's Health Section, Family Planning Program conducted a Request for Information ("RFI") on December 5, 2011 from 9:30 a.m. to 11:30 a.m. by statewide video conference to assist in its planning activities related to the provision of Title X Reproductive Health Clinical, Community Outreach, Information, Health Education Services. Participants were provided with an electronic draft of the Service Specifications, some related attachments and websites <http://www.hhs.gov/opa/title-x-family-planning> and <http://hawaii.gov/health/doc/pcna2009databook.pdf> some of the comments/suggestions may have been incorporated into this section of the RFP.

A written summary of the RFI session and related information is available upon request to Candice Radner Calhoun through e-mail at Candice.calhoun@doh.hawaii.gov

References:

U.S. Department of Health and Human Services, Title X Family Planning Office of Population Affairs <http://www.hhs.gov/opa/title-x-family-planning>

Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001 Finer, LB, Henshaw SK, *Perspectives on Sexual Reproductive Health*, 2006: 38: 90-6.

Frost JJ, Henshaw SK and Sonfield A, Contraceptive Needs and Services: National and State Data, 2008 Update, New York: Guttmacher Institute, 2010. www.guttmacher.org

Frost JJ, Finer LB and Tapales A. The Impact of Publically Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings. *Journal of Health Care for the Poor and Underserved*, 2008. 19 (3): 778-796.

Sexually Transmitted Diseases Treatment Guidelines, 2010
<http://www.cdc.gov/std/treatment/2010>

Family Health Services Division, Hawaii Department of Health, State of Hawaii, Primary Care Needs Assessment Data Book, 2009, January 2010.
http://hawaii.gov/health/doc/pcna_2009_databook.pdf

Family Health Services Division Profiles 2009, Department of Health State of Hawaii. <http://hawaii.gov/health/doc/FHSDProfiles2009.pdf>

Hawaii PRAMS. Hawaii *PRAMS Trend Report 2000-2008*. Honolulu, HI. Hawaii Department of Health, Family Health Services Division. August 2010.
<http://hawaii.gov/health/doc/prmastrendreport2010.pdf>

C. Description of the goals of the service

The goals of this program are to:

1. Assure access to delivery of quality clinical family planning and reproductive health services including access to a broad range of acceptable and effective contraceptive methods, counseling on establishing a reproductive life plan and preconception care as appropriate, cancer and sexually transmitted disease and sexually transmitted infection screening and prevention education, including HIV prevention education, counseling, and testing to all individuals of reproductive age with a priority to low income and hard-to-reach individuals that are the most under-served and the least likely to access family planning services in a traditional setting.
2. Promote information, education, awareness and understanding of family planning, and assure the promotion of family planning clinical services throughout Hawaii to prevent unintended pregnancies and poor outcomes associated with unintended pregnancy. FP community health educators shall work in collaboration with family planning family planning clinical providers to improve strategies to reach populations in need, with the objective to increase the number of unduplicated clients served by clinical providers within the family planning educator's targeted geographical area(s) each year. Activities shall include community-based information and education that are age and culturally appropriate (activities that are responsive to and respectful of the history, traditions and cultural values of different ethnic groups). Emphasis shall also be placed on both the

rationale for family planning, preconception care, and the complete range of family planning choices (including postponing sexual involvement for youth).

3. Improve the health status of populations in areas of the State designated in need of services in the 2009 Primary Care Needs Assessment Data Book published by the Family Health Services Division, DOH. (See Section 1 Administrative Overview; Paragraph II, Website Reference.)

D. Description of the target population to be served

The target population is low-income and hard-to-reach individuals that are the most under-served and the least likely to access family planning services in a traditional setting. These individuals include, but are not limited to immigrants, males, adolescents, persons with limited English proficiency, populations with special needs, substance abusers, homeless persons, homeless and at-risk youth, individuals exposed to or experiencing violence, clients recently released from incarceration and others experiencing situations that impact ability to access health related services.

Special emphasis is placed on those who may be especially at risk for unprotected sexual activity and unintended pregnancy. This may be due to socioeconomic, cultural, environmental, developmental, and/or health factors. Some of these populations may be inclusive of groups of higher risk individuals such as illicit substance abusers or developmentally disabled individuals.

For purposes of this RFP, the term “low income” shall be defined as individuals whose individual or family income falls within two hundred fifty percent (250%) of the federal poverty guidelines.

E. Geographic coverage of service

The services shall be statewide, in areas of high population density such as Honolulu, and in locations that have been federally designated as medically underserved areas (“MUAs”) and medically underserved populations (“MUPs”) as indicated in the State of Hawaii Primary Care Needs Assessment Databook 2009. (See Section 1, II. Website Reference:15.)

F. Probable funding amounts, source, and period of availability

Family Planning clinical services and supplies:

The estimated amount of federal and state funds available per period follows: January 1, 2013 to June 29, 2013 six (6) months \$659,970 federal and \$ 381,364 state; June 30, 2013 to June 29, 2014 twelve (12) months \$ 1,319,941 federal and \$762,729 state.

Continued federal funding is dependent on an award from Department of Health and Human Services, Office of Population Affairs, Office of Family Planning. This federal funding if awarded would be from June 30, 2014 to June 29, 2015 twelve (12) months \$1,319,941 federal and \$762,729 state; June 30, 2015 to June 29, 2016 twelve (12) months \$1,319,941 federal and \$762,729 state.

In addition to the above the Office of Population Affairs and the Hawaii State Legislature may appropriate one (1) million in Title X funds and five hundred thousand (\$500,000) in state funds respectively for family planning clinical and supply services.

Family Planning community outreach and health educator services:

The estimated amount of federal funds available is \$171,500 from January 1, 2013 to June 29, 2013 six (6) months and June 30, 2013 to June 29, 2014 twelve (12) months \$343,000.

Continued funding is dependent on an award from Department of Health and Human Services, Office of Population Affairs, Office of Family Planning. This federal funding if awarded would be from June 30, 2014 to June 29, 2015 twelve (12) months \$343,000; June 30, 2015 to June 29, 2016 twelve (12) months \$343,000.

In addition to the above the Office of Population Affairs may appropriate three hundred thousand (\$300,000) for family planning community outreach and health education services.

To support access to care, dedicated funding is available for up to fourteen (14) FP community health educator positions. The purpose of those positions will be to provide outreach services and information on family planning and reproductive services and promote increased and easy access to care at the family planning clinics for the geographical areas in which these positions serve. For some positions this may include services for more than one family planning clinic contract provider or sites. Regardless of dedicated funding for outreach, there is a service expectation/requirement that all service providers will facilitate community awareness of and access to family planning services and assure that community members 14 and older know about the availability of family planning services and how to access those services if needed. (See Section 2, III, A, 3)

Community Health Educator services cannot be a stand alone contract, Family Planning Clinical services would be included in any award.

Area	Estimated Amount Year January 1, 2013 – June 29, 2013 (six months)	Estimated June 30, 2013 – June 29, 2014 (1 year)	Estimated Amount June 30, 2014 - June 29, 2015 (1 year) *	Estimated Amount June 30, 2015 - June 29, 2016 (1 year) *
Kauai County (Census tracts 401-409)	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
Maui Island (Census tracts 301-305)	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
Molokai Island (Census tracts 317-318)	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
Lanai island (Census tract 316)	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
Waianae-Ewa (Census tracts 96-98 Waianae and 73-89 Ewa)	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
Hilo, Puna, Ka'u (Census tracts 201-212)	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
South Kona (Census tracts) 213-214	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
North Kona, South Kohala, North Kohala, Hamakua (Census tracts 215-221)	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
Honolulu County (Census tracts 1-113) Two sites will be funded				
See **	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
See ***	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
Koolauloa (Census tracts 101-102)	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
Koolaupoko (Census tracts 103-113)	\$12,250.00	\$24,500.00	\$24,500.00	\$24,500.00
West Honolulu (Census tracts 46-72) Two sites will be funded				
Kalihi Palama inclusive of Census tracts 51-56;	\$12,250.00 (Kalihi Palama)	\$24,500.00 (Kalihi Palama)	\$24,500.00	\$24,500.00
Kalihi Valley inclusive of Census tracts 61-66	\$12,250.00 (Kalihi Valley)	\$24,500.00 (Kalihi Valley)	\$24,500.00	\$24,500.00

*This funding is dependent on continued federal grant award as discussed in Item I. F. above.

** This position shall serve the entire Honolulu County and focus on the homeless population and high risk individuals such as substance abusers.

*** This position shall serve the entire Honolulu County (including West Honolulu Census tract 1-45) but also focus on areas where there is high population density.

Funds are subject to budget additions and restrictions. This RFP is developed in such a manner as to satisfy the procurement requirements for additional federal (i.e. Title X) and/or state funds. Provider(s) must meet performance expectations of their current contract in a satisfactory manner prior to receiving any supplemental agreements, as determined by program and fiscal monitoring and audits.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

Family Planning Clinical services

Advanced practice nurses (nurse practitioners, certified nurse midwives, and clinical nurse specialists), registered nurses, physician assistants, pharmacists, social workers and physicians providing FP services must have unencumbered licenses to practice in the State of Hawaii.

Delegation of special tasks of nursing care to unlicensed assistive personnel is allowed if criteria for delegation are met under state law. (Chapter 116-89, Hawaii Administrative Rules.)

Compliance with Occupational Safety and Health Administration (“OSHA”) Blood Borne Pathogens, Clinical Laboratory Improvement Amendments (“CLIA”) Requirements, and Health Insurance Portability and Accountability Act (“HIPAA”) must be met.

Medical assistants who provide family planning health information to clients as well as health educators and community outreach workers shall have training in: family planning; use of contraceptive methods including emergency contraception; effectiveness of contraceptive methods; risk screening and reduction; reproductive health care, preconception and interconception care, and family planning data collection.

The clinic staff providing family planning services shall participate in an orientation to the Title X Program and be knowledgeable about program data collection requirements that are to be submitted to the Maternal and Child Health Branch, Family Planning Program.

Community health information, education and outreach services

Providers who are awarded funding shall employ a fifty percent (50%) full time equivalency (“FTE”) FP Community Health Educator staff person with experience, knowledge and skills in family planning/reproductive health education, outreach and community resources. The staff person providing community health education services shall have experience and knowledgeable about the community needs, cultural values, norms, and resources and able to deal effectively with cultural and sensitive service delivery issues and other characteristics of the targeted geographic population. This staff person shall have adequate knowledge and training to provide current and accurate family planning information, have good communication

and public speaking skills. At a minimum, a high school degree will be acceptable, with applicable experience in community outreach and health education being required.

B. Secondary purchaser participation
(Refer to HAR Section 3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases - None

C. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

Allowed Unallowed

D. Single or multiple contracts to be awarded
(Refer to HAR Section 3-143-206)

Single Multiple Single & Multiple

Criteria for multiple awards:

Prefer at least one provider per island; with additional providers in higher population density areas. **Applicants shall submit one (1) application proposal for each geographic area (county, island).**

Community Health Educator services cannot be a stand alone contract, Family Planning Clinical services would be included in any award.

E. Single or multi-term contracts to be awarded
(Refer to HAR Section 3-149-302)

Single term (2 years or less) Multi-term (more than 2 years)

Contract terms:

Initial term of contract: January 1, 2013 to June 29, 2014

Length of extension: twenty-four (24) months

Number of possible extension: one (1)

Maximum length of contract: Up to forty-two (42) months

The initial period shall commence on the contract start date or State Notice to Proceed date, whichever is later. Conditions for extension must be executed prior to the expiration of the initial term of contract for continuation of services. Any additional funding, changes in contract language, or changes in service specification will be agreed upon in writing.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Candice Radner Calhoun
 741-A Sunset Avenue
 Room 105
 Honolulu, Hawaii 96816
 Phone: (808) 733-9048
 Email: candice.calhoun@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. Needs Assessment

The Provider shall complete a needs assessment which summarizes the demographics, service needs and unique characteristics of the specific populations and geographic area for provision of family planning services, a discussion of the unmet needs, high priority populations and/or target areas to be served, and any existing resources for provision of family planning services in these areas. More details for this assessment are in Section 3 Proposal Application Instructions, IV., A., 1: Needs Assessment.

2. Family Planning Clinical Services**a. Family Planning (“FP”)**

- 1) The Provider shall provide quality family planning clinical and related preventive health information, education, counseling, and referrals related to family planning. These preventive health services to the target population of low-income individuals include, but are not limited to: initial and annual health assessments and physical examinations; offering a broad range of acceptable and effective contraceptive methods and services including natural family planning methods, infertility services (Level 1), Food and Drug Administration (“FDA”) approved contraceptives such as Long Acting Reversible Contraception

(“LARC”), and services for adolescents, emphasizing the important role Title X plays in teen pregnancy prevention. The broad range of services does not include abortion as a method of family planning.

The Provider shall also provide sexually transmitted disease screening and retesting as required, Human Immunodeficiency Virus (“HIV”) risk assessment and onsite testing or assurance to testing, routine visits, health education, counseling, including but not limited to establishing a reproductive life plan, preconception and interconception care (i.e. care received prior or between pregnancies to improve individual health and outcomes), pregnancy screening and counseling, follow-up (not limited to STD and abnormal pap tests), care coordination and referral.

- 2) In the delivery of service, the Provider shall provide Title X family planning services targeting both females and males. Services should include a medical and reproductive history, physical assessment and any appropriate lab testing. Additional services shall include, but not be limited to:
 - i. The initial comprehensive visit for female and male clients includes a medical and reproductive history updated at subsequent visits, and on this visit a physical assessment as indicated and consistent with Title X requirements and national standards for care (e.g. as applicable, American College of Obstetricians and Gynecologists (“ACOG”), American Cancer Society (“ACS”), American Society for Colposcopy and Cervical Pathology (“ASCCP”), U.S. Preventive Services Task Force (“USPSTF”).
 - ii. Tests when required for specific contraceptive methods are provided and may be provided for the maintenance of health status and/or diagnostic purposes either on-site or by referral.
 - iii. Client notification of any abnormal lab test and notification procedure maintaining client confidentiality.
 - iv. Revisits or return, follow-up visits are based on the client need for education, counseling and clinical care beyond prior visits. (See Section 1. Administrative Overview, Paragraph II. Website Reference Program Guidelines for Project Grants for Family Planning Services (“FPG”), pages 19-24 and Section 5, Attachment C: Family Planning Services Summary of Visit Types.) Notes: Brief visits shown on Description of Visit Types will be added to the revised client visit record to allow for collection and reporting of information for new patients who do not receive a comprehensive service at the time of the

- initial visit. Routine visit on the visit type will be changed to return visit when the client visit record is revised.
- v. Onsite pregnancy testing and diagnosis and counseling to all clients in need of these services. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, page 22 and pages 24-25; and Section 5, Attachment C: Family Planning Services Summary of Visit Types.)
 - vi. STD prevention, testing and treatment services for female clients twenty-five (25) years of age and younger shall be provided annually, including testing for Chlamydia providing treatment and retesting as required. All other clients should be tested based on risk factors and client needs. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, pages 19-22, page 26)
 - vii. HIV/AIDS prevention services includes required HIV counseling and testing services either on-site or by referral. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, pages 19-22, page 26.)
 - viii. At a minimum Level 1 infertility services are provided and include: initial infertility interview, education, physical examination, counseling and referral. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, page 24.)
- 3) Provide screening for risk factors that could impact care or choice of contraceptive method these risk factors include, but are not limited to: overweight (Body mass index 25.0-29.9), obesity (Body mass index 30.0 and above); smoking, alcohol use, drug use; domestic/intimate partner violence, sexual coercion and depression. Appropriate counseling shall be provided for interventions initiated, and referrals shall be made as needed and desired.
 - 4) Obtain the client's written informed voluntary consent to receive services. In addition, if a client chooses a prescription method of contraception, a method specific consent form must be obtained from the client. This includes ensuring appropriate language or interpreter services, when required. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, pages 16-18.)
 - 5) Assure client confidentiality, as required by the federal and state privacy acts, including, but not limited to: the Privacy Act of 1974, Health Insurance Portability and Accountability Act of 1996 ("HIPPA") and Hawaii Revised Statutes ("HRS"), Chapter 577A.

- 6) Maintain written policies and protocols for client education and counseling. A range of information should be provided to support informed decisions on family planning, range of services, sequence of clinical services, value of fertility regulation, family/individual health, use of specific methods of contraception and adverse effects, actions to reduce the transmission of HIV and STDs/STIs, health promotion/disease prevention information (i.e. nutrition, exercise, smoking cessation, alcohol/drug abuse, domestic violence/intimate partner violence and sexual abuse (assault, coercion). Family planning client education and counseling must be documented in the client record and have a mechanism in place to measure that the information provided was understood. Providers shall be able to provide counseling techniques that encourage family participation in healthcare and reproductive health decision-making of adolescents, and teach resistance skills for adolescents to avoid exploitation and/or sexual coercion. There should be counseling for minors on how to resist attempts to coerce minors into engaging in sexual activities. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, pages 17-19, page 27.)
- 7) Inform all adolescents seeking contraceptive services, in accordance with HRS 577A, about all methods of contraceptive services, including abstinence. Counseling shall include: information regarding safer sex practices and options to reduce risks for pregnancy and STDs such as HIV, Chlamydia and gonorrhea; resisting sexual coercion; mandated reporting laws; and encouragement of family involvement. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, page 25 and Section 5, Attachment D: Title X Assurance of Compliance.)
- 8) Adopt or develop policies and protocols to address domestic violence/ intimate partner violence and sexual assault (coercion, abuse). Have in place mandated reporting requirements through policies, procedures and routine training for compliance with any state law requiring notification, or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. This includes policies and procedures in place for human trafficking and any related reporting to include compliance with Federal anti-trafficking laws. All of the policies and procedures shall address mandated reporting and screening and assessment, intervention, documentation, annual staff training, and documentation of such. The DOH, MCHB, WHS, FPP will request on an annual basis documentation of this staff training be submitted to the FPP.

(See Section 1. Administrative Overview, Paragraph II, Website Reference for OPA, 11-01; 06-01; and 99-1 and Pub L. No. 109-149.) Making appropriate referral for services must be a part of the protocol developed.

- 9) The program shall assure all services are in compliance with Title X Assurance of Compliance which contains specific requirements for all service delivery. (See Section 5, Attachment D: Title X Assurance of Compliance)
- 10) Must have in place or be in the process of developing and able to assure the implementation of an electronic health record keeping system for all family planning client medical records.

b. Community Health Information and Education (All Providers)

- 1) Facilitate community awareness of and access to family planning services, and activities whereby its services are made known to the community.
- 2) Provide support to schools, community, and faith based organizations or others upon request to promote family planning reproductive, and sexual health information, including preconception health.
- 3) If information is provided in the Department of Education (“DOE”) it must promote the Hawaii DOE standards and Title X priorities related to sexual health and responsibility for specific age groups. This may include but not limited to, information related to puberty, self-esteem, and or abstinence based education for students.

The Hawaii DOE has a school based statewide middle school teen pregnancy prevention initiative. To compliment this initiative it is recommended that health education with middle schools focus on information that reinforces materials in the DOE initiative, i.e. resisting sexual coercion.

- 4) Provide individuals fourteen (14) and older, on request, family planning information, education and referrals including, but not limited to, abstinence as a contraceptive method.
- 5) Provide education to community-and faith-based organizations and professional groups, including teachers, counselors, and intake workers, focusing on the importance of family planning and the procedures for accessing subsidized clinical services through

FPP's, contracted clinics statewide to assist with increasing the number of unduplicated clients.

- 6) Provide medically accurate family planning project materials, information, education and outreach programs. To meet this outcome each Provider may have a Community Information and Education Committee ("IEC") with five (5) to nine (9) members, who broadly represent the community they serve, to review and assure that the materials are consistent with Title X requirements. Details on the IEC include.
 - i. Pre-existing community participation group may perform the functions of reviewing and approving the information and education (I & E) materials, if the group(s) meets annually for these purposes and specifically document each of these activities.
 - ii. Required to annually document a written record of its determinations to select materials that would be distributed including that: materials are at a sixth grade or less reading level; information considers the education and cultural backgrounds of the individuals and communities to be served with the materials; and a review of the material determines it is current, factual, and medically accurate; as well as suitable for the population or community to which they will be made available.

(See Section 1. Administrative Overview, Paragraph II Website Reference for FPG, pages 10-11.)

A Provider may also choose to work with the Hawaii Department of Health State Committee and only use the reproductive health materials reviewed and approved by this committee. If the choice is to work with the DOH State Committee then a statement should be included in the proposal to this effect.

- 7) Provide opportunities for community participation in the development, implementation and evaluation of the Family Planning project by persons broadly representative of all significant elements of the population to be served, and knowledgeable about the community's need for family planning services in an assessment process about family planning services which shall be evaluated and revised annually as appropriate in response to changing community needs. This plan will include and describe program promotional activities and community education efforts to let the community know about their program services, and shall be based on the needs of the target population. If applicable, this discussion can reference the Community Health

Educator's Action Plan as well as the proposal needs assessment discussed in Section III, IV. Service Delivery. The Provider's IEC Committee may serve in the Community Participation function if it meets the above requirements, meets and documents these actions at least annually, and submits this to the MCHB, through the FPP Health Educator.

A format for the report on the plan will be developed for use by the MCHB, FPP. This report form will have an area for Providers without a Community Health Educator position to report activities completed for outreach, community education and some demographics including the numbers of individuals reached. (See Section 1. Administrative Overview, Paragraph II. Website Reference for FPG, pages 11-12.)

3. Community Health Information and Education: Family Planning and Reproductive Health (Community Health Educator position)

Providers who receive dedicated health education/outreach funding for a Community Health Education position shall comply with all of the Family Planning Clinical Services in Section 2: Service Specification, III: Scope of Services, A: Service Activities, 2. Family Planning Clinical Services in addition to the following:

- a) Have a fifty percent (50%) full-time equivalency family planning (FP) Community Health Educator representative from the community served who has developed relationships with the Family Planning Providers and other providers in their community who provide related services. The FP Community Health Educator shall collaborate with FP clinical programs to improve strategies that increase the target population's knowledge of family planning reproductive health and services and support access to services if needed. The primary responsibility of the FP Community Health Educator outreach position shall be to provide family planning information to those most in need of these services and promote and increase knowledge of how to access to family planning services if needed for those 14 and older.
- b) Provide services to reach an average minimum of forty (40) unduplicated individuals per month or four hundred eighty (480) individuals annually, with direct family planning community and education contacts to target populations described in Section 2. Service Specifications, I., D. Description of the target population to be served. It is anticipated that most direct contacts would be one time encounters to reach a variety of individuals and not focus on only one specific target group.

- c) Provide services to reach a minimum of two thousand five hundred (2,500) indirect contacts annually. Indirect contacts are individuals reached through health fairs, health exhibits, school assemblies, printed information, and the media.
- d) Develop an Action Plan for the Community Health Educator position to address program goals in Section 2. Service Specifications, I. Introduction, C. Description of the goals of the service, C.1 and C.2. The Action Plan shall demonstrate how the family planning Community Health Educator position will coordinate activities with family planning clinical resources to reach populations in need of reproductive health care which includes but is not limited to:
 - i. Outreaching to high-risk populations such as those in transitional and homeless settings (including homeless and at risk youth), housing projects, special education projects, community colleges, colleges, universities, and schools.
 - ii. Reaching adolescents through middle and high schools in health fairs or special events (e.g. assemblies) etc.
 - iii. Presenting information that is culturally and age appropriate and includes the range of family planning choices (including postponing sexual involvement for youth.)
 - iv. Arranging for onsite family planning appointments to assist in supporting client access and comfort level in service delivery.
 - v. Integrating multiple approaches to reach the community and organizations within the community to include faith-based organizations.
 - vi. Assisting clients in navigating the health care system.
- e) The Action Plan shall include methodologies to measure increase in knowledge of where to access family planning services if needed for those 14 and older. The Action Plan shall be based on activities to meet the target groups identified and include an annual estimation of the number of individuals in the community to be reached (direct and indirect numbers). Community Health Educators should select at least two (2) of the target groups or priority populations listed in Section 2.I. D. Description of the target population to be served. Low income, adolescents and males individuals are required groups and not included in this additional selection. Additional target groups should be based on community specific data and demographics. The quarterly and variance reports shall identify the successes and challenges in meeting projected outcomes. (See Section 5, Attachment E. Table A (Performance Measures, outreach/health education services) & Attachment F. Table B (Output Measures, outreach/health education services) and Attachment K, Quarterly Report Form (clinical/health education reports.)

- f) The Action Plan shall be reviewed and revised as needed and submitted annually to the Maternal and Child Health Branch (“MCHB”). Any modifications should be sent to the MCHB, FPP. The format is shown in Section 5, Attachment G Action Plan (Community Health Educator). Corrections and changes to the Action Plan shall be done in discussion with the State FPP Health Educator and may include changes based on challenges in reaching specific target groups.

An initial eighteen (18) month proposed Action Plan is to be included in the proposal. See Section 3, IV Service Delivery, A. Service Activities.

- g) Use recommended activities for community presentations provided and/or as directed by the DOH Family Planning Program (“FPP”) for example the Region IX Family Planning Training Center, currently Cardea Services, or websites approved by DOH, FPP Health Educator.
- h) The Community Health Educator will actively participate and be a member of the IEC in geographical area(s) and family planning clinical site(s) they serve.
- i) Other related information for Providers with Community Health Educators:
- i. Currently, there is no standardized lesson plan and pre/post test utilized by the DOE, however, this may change during the contract period. Therefore, the proposal shall include a statement in the Action Plan regarding utilization of the DOE approved lesson plan(s) and pre/post test upon its release.
 - ii. For Providers who plan to use a lesson plan, the Action Plan would include descriptive information on the lesson plan(s) to be used in the interim, or potentially continued, along with the lesson plan(s) and pre/posttest to be released at a later date. The data that would be collected in future measurements such as pre/post testing would likely include: 1) how to access family planning and related medical services (e.g. pregnancy testing, sexually transmitted disease testing) for those 14 and older; 2) benefits of abstaining from sexual activity; 3) how to use a condom or other method of contraception; 4) how to prevent getting pregnant or making someone pregnant. The DOE policy for use of any pre/posttest requires the written approval by the Superintendent of Education.
 - iii. The DOH, MCHB may also work on a family planning educational toolkit for training with other providers. Participation on Department sponsored workgroups is expected.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

- a) The clinical care component of the services shall operate under the responsibility of a medical director who is a licensed and qualified physician with special training or experience in family planning. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, page 9.)
- b) For clinical services, advanced practice nurses (nurse practitioners, certified nurse midwives, clinical nurse specialists), registered nurses, physician assistants, pharmacists, social workers, and physicians providing FP services must have unencumbered licenses to practice in the State of Hawaii.
- c) Medical assistants who provide family planning health information to clients as well as health educators and community outreach health educators shall have formal training and/or experience in family planning; use of contraceptive methods including emergency contraception; effectiveness of contraceptive methods; risk screening and reduction; reproductive health care, preconception and interconception care, and family planning data collection.
- d) There shall be a process for professional licenses to be verified prior to employment and documentation of current licensure maintained. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, page 10.)
- e) There shall be documentation that all persons providing counseling services are qualified through formal training and/or experience.
- f) There should be an annual training plan that provides for the routine training of staff on state requirements for compliance with notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest, as well as human trafficking and includes Federal anti-trafficking laws (See OPA Program Instruction Series 11-01; 06-01 & 99-1.) The DOH, MCHB, WHS, FPP will also support opportunities for provider training as these become available through webinars, etc.
- g) Documentation of continuing education is maintained in staff personnel files.

- h) Clinic staff shall be broadly representative of the population to be served and should be sensitive to and able to work effectively with the cultural and other characteristics of the client population.
- i) Community Health Educators shall be representative of the ethnic, cultural and/or other significant characteristics and background of the population to be served. They should be able to work effectively with the culture and other factors of the client population, have training and/or experience in health education and have at least a high school education.
- j) Job descriptions for all key project staff; project director, medical director, each type of clinical provider, FP community health educators and each type of position funded in the project shall be kept up-to-date.
- k) The FP staff shall have an orientation to the Title X Program and program data collection. FP staff shall participate in trainings sponsored and offered by FPP and Region IX's FP training center, currently Cadera Services, as applicable and/or required. FPP must be notified for changes in staff involved in providing FP services.
- l) The Provider shall inform its project personnel that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or sterilization procedure. There shall be documentation that this information was obtained by all project personnel. (See Section 1, Administrative Overview; Paragraph II, Website Reference for FPG, page 5 and Attachment D, Title X Assurance of Compliance.)
- m) The Provider must certify that, if funded, their Title X Family Planning Services Project will encourage family planning participation in the decision of minors to seek family planning services, and that they will provide counseling to minors on how to resist attempt to coerce minors into engaging in sexual activities. This is part of the Title X Assurance of Compliance, (see Section 5, Attachment D) submitted with the proposal.

2. Administrative

The Provider shall:

- a) Designate a FP contact person as the qualified project director who shall be the liaison between the FPP and the awardee. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, page 9.)

- b) Actively participate in and be a member of the family planning quarterly videoconference meetings convened by the FPP in collaboration with family planning program administrative staff, clinical providers, and FP community health educators. The FP contact person or the contact person's alternate shall attend all four (4) meetings a year.
- c) Comply with Federal regulations regarding the use of Title X clients in research and that a policy will be in place for this assurance. (See Section 1. Administrative Overview; Paragraph II, Website Reference for Title 45 CFR, Part 46.)
- d) Ensure family planning clinic services used by clients shall be solely on a voluntary basis. Individuals shall not be subjected to coercion to receive services or to use or not to use any particular method of birth control. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other service or assistance from or participation in any other programs of the applicant. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, page 5 and Section 5, Attachment D: Title X Assurance of Compliance.)
- e) Comply with state requirements for notification, or reporting of child abuse, child molestation, sexual abuse, rape, or incest and human trafficking. This includes having policies and procedures, and a routine training plan to address mandated reporting for notification of child abuse, child molestation, rape, or incest, domestic/intimate violence, sexual abuse (coercion, assault). This includes policies and procedures in place for human trafficking and any related reporting to include compliance with Federal anti-trafficking laws. All of the policies and procedures shall address screening and assessment, intervention, documentation, annual staff training and documentation of such. (See Section 1. Administrative Overview, Paragraph II, Website Reference for OPA, 11-01; 06-01; and 99-1 and Pub L. No. 109-149.)
- f) Must assure that the counseling of a client's decision to undergo sterilization is completely voluntary and federal sterilization regulations must be complied with when sterilization is performed or arranged for by the project. Agency counseling should inform client of consents which will be required by the provider of the procedure. Note: As of this time period sterilization is not being provided through the project but a vasectomy project is under discussion and this may change. This would be a referred service. (See Section 1.

Administrative Overview, Paragraph II Website Reference for FPG, page 24.

- g) Assure that preventive health care services are provided in accordance with nationally recognized standards of care related to family planning, reproductive health, and general preventive health measures. This includes but is not limited to, breast and cervical cancer screening and prevention services; sexually transmitted disease and HIV prevention education, testing, and referral; and, other related preventive health services. Have the medical director annually review and approve all clinical and preventive health protocols and submit to the DOH, MCHB, WHS, FPP a cover page with a list of the protocols for standards of care reviewed and approved, and the medical director's signature and date. This information will also be reviewed on all monitoring visits. (See Section 1. Administrative Overview, Paragraph II, Website Reference for FPG, Part II and page 13 for protocol review and approval; Office of Population Affairs (OPA) Program Instruction Series which includes 09-01: Clinical Services in Title X Family Planning Clinics – Consistency with Current Practice Recommendations.)
- h) The MCHB, FPP will provide resource information and technical support to Providers in this compliance, including monitoring and technical support follow-up, through the quarterly video-conferences, national webinars and other training or technical support opportunities that become available. The MCHB, FPP will also facilitate discussions with the awardees medical directors or designees to support as needed development of evidence based protocols that can be used or adapted for use and compliance.
- i) Protocols shall be in place for medical emergencies and emergencies requiring EMS transport, after hour emergencies and management of contraceptive emergencies. All staff members shall know their role during an emergency and able to manage clinic based emergencies (e.g. fire, vandalism) and training for emergencies (including CPR) is available to staff. (See Section 1. Administrative Overview, Paragraph II, Website Reference 12: for FPG, page 15.)
- j) Have regulations in place for disaster plans (e.g. fire, bomb/terrorism, earthquake, etc.) developed and available to staff. Staff should be able to identify emergency routes, have completed training and understand their role in an emergency or natural disaster.
- k) Maintain a current referral list for care beyond the scope of the project that includes but is not limited to: health care providers, hospitals, voluntary agencies, social service providers, health service projects

including those supported by other Federal programs (e.g. WIC, STD/HIV, substance use treatment programs etc.) (See Section 1. Administrative Overview, Paragraph II, Website Reference 12: for FPG, page 16.)

- l) Be responsible for its own determination and compliance efforts in regards to the HIPAA and in place regarding the Agencies compliance with the Privacy Act.
- m) Adopt or develop workplace violence guidelines to assure safety of employees, clients and visitors.
- n) Acknowledge the DOH, Maternal and Child Health Branch, Women's Health Section, FPP, and US Department of Health and Human Services as the Provider's program sponsors. This acknowledgement shall appear on all printed materials for which the DOH is a program sponsor.
- o) Acknowledge any publications or media developed using Federal funds and acknowledge Federal grant support and not contain information contrary to program requirements or accepted clinical practices.
- p) Comply with the DEPARTMENT's Directive 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients. (See to Section 5, Attachment Q: Interpersonal Relationship between Staff and Clients/Patients.)
- q) Comply with Section 11-355, H.R.S., which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by the legislative body.
- r) Comply, as a covered entity, with the provisions of Hawaii Revised Statutes Chapter 371 Part II. Language Access. This requires that families be linked with interpreter services if English is not the family's native or primary language. The Provider shall also be in compliance with HHS Guidance Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, that any agency receiving federal assistance from HHS must take steps to ensure that limited English proficient (LEP) individuals have meaningful access to the health and social services that the agency provides and are required to provide language assistance to LEP individuals.

- s) Obtain, maintain, and keep in force throughout contract period the following types of insurance: General liability insurance issued by an insurance company in the amount of at least one million dollars (\$1,000,00.00) for bodily injury and property damage liability arising out of each occurrence and two million dollars (\$2,000,000.00) aggregate. Automobile insurance issued by an insurance company in an amount of at least one million dollars (\$1,000,000.00) per occurrence.

The insurance shall be obtained from a company authorized by law to issue such insurance, in the State of Hawaii (or meet Section 431:8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

For both the general liability and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under a contract, including changes, and all worked performed incidental thereto or directly or indirectly connected therewith. The Provider shall maintain in effect this liability insurance until the State certifies that the provider's work under the contract has been completed satisfactorily.

Prior to any execution of contract, the Provider shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above.

Each insurance policy for a contract shall contain the following clauses: (1) The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii. (2) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

The certificate of insurance shall indicate these provisions are included in the policy.

The Provider shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under this contract, the Provider, upon renewal of the policy, shall promptly cause to be provided to the State an updated certificate of insurance.

- t) If subcontracting for responsibilities or services, a written agreement consistent with Title X must be submitted with the proposal and reviewed and approved by the DOH.
- u) Comply with Department of Accounting and General Services, Archives Division “General Records Schedule.”
- v) Comply with the DEPARTMENT’s provision to protect the use and disclosure of personal information administered by the PROVIDER. These provisions will be incorporated into the General Conditions of the contract. For the specific language, go to <http://www4.hawaii.gov/StateForms/Internal/ShowInternal.cfm>

Below are specific requirements for financial management.

1. Provider must maintain a financial management system that meets the standards specified in Subpart C of 45 Code of Federal Regulations (“CFR”) Part 74 or Subpart C of 45 CFR Part 92, and which complies with Federal standards to safeguard the use of funds. Documentation and records of all income and expenditures must be maintained as required.
2. Provider shall comply with the federal Office of Management and Budget (“OMB”) circulars A-87, A-102, A-110, A-122, and A-133.
3. Provider is responsible for the development and implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the project.
4. Provider shall not deny clients project services or subject and individual to any variation in quality of services, because of the inability to pay. Billing and collection procedures must have the following characteristics:
 - a. Charges must be based on cost analysis of all services provided by the project. At the time of services, clients who are responsible for paying any fee for their services shall be given bills directly. Cost analysis shall be based on the requirements of Title X and cost analysis reports shall be provided to the FPP.
 - b. A schedule of discounts shall be developed and implemented with sufficient proportional increments so that inability to pay is never a barrier to service. A schedule of discounts is required for individuals with family incomes between 101% and 250% of the

Federal poverty level. Eligibility for discounts is documented in the client's financial record.

- c. Clients whose documented income is at or below one hundred percent (100%) of the Federal poverty level shall not be charged, and projects shall bill all third parties authorized or legally obligated to pay for services.
- d. All clients will be provided a statement/bill of the services provided. Clients whose documented income is at or below 100% of the Federal poverty level shall have their charges discounted so they will not have an out of pocket expense. Statements/Bills to clients shall show total charges less any allowable discounts.
- e. Projects shall bill all third parties authorized or legally obligated to pay for services. Client income is reevaluated annually.
- f. Fees shall be waived for individuals with family incomes above 250% of the Federal poverty level who, as determined by the service site project director, are unable, for good cause, to pay for family planning services.
- g. Eligibility for discounts for minors who receive confidential services shall be based on the income of the minor.
- h. Agency has written procurement policies and procedures for procurement of supplies, equipment and other services.
- i. Agency has inventory system to control purchase, use, reordering of medications and supplies.

(See Section 1 Administrative Overview; Paragraph II, Website Reference for FPG, pages 7-8.)

3. Quality assurance and evaluation specifications

The Provider shall have a quality assurance plan in place that provides for ongoing evaluation and review of both project personnel and services provided (to include reception and billing). This plan shall assure high quality services, competently and efficiently administered, by ongoing evaluation of project operations, personnel and service delivery.

(See Section 1 Administrative Overview; Paragraph II, Website Reference for FPG, page 30.)

Quality assurance plans should include at minimum:

A system to assess the quality of care provided to clients, which includes a method for providing effective quality family planning related services and related preventive health services that are consistent with current, national standards of care; the effectiveness and efficiency of clinical operations, including quality assurance documentation through activities such as peer review; and the process to assess client satisfaction. Plans should include a clinical tracking system for follow-up and referral, a process for resolution of identified quality issues, and the ongoing and systematic documentation of quality assurance activities.

Other quality assurance plans to include in the proposal not limited to:

1. Accurate and complete data and billing forms (i.e. invoices, budgets, and expenditure reports) are submitted to Family Planning Program (“FPP”) to ensure timely processing of payments to the Provider.
2. Management and supervision of personnel performing family planning (“FP”) services and documentation of activities.
3. Family planning objectives are being implemented to meet performance measure outcomes.
4. Adherence to FPP scope of services, program supervision, staffing, and that accounting system practices are followed.
5. Quality assurance plan must include an annual customer service satisfaction survey. This survey at a minimum shall include questions regarding satisfaction with services; how did the patient find out about your family planning services; was the patient referred by a family planning Community Health Educator.

The Provider shall conform to established standards of care and practice, Including, but not limited to, the following:

- a) Federal Program Guidelines for Project Grants for Family Planning Services, U.S Department of Health and Human Services, Office of Population Affairs, Office of Family Planning. (See Section 1 Administrative Overview, Paragraph II, Website Reference for FPG.)
- b) Office of Population Affairs Program Instructional Series.
- c) Protection of Human Subjects, Title 45 CFR, Part 46.
- d) Uniform Requirements for Government and Non-Profits, 45 CFR 92 & 74.
- e) Office of Management and Budget (“OMB”) Circulars, A-87, A-102, A-110, A-122, A-133.
- f) Hawaii Department of Health Family Planning Policies and Guidelines. (Available on request from the FPP RFP contact, Section 2, Paragraph II, F.)
- g) Family Planning Services Summary of Visit Types. (Attachment C.)
- h) Recognized professional organizations that establish national standards of care, e.g. American College of Obstetricians and Gynecologists

(“ACOG”), American Society for Colposcopy and Cervical Pathology (“ASCCP”), American Cancer Society (“ACS”), and the U.S. Preventive Services Task Force (“USPSTF”). (See Section 1 Administrative Overview; Paragraph II, Website Reference FPG Part II and page 13 for protocol review and approval; Office of Population Affairs (OPA) Program Instruction Services which includes 09-01: Clinical Services in Title X Family Planning Clinics – Consistency with Current Practice Recommendations.)

- i) Current Centers for Disease Control and Prevention (“CDC”) and State and Regional STD Guidelines.
- j) The Provider shall participate in site monitoring by FPP staff program activities at least once for the contract period, in order to evaluate the quality of administrative, clinical community information and education and fiscal services.

4. Output and performance/outcome measurements

The DOH requires reporting of output and performance measures. The performance measures are linked to requirements of the federal FP guidelines and related laws.

See Section 5, Attachment O, Table A-Performance Measures (family planning client services) and Attachment P: Table B-Output Measures (family planning client services)

See Section 5, Attachment E, Table A-Performance Measures (outreach/health education services) and Attachment F, Table B-Output Measures (outreach/health education services)

The provider must report all clients served by the FPP, regardless of the payers for the visits.

In addition as a means toward achieving the goal of improving the health status of the population in areas of the state designated as in need of services the approach taken is for the awardee to take responsibility for achieving short term performance objectives for specific health indicators, linked to long-term statewide and/or national objectives that measure these objectives in their entirety.

The DEPARTMENT reserves the right to modify the performance measures during the term of the contract to incorporate measures for all service activities under the Scope of Work (See Section 2. Service Specifications, Paragraph III: Scope of Work.)

5. Necessary Skills and Experience

The Provider shall have the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed family planning services.

The Provider shall have Family Planning experience with projects or contracts in the past five (5) years.

6. Coordination of services

Few agencies have total expertise and experience in working with hard-to-reach populations and in providing clinical family planning services. Therefore, the importance of coordination as an integral component of service delivery is emphasized. Collaboration can facilitate ease of access to available service. This shall be accomplished through collaborative arrangements established between organizations and/or programs. Referrals shall be available for services to assist in meeting the client's needs, such as, but not limited to: screening, assessments, prenatal care, HIV/AIDS related care, counseling, financial, and other assistance programs. For the Community Health Educator coordination shall include establishing a good working relationship with family planning clinical providers to facilitate client's entry into healthcare.

The Provider shall work and collaborate with community based organizations, workgroups or others to promote access to those most in need of family planning. This includes addressing the comprehensive family planning and other health needs of individuals, families and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services.

The DOH, FHSD, WHS, FPP will also broker and collaborate to expand opportunities to reach those who may be most in need of family planning services with internal programs, other state agencies not limited to: Department of Education, Department of Human Services and organizations implementing teen pregnancy prevention, sexually transmitted disease and infection, HIV, Human papillomavirus initiatives.

The Provider should coordinate services that occurs or will occur between other DOH managed programs such as the Perinatal Support Services, Healthy Start, PATH Clinic (Oahu) Programs (as applicable).

7. Reporting requirements for program and fiscal data

Provider shall submit to the DOH, MCHB, FPP:

- a) An annual community information and education Action Plan thirty (30) calendar days after the beginning of a contract period in the format requested by the DOH, MCHB, FPP documenting the organization's planned activities, and timeline and information on the successes and challenges in reaching populations in the action plan. See Section 5, Attachment G: Action Plan (Health Educator). The initial plan will be for an eighteen (18) month timeframe.
- b) The Providers with a family planning Community Health Educator shall submit to the DOH, MCHB, FPP quarterly health education reports. The format for the quarterly report is shown in Section 5, Attachment K: Quarterly Report Form (clinical/health education reports).
- c) The Provider will have a plan that shows persons broadly representative and knowledgeable of the community participated in an assessment process about family planning services which shall be evaluated and revised annually as appropriate in response to changing community needs. This written plan will include program promotional and community education efforts to let the community know about their program services, and shall be based on the needs of the target population. The plan outcomes shall be submitted to the DOH, MCHB, FPP Health Educator no later than thirty (30) calendar days following the end of a contract period. A format for the report on the plan shall be developed for use by the MCHB, FPP. This form will have an area for Provider's without a health educator position to report activities completed for outreach, community education and the numbers of individuals reached.
- d) A cost analysis report of all services.
- e) A monthly invoice and expenditure report(s) based on the approved budget. There may be two expenditure reports submitted for family planning clinical service and Community Health Educator service (See Section 5, Attachment H. Expenditure Reports.)
- f) For family planning clinical services there is a reformatted SPO-H-205 form shown in Section 5, Attachments I: SPO-H-205 Example which

will be submitted along with the budget form(s) 206A, 206B, 206C, 206H, 206I.

- g) For a Community Health Educator position the following budget form(s) shall be submitted. SPO-H-205, 206B, 206C, 206H, 206I. All budget forms, instructions and samples are located on the SPO website. (See Section 1, Administrative Overview, Paragraph II, Website Reference.)
- h) An individual client visit record (“CVR”) will be completed for all FP client visits made to the agency. Family planning client visits include uninsured, Medicaid (Fee-For-Service and Med-QUEST), military, private insurance, and private pay clients. The CVR data will be entered into the FP software by the Provider. There are two (2) CVR forms shown in Section 5, Attachment J. The draft form is in the process of being developed and implementation may begin following contract implementation.
- i) CVR data monthly to DOH’s FP Data Unit of the Maternal and Child Health Branch. If awardee’s data collection system is used, the Provider is responsible for costs to use their own system, including upgrades and changes to accommodate the FP program data collection.
- j) For the required Title X Federal Performance Annual Report (“FPAR”) due every calendar year for annual reporting and publication it will be required that all Provider CVR data be received no later than January 15th to ensure the MCHB required timeframe to complete and submit an accurate and timely report.
- k) A quarterly report within thirty (30) calendar days after each quarter ends. This report includes documentation on abnormal pap results by type, and HIV tests/selected results, number of community health education contacts (for Providers with a Community Health Educator position) shown in Section 5, Attachments K to M. The Community Health Educator report is required for Providers with a fifty percent (50%) FTE family planning Community Health Educator. The (October – December quarterly health education information) will also be due no later than January 15th to ensure timely annual progress and application reporting.
- l) For the required Title X FPAR due every calendar year for annual reporting and publication, it will be required that all Provider data Section 5, Attachment L (encounters by type of providers report) and Section 5, Attachment M (revenue report) are to be received no later than January 15th to ensure the MCHB submits an accurate and timely report.

- m) An annual variance report within sixty (60) calendar days after the end of the fiscal year in the format requested by the DOH. The report will document the organization's achievement toward the planned output and performance measures (objectives) for the budget period and explain any significant variances (+/-10%).
- n) A report on all clients that are projected to receive family planning services regardless of the payers for the visits. The Provider will project the number of unduplicated clients to be served. The expectation is that services will be provided the full contract year even if the agreed upon client number is met prior to the end of the year. In order to earn the full contracted amount, a minimum number of clients, as specified in the contract, must be served.

See Section 5, Attachment O: Table A-Performance Measure (family planning clinical services) and Section 5, Attachment F: Table B-Output Measures (outreach/health education services) are required for Providers with a fifty percent (50%) FTE family planning Community Health Educator.

All of the above will adhere to the format set by the DOH.

C. Facilities

Facilities must be clean and well-kept, be accessible to clients and staff, and be specially equipped to provide the full range of FP services.

The Provider shall have facilities which demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, plans to secure facilities would need to be detailed. Facilities shall meet ADA requirements, as applicable and any special equipment required for the services.

If services will be provided at more than one site, than details for each site would be provided. This includes that hours of operation are convenient for those seeking services (e.g. evening and or weekend hours).

IV. COMPENSATION AND METHOD OF PAYMENT

a) Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the provider for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Family Planning Program operates on a Total Program Concept, i.e., Family Planning Program funds (federal and state) are used to leverage additional resources for a comprehensive family planning program to be contracted. The provider will report all clients served by the family planning program and who receive any of the covered services included in the contract. All related revenues and expenditures from these family planning client services will be reported. Providers will be required to bill third party payers, private insurance and Medicaid. Revenues/funding sources that partially support the family planning program may include, but not be limited to: Title V, client fees, client donations, private insurance, Medicaid (Fee-For-Service and Med-QUEST), Maternal Child Health block grant, tobacco tax funds, other federal funds or agency contributions. With the exception of the contributions provided by the Provider of its own funds, Family Planning Program is the funding source of last resort. Non-expended funds will be returned to the State.

Reimbursement cannot be made in excess of the actual cost of services provided under this contract.

b) Prohibited Costs

The following costs are not allowed:

1. Providers receiving other federal awards, indirect costs based on a rate that has not been negotiated with the federal government are not allowed. (A valid copy of the written agreement with the federal agency for the negotiated rate must be provided to the State.)
2. Depreciation of Assets acquired through the state or federal government.

c) Travel Out of State

An out of state trip must be pre-approved by the FPP office. The request must be adequately justified on form SPO-H-206D (Budget Justification – Travel – Out of State).

The FPP will review requests for out of state travel using the following guidelines:

1. Travel is essential to the implementation of the FP program.
2. Personal attendance is preferable to conducting FP business through email, FAX transmission, correspondence, telephone or other telecommunication method.

Units of service and unit rate

Not Applicable.

Method of compensation and payment

Payments will be made based on receipt of a monthly invoice and expenditure report submitted to Family Planning Program.

There may be two (2) expenditure reports submitted if there are both family planning clinical services and Community Health Educator services provided. These expenditure report formats are shown in Section 5, Attachment H, FP 100 Expenditure Report (family planning clinical services); POST 210 (health educator services).

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. Experience and Capability

A. Necessary Skills

The Applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The Applicant shall demonstrate abilities in working with various population groups, such as low income, immigrants, males, adolescents, persons with limited English proficiency, substance abusers, homeless persons, homeless and at-risk youth, individuals exposed to or experiencing violence, clients recently released from incarceration and others experiencing situations that impact ability to access health related services. The Applicant shall also demonstrate the ability to incorporate community based outreach, information and education and cultural competency in service delivery requirements.

B. Experience

The Applicant shall describe related projects/contracts in the past five (5) years that are detailed in Section 2, III, A. Scope of Work. The description shall include the number of participants served of various cultural and ethnic groups. The Applicant shall also demonstrate experiences in achieving similar programmatic goals and interventions for improving family planning services through coordination of services. (Applicant shall include points of contact, addresses, email, and phone numbers.) The State reserves the right to contact references to verify experience.

Information to demonstrate experience shall also include the completion of the Family Planning Services Provided Survey (See Section 5, Attachment N(1)) and the Program Service Site Information (See Section 5, Attachment N(2)) by the Applicant. The Family Planning Service Provided Survey and the Program Service Site Information shall be included with the Application Proposal as attachments.

C. Quality Assurance and Evaluation

The Applicant shall describe its own plans for quality assurance and evaluation plans for the proposed services, including methodology. Quality assurance plans shall be in the proposal, and at a minimum, plans should include:

Description of the system and plan to assess the quality of care provided to clients, which includes a method for providing effective quality family planning and related preventive health services that are consistent with current, national standards of care; the effectiveness and efficiency of clinical operations, including quality assurance documentation through activities such as peer review; and the process to assess client satisfaction. Description of the

clinical tracking system for follow-up and the process for resolution of identified quality related issues, and the ongoing and systematic documentation of quality assurance activities.

Applicant shall include other quality assurance plans in the proposal not limited to:

1. Accurate and complete data and billing forms (i.e. invoices, budgets, and expenditure reports) are submitted to Family Planning Program (“FPP”) to ensure timely processing of payments to the Provider.
2. Management and supervision of personnel performing family planning (“FP”) services and documentation of activities.
3. Family planning objectives are being implemented to meet performance measure outcomes.
4. Adherence to FPP scope of services, program supervision, staffing, and that accounting system practices are followed.
5. Quality assurance plan must include an annual customer service satisfaction survey. This survey at a minimum should include questions regarding satisfaction with services; how did the patient find out about your family planning services; was the patient referred by a family planning Community Health Educator.

D. Coordination of Services

The Applicant shall demonstrate the capability to coordinate FP services within the agency, (e.g., satellite clinics) and with other agencies and resources in the community. Describe the process for follow-up and referral criteria, guidelines, and protocols that facilitate links with supportive specialists, community programs, and support agencies. Describe collaborative arrangements established between organization and/or programs. Referrals should be available for services to assist in meeting the client’s needs, such as, but not limited to: screening assessment, prenatal care, HIV/AIDS related care, counseling, financial, and other assistance programs.

Describe how the Applicant will work and collaborate with other community based organizations, workgroups or others to promote access to those most in need of family planning. This includes describing how the Applicant will address the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services.

Applicant should describe any coordination of service that occurs or will occur between other DOH managed programs such as the Perinatal Support Services, Healthy Start, PATH Clinic (Oahu) Programs (as applicable).

E. Facilities

Facilities must be clean and well-kept, be accessible to clients and staff, and be specially equipped to provide the full range of FP services.

The Applicant shall provide a description of its facilities to demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable and any special equipment required for the services.

If proposed services will be provided at more than one site, describe each site. This includes that hours of operation are convenient for those seeking services (e.g. evening and or weekend hours).

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The Applicant shall describe the proposed staffing pattern, client/staff ratio, and proposed caseload capacity appropriate for the viability of the FP and related preventive health services.

If satellite sites will also provide FP services, include a description of this staffing.

2. Staff Qualifications

The Applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. The Applicant shall submit position descriptions of qualified personnel to be hired and/or of staff assigned to provide overall program supervision and those to perform FP services activities.

B. Project Organization

1. Supervision and Training

The Applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The Applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

FPP must be informed of changes in staff involved in providing FP services.

IV. Service Delivery (Limit to 40 pages)

Applicant shall describe in detail the Applicant’s approach to applicable service activities and management requirements from Section 2, III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. If services are provided at more than one site, describe how the Applicant will ensure meeting family planning requirements at all sites. Applicants shall address each bullet in Section IV, Proposal Evaluation which will be reviewed on its own merit.

A. Service Activities

1. Needs Assessment

The Applicant shall include a needs assessment with the demographics, service needs, and unique characteristics of the specific populations and geographic area for provision of family planning services describing the following:

a) clear description of the need for the services proposed; b) description of the geographic area(s) and populations to be served; c) evidence that the proposed project will address the family planning unmet needs identified; examples of data could include, but are not limited to birth rates, teen pregnancy rates, low birth weight births, information on sexually transmitted infections, number of women in need of subsidized family planning services, health disparities including race/ethnicity, and special populations. d) description of all high priority populations and/or target areas proposed to be served. e) description of existing resources for the provision of family planning services in the service area(s).

2. Family Planning Clinical Services

a. Family Planning

1) Provide high quality family planning clinical and related preventive health information, education, counseling, and referral services related to family planning. These preventive health services to the target population of low-income individuals, should include: initial and

annual health assessments and physical examinations; offering a broad range of acceptable and effective contraceptive methods and services including natural family planning methods, infertility services (Level 1), Food and Drug Administration (“FDA”) approved contraceptives such as Long Acting Reversible Contraception (“LARC”), and services for adolescents, emphasizing the important role Title X plays in teen pregnancy prevention. The broad range of services does not include abortion as a method of family planning.

Services shall also include sexually transmitted disease (“STD”) prevention screening and retesting as required, HIV risk assessment and onsite testing or assurance to testing, routine visits, health education, counseling, including but not limited to establishing a reproductive life plan, preconception and interconception care (i.e. care received prior or between pregnancies to improve individual health and outcomes), pregnancy screening and counseling, follow-up (not limited to STD and abnormal pap tests), care coordination and referral.

- 2) Plan to provide Title X family planning services targeting both females and males in service delivery for medical and reproductive history, physical assessment and any appropriate lab testing.

Section 2, IV, A., 2: Family Planning Clinical Services, a.1) & a.2) can be discussed together. Include in the discussion the type of professional(s) and paraprofessional(s) responsible for providing each service, provision of pharmacy services, process for development, approval and updating of protocols including those in accordance with nationally recognized standards of care and related staff training.

Refer to:

- a. Section 5, Attachment C, “Family Planning Services Summary of Visit Types” for further descriptions of visit types,
- b. Section 2., III: Scope of Work, A. Service Activities, 2. Family Planning Clinical Services, b. i-viii, pages 2-12 to 2-13, and
- c. Section 1: Administrative Overview, II Website Reference 12: FPG.

The Applicant shall identify their baseline as applicable for the FP output and performance measures. The Applicant shall formulate both reasonable and achievable performance objectives, and describe the approach to be taken in meeting these objectives for the timeframes shown. Refer to Section 5, Attachments O: Table A-Performance Measures (family planning client services) and P: Table B-Output Measures (family planning client services). These tables must be completed and included as an attachment with the proposal.

- 3) Screen for risk factors that could impact care or choice of contraceptive method. These risk factors include, but are not limited to: overweight (Body mass index 25.0-29.9), obesity (Body mass index 30.0 and above); smoking, alcohol use, drug use; domestic/intimate partner violence, sexual coercion and depression. Appropriate counseling will be provided, interventions initiated, and referrals will be made as needed and desired.

Describe any screening or assessment tools/questions that are used. **Also describe** if or when referrals are made for risk factors if this occurs within the agency (and what resource is provided) or within the community (and what organization is used) for weight management, tobacco cessation, alcohol and other drug use and treatment services, and depression.

- 4) Obtain client's written informed, voluntary consent to receive services. In addition, if a client chooses a prescription method of contraception, a method specific consent must be obtained from the client. This includes ensuring appropriate language or interpreter services when required. (Refer to Section 2. Service Specifications, III. Scope of Work and Section 1. Administrative Overview, Paragraph II. Website Reference for FPG, pages 16-18.)
- 5) Assure client confidentiality, as required by the federal and state privacy acts, including, but not limited to: the Privacy Act of 1974, Health Insurance Portability and Accountability Act of 1996 ("HIPPA") and Hawaii Revised Statutes ("HRS"), Chapter 577A.
- 6) Maintain written policies and protocols for client education and counseling. A range of information should be provided to support informed decisions on family planning, range of services, sequence of clinical services, value of fertility regulation, family/individual health, use of specific methods of contraception and adverse effects, actions to reduce the transmission of HIV and STDs/STIs, health promotion/disease prevention information (i.e. nutrition, exercise, smoking cessation, alcohol/drug abuse, domestic violence/intimate partner violence and sexual abuse (assault, coercion). Family planning client education and counseling must be documented in the client record and have a mechanism in place to measure that the information provided was understood. Providers shall be able to provide counseling techniques that encourage family participation in healthcare and decision-making of adolescents, and teach resistance skills for adolescents to avoid exploitation and/or sexual coercion. There should be counseling for minors on how to resist attempts to coerce minors into engaging in sexual activities. (Refer to Section 1.

Administrative Overview, Paragraph II, Website Reference 12: for FPG, pages 17-19, page 27.)

- 7) Inform adolescents seeking contraceptive services in accordance with HRS 577A about all methods of contraception, including abstinence. Counseling shall include: information regarding safer sex practices and options to reduce risks for pregnancy and STDs such as HIV, Chlamydia and gonorrhea; resisting sexual coercion; mandated reporting laws and encouragement of family involvement. (Refer to Section 1, II, 12: FPG, page 25, and Section 5 Attachment D: Title X Assurance of Compliance.)
- 8) Adopt or develop policies and procedures to address domestic violence/ intimate partner violence and sexual assault (coercion, abuse). Have in place mandated reporting requirements through policies, procedures and routine training for compliance with any state law requiring notification, or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. This includes policies and procedures in place for human trafficking and any related reporting to include compliance with Federal anti-trafficking laws. All of the policies and procedures shall address mandated reporting and screening and assessment, intervention, documentation, annual staff training and documentation of such. The DOH, MCHB, WHS, FPP will request on an annual basis documentation of this staff training be submitted to the FPP. (See Section 1 Administrative Overview; Paragraph II, Website Reference for OPA, 11-01; 06-01; and 99-1 and Pub. L. No 109-149.) Making appropriate referral for services must be a part of the protocol developed.
- 9) Assure all services are in compliance with Title X Assurance of Compliance which contains specific requirements for all service delivery.

The Applicant shall complete and include Title X Assurance of Compliance (See Section 5, Attachment D) with the proposal as an attachment.

- 10) Have in place or be in the process of developing and able to assure the implementation of an electronic health record keeping system for all family planning client medical records.

b. Community Health Information and Education

- 1) Facilitate community awareness of and access to family planning services, and activities whereby its services are made known to the community.

- 2) Provide support to schools, community, faith based organizations or others upon request to promote family planning reproductive, and sexual health information, including preconception health.
- 3) Describe how information provided in the DOE will meet and promote the Hawaii DOE standards and Title X priorities related to sexual health and responsibility for specific age groups. This may include but not be limited to, information related to puberty, self-esteem, and or abstinence based education for students.

The Hawaii DOE has a school based statewide middle school teen pregnancy prevention initiative. To compliment this initiative it is recommended the health education with middle schools should focus on information that reinforces materials in the DOE initiative, i.e. resisting sexual coercion.

- 4) Provide individuals age fourteen (14) and older, on request, family planning information, education and referrals including, but not limited to, abstinence as a contraceptive method.
- 5) Provide education to community-and faith-based organizations and professional groups, including teachers, counselors, and in-take workers focusing on the importance of family planning and the procedures for accessing subsidized clinical services through FPP's, contracted clinics statewide to assist with increasing the number of unduplicated clients.
- 6) Provide medically accurate family planning project materials, information, education and outreach programs. To meet this outcome each Applicant may decide to have a Community Information and Education Committee ("IEC") with five (5) to nine (9) members broadly representative of the community they serve for which materials are intended and assure materials are consistent with Title X requirements, details on the IEC include:
 - i. May use a pre-existing community participation group to perform the functions of advising, or this information and education ("I & E") material review and approval, if the group(s) meet annually for these purposes and specifically document each of these activities.
 - ii. Required to annually document a written record of its determinations to select materials that would be distributed including that: materials are at a sixth grade or less reading level; information considers the education and cultural backgrounds of the individuals and communities to be served with the materials; and a review of the material determines it is current, factual, and

medically accurate; as well as suitable for the population or community to which they will be made available.

- iii. If the Applicant chooses to have an IEC Committee, then the Applicant shall describe who is on or will be on the IEC Committee and how they are or will be broadly representative of the community they serve.

If the choice is to work with the DOH State Committee and only use the materials this group reviews and approves, then include a statement to this effect in the proposal narrative (Refer to Section 2, III. Scope of Work and references provided from FPG pages 10-12.)

- 7) Provide opportunities for community 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 knowledgeable about the community's need for family planning services which shall be evaluated and revised annually as appropriate in response to changing community needs. This plan will include and describe program promotional activities and community education efforts to let the community know about their program services and shall be based on the needs of the target population. If applicable, this discussion can reference the Community Health Educator's Action Plan and proposal needs assessment. The applicant IEC Committee may serve in the Community Participation function if it meets the above requirements, meets and documents these actions at least annually, and submits this to the MCHB, through the FPP Health Educator.

A format for the report will be developed for use by the MCHB, FPP. This report form will have an area for Provider's without a Community Health Educator position to report the activities completed for outreach, community education and some demographics including the numbers of individuals reached. (Refer to Section 2, III. Scope of Work and references provided from FPG pages 11-12.)

3. Community Health Information and Education: Family Planning and Reproductive Health (Community Health Educator)

All Community Health Educator position proposal requests must be submitted as part of a total proposal request which includes the Family Planning Clinical service delivery for the specific organization submitting the proposal. All proposals shall include the Family Planning Clinical Service delivery component. There will be no contracts awarded for only Community Health Educator positions. Proposals can include requests to

subcontract for Community Health Educator services but this would need to be approved by the State.

Applicants shall describe the approach to provide the following services:

- a) Have a fifty percent (50%) full time equivalency family planning (FP) Community Health Educator representative from the community served who has developed relationships with Family Planning Providers and other providers in their community who provide related services. The FP Community Health Educator shall collaborate with FP clinical programs to improve strategies to increase the target population's knowledge of family planning reproductive health and services and support access to services if needed for those 14 and older. **This position and role shall be described in relationship with other organizations who would serve those who are low income and would be most in need of family planning clinical services.**
- b) Provide services, through the FP Community Health Educator, to reach an average minimum of forty (40) unduplicated individuals per month or four hundred eighty (480) individuals annually, with direct family planning community and education contacts to the target populations described in Section 2, I, D: Description of the target population to be served. It is anticipated most direct contacts would be one time encounters to reach a variety of individuals from the target populations and not focus on only one specific group.
- c) Provide services, through the FP Community Health Educator, to reach a minimum of twenty five hundred (2,500) individuals annually with indirect contacts. Indirect contacts are individuals reached through health fairs, health exhibits, school assemblies, college orientations, printed information, and the media.
- d) Develop an Action Plan for the FP Community Health Educator position addressing program goals in Section 2. Service Specifications, Paragraph I, C. Description of the goals of the service: C.1 and C.2. The Action Plan shall demonstrate how the family planning Community Health Educator position will coordinate activities with family planning clinical resources to reach populations in need of reproductive health care not limited to information presented in Section 2, III: Scope of Work, 3. All information presented shall be culturally and age appropriate and include the range of family planning choices (including postponing sexual involvement for youth.)
- e) The Action Plan will also include methodologies to measure increase knowledge of where to access family planning services if needed for those 14 years of age and older. The Action Plan shall be based on activities to

meet the target groups identified. The Action Plan will also include an annual estimation of the number of individuals in the community to be reached, at a minimum using those direct and indirect numbers provided in 3.b. and 3.c. above. For the Action Plan Community Health Educators should select at least two (2) of the target groups or priority populations (See Section 2, Service Specifications, Paragraph I, D. Description of the target population to be served) they will be able to reach in their targeted geographical area(s). Low income, adolescents and males are required groups and not included in this additional selection. Additional target selections should be based on community specific data and demographics. These details would be discussed in the proposal and Action Plan. The quarterly and variance reports should identify successes and challenges in meeting projected outcomes.

An initial eighteen (18) month proposed Action Plan is to be completed and included as a part of the proposal. See Section 5, Attachment G: Action Plan (Health Educator.)

The Applicant shall identify their baseline as applicable for the FP output and performance measures. The Applicant shall formulate both reasonable and achievable performance objectives, and describe the approach to be taken in meeting these objectives for the timeframes shown. Refer to Section 5, Attachment E, F (outreach/health education services). These tables must be completed and included as an attachment with the proposal.

- f) Assure use of recommended activities for community presentations provided and/or as directed by the DOH Family Planning Program (“FPP”) for example the Region IX Family Planning Training Center, currently Cardea Services, or websites approved by DOH, FPP Health Educator.
- g) For Applicants that plan to use a lesson plan, the proposal and Action Plan should include descriptive information on the lesson plan(s) used in the interim, or potentially continued, along with the lesson plan(s) and pre/post test to be released at a later date. The data that would be collected in future measurements such as pre and post testing would likely include: 1) how to access family planning and related medical services (e.g. pregnancy testing, sexually transmitted disease testing) for those 14 and older; 2) benefits of abstaining from sexual activity; 3) how to use a condom or other method of contraception; 4) how to prevent getting pregnant or making someone pregnant. If and when pre/ post tests are implemented they will have been approved by the Department of Health, Family Planning Program and DOE. The DOE has a policy for use of any pre and post test and requires the written approval by the Superintendent of Education.

Describe any related plans or process currently in place. If the Applicant wants to use other lesson plans this information shall be attached to the Action Plan discussed above and also include it as a part of the proposal. See Section 5, Attachment N(3).

V. Financial

A. Pricing Structure

The Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the proposal. If applying for funding for a family planning community health educator submit a six (6) month budget (1/1/2013 – 6/29/2013) and three separate one (1) year budgets for (6/30/2013-6/29/2014, 6/30/2014-6/29/2015, 6/30/2015-6/29/2016) for the health educator position.

The family planning service budget shall include a six (6) month budget (1/1/2013- 6/29/2013) and three separate one (1) year budgets for (6/30/2013-6/29/2014, 6/30/2014-6/29/2015, 6/30/2015-6/29/2016). An Excel file of the 205 reformatted, clinical form can be obtained by contacting the RFP contact person.

Budget forms, instructions and samples are located on the SPO website. (See Section 1 Administrative Overview; Paragraph II, Website Reference.) However, Applicants are to use the example provided in Section 5, Attachment I. for the form SPO-H-205 which has added details to be reported on Program Income for the family planning service budgets for the timeframes specified above.

In addition to Attachment I the following budget form(s) shall be submitted with the Proposal Application: SPO- 206A, 206B, 206C, 206H, 206I. Applicants applying for a family planning health educator position shall submit budget forms from the SPO website for SPO-H-205, 206A, 206B, 206C, 206H, 206I.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Administrative Requirements

Proposal Application

<i>Proposal Application</i>	Possible Points with Community <u>Health Educator</u>	Possible Points without Community <u>Health Educator</u>
Program Overview	0 points	0 points
Experience and Capability	30 points	30 points
Project Organization and Staffing	15 points	15 points
Service Delivery	93 points	81 points
Financial	20 Points	10 points
TOTAL POSSIBLE POINTS	158 Points	136 Points

For those proposals also applying for the FP Community Health Educator position, there will be a 22 point difference in the Total Possible Points.

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- a. Application Checklist.
- b. Registration (if not pre-registered with the State Procurement Office).
- c. Federal Certifications.

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

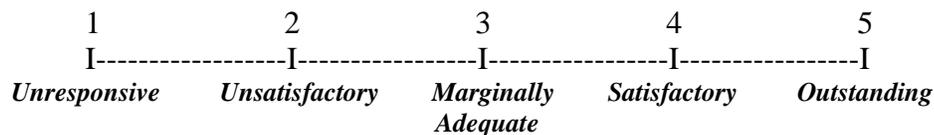
B. Phase 2 - Evaluation of Proposal Application (158 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity. The goals and objectives are in alignment with the proposed service activity. The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.

A five (5)-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this five (5)-point rating scale. This scale is based on the semantic differential developed by William E. Arnold, James C. McCroskey, and Samuel V.O. Prichard of the University of Connecticut, as well as the Information Skills Rating Scale developed by the Oak Harbor Schools and Jamie McKenzie.

A 5-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this rating scale.



5 – Outstanding <i>(100% of points)</i>	<ul style="list-style-type: none"> ▪ Each bullet identified and addressed clearly. ▪ Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.
4 – Above Average <i>(80% of points)</i>	<ul style="list-style-type: none"> ▪ Bullets addressed clearly in subheading under the appropriate numbered heading. ▪ More than met expectations by providing additional details or specific examples of the services or strategies for implementation.
3 – Satisfactory <i>(60% of points)</i>	<ul style="list-style-type: none"> ▪ Competent; general description of “what we do” for all required elements. ▪ No additional details, specific examples, or additional services or strategies to achieve RFP.
2 – Marginally Adequate <i>(40% of points)</i>	<ul style="list-style-type: none"> ▪ Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP. ▪ Did not answer the question completely in terms of approach, strategies, services, or descriptions.
1 – Unsatisfactory <i>(20% of points)</i>	<ul style="list-style-type: none"> ▪ Not all bullets or components of a bullet were addressed or evident in the proposal. ▪ Only reiterated the wording of RFP or other attached DOH materials.

1. *Experience and Capability (30 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. **2 Points**
- Demonstrate ability to work with various population groups, such as low income, immigrants, adolescents, males, persons with limited English proficiency, populations with special needs, substance abusers, homeless persons, individuals exposed to or experiencing violence, clients recently released from incarceration and others experiencing situations that impact ability to access health related services. **2 Points**
- Demonstrate ability to incorporate community based outreach, information and cultural competency in the service delivery requirements. **1 Point**

B. Experience

- Demonstrated FP experience with projects or contracts for the most recent five years that are pertinent to the proposed services. **2 Points**
- Demonstrated experience also shown with inclusion of Family Planning Services Provided Survey N(1) & Program Service Site Information N(2). **2 Points**
- Possess relevant skills, abilities, knowledge of, and experience related to delivery of proposed services. **1 Point**

C. Quality Assurance and Evaluation

- Described quality assurance and evaluation plans for the proposed services, including methodology. **2 Points**
- Sufficiently describes quality assurance plans that include the following: data/billing forms and submission of invoices; staff supervision; meeting performance/output measures; and compliance with applicable guidelines. **2 Points**

- Quality assurance plan describes standards of care and practice for high quality services that are consistent with current evidence based national standards of care, and how these are competently and efficiently administered by ongoing evaluation of project operations, personal and service delivery. **2 Points**

- Quality assurance plan describes an annual customer service satisfaction survey. The survey includes, at a minimum, questions regarding satisfaction with services; how did the patient find out about your service; were they referred by a family planning Community Health Educator. **2 Points**

D. Coordination of Services

- Described demonstrated capability to coordinate FP services within the agency and with other agencies and resources in the community and also described the process for follow up and referrals, and collaborative arrangements between organizations and program. **4 points**

- Adequacy of the Applicant's description to address the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and /or vulnerable populations, and partnering with other community-based health and social service providers that provides needed services. **5 Points**

E. Facilities

- Adequacy of facilities relative to the proposed services including details if at more than one site. **3 Points**

2. *Project Organization and Staffing (15 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. *Staffing*

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the FP and related preventive health services. **4 Points**
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. **5 Points**

B. *Project Organization*

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. **4 Points**
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the FP service activities and tasks. **2 Points**

3. *Service Delivery (93 Points)*

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

A. *Service Activities*

1. *Needs Assessment*

- Does the Applicant's needs assessment demonstrate they will be providing family planning services in geographic area(s) for individuals who are low income, hard to reach and in need of family planning services? **5 points**

2. *Family Planning Clinical Services*

a. *Family Planning Services*

- Adequacy of plan and approach which clearly describes ability to provide quality family planning clinical and related preventive health family planning services. Are these preventive health services to the target population **5 points**

inclusive of but not limited to both males and females, providing initial and annual health assessments and physical exams, offering a broad range of acceptable and effective contraceptive methods and services including natural family planning methods, infertility services (Level 1), Food and Drug Administration approved contraceptives such as LARC, and would provide health education and counseling for reproductive life planning, and for preconception care as appropriate and services for adolescents, emphasizing the important role Title X plays in teen pregnancy prevention?

- Adequacy of plan to assure STD prevention and treatment and testing services for females and males, and assures that all female clients ages 25 and under receive annual Chlamydia screening, treatment and retesting as required. **5 points**
- Adequacy of plan to provide clinical and preventive health services in accordance with nationally recognized standards of care (e.g. ACOG, ACS, ASCCP, USPSTF). Was there discussion on the process for development/use, approval and updates of clinical and preventive health protocols and related staff training? **6 points**
- Adequacy of plan for providing risk factor screening with appropriate counseling provided for interventions and referrals as required and desired by the client. Was there a description of screening or assessment tools/questions used? Was there a description of when referrals are made what service(s) are available for intervention and outside organizations that may be used? **5 points**
- Adequacy of plan to obtain clients written informed voluntary consent to receive services including method specific consent and ensuring as needed appropriate language or interpreter services. **5 points**
- Adequacy of plan for for assuring client confidentiality including but not limited to HIPPA and HRS 577A. **5 points**
- Adequacy of plan in having in place polices and protocols for client education and counseling to make informed decisions on family planning not limited to health promotion/disease prevention information (i.e. nutrition, **5 points**

exercise, smoking cessation, alcohol/drug abuse, domestic violence/intimate partner violence and sexual abuse (assault, coercion). Did the Applicant discuss the related written policies and protocols for client education and counseling? Did Applicant address that client education and counseling is documented in the client record and what mechanism is in place to measure the information provided was understood? Did the Applicant adequately discuss counseling for minors on how to resist attempts to coerce the minor into engaging in sexual activities and avoid exploitation and/or sexual coercion?

- Adequacy of plan in addressing services for adolescents including discussion of methods of contraception, abstinence and how this includes but is not limited to information on safer sex practices to reduce risks for pregnancy and STDs, resisting sexual coercion, mandated reporting laws, and encouragement of family involvement. **5 points**
- Adequacy of plan for policies and procedures to address domestic violence/IPV and sexual assault (coercion, abuse). Adequacy of plan compliance with state law mandated requirements for notification, or reporting of child abuse, child molestation, sexual abuse, rape, or incest. Did applicant discuss that they do have mandated reporting requirement policies and procedures in place for child abuse, child molestation, sexual abuse, rape, or incest? Did the applicant discuss that they do have policies and procedures in place for human trafficking and any reporting, and that this includes compliance with Federal anti-trafficking laws? Did the Applicant discuss that they do have annual provider training and documentation of such (including screening, assessment, intervention) for child abuse, child molestation, rape or incest, sexual abuse (coercion, assault), domestic violence/intimate partner violence, and human trafficking? **5 points**
- Adequacy with compliance with having in place an electronic health record keeping system or able to assure that this would be in place for all family planning client records? **4 points**
- Are the Applicant's performance objectives both reasonable and achievable, and approach is adequate to meet them. **4 points**

- The Applicant's output measures are reasonably achievable. **4 points**

b. Community Health Information and Education

- Facilitating community awareness of and access to family planning services so they are known to the community. **5 points**

- Adequacy of addressing if information is provided to the DOE it must promote the Hawaii DOE standards and Title X priorities related to sexual health and responsibility for specific age groups. **8 points**

- Either describing their IEC Committee (or include a required statement in the proposal that the choice is to work with the DOH State Committee); to ensure current, factual, and medically accurate family planning project materials and information would be provided suitable for the population or community for which they will be made available? Is there adequate discussion in the proposal on how the applicant will provide opportunities for community participation in the project by persons broadly representative of all significant elements of the population and support program promotional and community education efforts to let the community know about their services, and be based on the needs of the target population? **5 Points**

3. Community Health Information and Education: Family Planning and Reproductive Health (Community Health Educator 50% FTE position)

- The proposed Action Plan shall be for eighteen (18) months and adequately describe what two (2) hard to reach populations, in addition to those who are low-income, adolescents and males, will be reached and include strategies in the plan for this to occur. Applicant shall also adequately describe the strategies and methodology that will be used to report all required outcomes in the quarterly report and for output and performance measure reporting. **8 points**

- Are the applicant's performance and output objectives both reasonable and achievable, and approach as described in the Action Plan adequate to meet them? **4 Points**

4. *Financial (20 Points)*

A. Pricing structure based on cost based reimbursement: Clinical

- Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. **3 Points**
- The budget fully supports the scope of service and requirements of the Request for Proposal. **4 Points**
- The budget shows the ability to bill third party payer, private insurance, and Medicaid.
- The applicant adequately describes cost reimbursement pricing structure. **3 Points**

B. Pricing structure based on cost based reimbursement Community Health Educator position

- Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. **3 Points**
- The budget fully supports the scope of service and requirements of the Request for Proposal. **4 Points**
- The applicant adequately describes cost reimbursement pricing structure. **3 Points**

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- Attachment A. Competitive Proposal Application Checklist
- Attachment B. Sample Proposal Table of Contents
- Attachment C. Family Planning Services Summary of Visit Types
- Attachment D. Title X Assurance of Compliance
- Attachment E. Table A – Performance Measures (outreach/health education services)
- Attachment F. Table B – Output Measures (outreach/health education services)
- Attachment G. Action Plan (Community Health Educator)
- Attachment H. FP 100 – Expenditure Reports (family planning services); POST (health education services)
- Attachment I. SPO-H-205 Example (reformatted for family planning services budgets)
- Attachment J. Client Visit Record(s) – Current/Draft Proposed
- Attachment K. Quarterly Report Form (clinical/health education reports)
- Attachment L. Table 13 – Family Planning Annual Report
- Attachment M. Table 14 – Family Planning Annual Report
- Attachment N. Proposal Attachments, N(1) to N(3)
- Attachment O. Table A – Performance Measures (family planning client services)
- Attachment P. Table B – Output Measures (family planning client services)
- Attachment Q. Interpersonal Relationship between Staff and Clients/Patients (DOH Policy)
- Attachment R. Federal Certifications Attachment

Proposal Application Checklist

Applicant: _____

RFP No.: HTH-560-CW-010

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)			X	
SPO-H-205 (reformatted for family planning service budgets) SPO-H-205	Section 3, RFP	Section 5, RFP, Attachment O	X	
		SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
<i>Federal Certifications</i>		Section 5, RFP	X	
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				
Title X Assurance of Compliance	Attachment D	Section 5, RFP	X	
Interpersonal Relationships	Attachment Q	Section 5, RFP	X	
Assurances-Non-Construction Programs	Attachment R	Section 5, RFP	X	

Authorized Signature

Date

Proposal Application Table of Contents

I.	Program Overview.....	1
II.	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities.....	6
III.	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
IV.	Service Delivery.....	12
V.	Financial.....	20
	See Attachments for Cost Proposal	
VI.	Litigation.....	20
VII.	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget (reformatted for family planning service budgets, Attachment O)	
	SPO-H-205 Proposal Budget (health educator budgets)	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206H Budget Justification – Program Activities	
	SPO-H-206I Budget Justification – Equipment Purchases	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 2011	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A Performance Measures (family planning client services), Attachment O	
	Table B Output Measures (family planning client services), Attachment P	

Sample

- Table A Performance Measures (outreach/health education services), Attachment E
- Table B Output Measures (outreach/health education services), Attachment F
- E.** Other Health Education Services
Action Plan, Community Health Educator, Attachment G
- F.** Program Specific Requirements
Interpersonal Relationships between Staff and Clients/Patients (DOH Policy), Attachment Q
Assurance Non-Construction Programs, Attachment R
Attachment N
N(1) – Family Planning Services Provided Survey
N(2) - Family Planning Service Site Information
N(3) – as applicable, description of other lesson plans proposed for use

ATTACHMENT C

**FAMILY PLANNING SERVICES
SUMMARY OF VISIT TYPE**

VISIT TYPE & DESCRIPTION

Comprehensive Family Planning (FP) Visit for Females –

- Education, counseling, informed consent, history, examination (as indicated), laboratory testing and referrals properly documented in the clients charts.
- Complete medical history – past medical history (i.e. significant illnesses, hospitalization, surgery, blood transfusions or exposure to blood products, and chronic or acute medical conditions); Allergies; current medications (including OTC medications), tobacco, alcohol, and drug use (both prescription and other drugs), immunization and Rubella status, review of systems, pertinent history of immediate family members, partner history (i.e. injectable drug use, multiple partners, history for STDs/STIs and HIV, sex with men, sex with women, or both).
- Female reproductive history must include: contraceptive use past and current (including adverse effects), menstrual history, sexual history, obstetrical/gynecological history, STD/STI, including HBV, HIV infection, Pap testing history, in utero exposure to diethylstilbestrol (DES) mother and grandmother.
- Physical assessment is consistent with Title X requirements and national standards for care (e.g. ACOG, ACS, ASCCP, USPSTF) as appropriate. Initial female physical assessment: height/weight; thyroid, heart, lung, extremities, breasts, abdomen, pelvis and rectum; STD /STI and HIV screening as indicated. Includes Chlamydia and gonorrhea testing. Colorectal screening as indicated.
- Laboratory tests advised in prescribing information for specific method of contraception must be provided. Also includes STD testing, pap testing or pregnancy testing (as needed).
- May include treatment of gynecological problems; breast or bimanual exam (depending on which guidelines are being followed)
- Informed consent and when applicable, a method specific consent form signed by client.
- Birth control, STD and HIV education & counseling.
- Provision of birth control which can include placement of an intrauterine device or a contraceptive implant
- Birth control supply for up to one (1) year.
- Importance of health maintenance screening procedures.
- Arrangement of appropriate referrals or follow-up for other medical/social services as indicated.
- Suggested number of visits: One per year.

When completing a Comprehensive (or annual) for either females or males agencies should follow Agency Protocols, based on nationally recognized standards of care, recommendation and/or practice standards the family planning provider has selected and is implementing including client centered needs. These visits would obtain all pertinent medical and

VISIT TYPE & DESCRIPTION

reproductive history and determine the client's needs in preventing unintended pregnancy, preventing disease and promoting health and wellness.

Comprehensive Family Planning Exam for Males

- Education, counseling, informed consent, history, examination (as indicated), laboratory testing and referrals properly documented in the clients charts.
 - Complete medical history – past medical history (i.e. significant illnesses, hospitalization, surgery, blood transfusions or exposure to blood products, and chronic or acute medical conditions); Allergies; current medications (including OTC medications), tobacco, alcohol, and drug use (both prescription and other drugs), immunization, review of systems, pertinent history of immediate family members, partner history (i.e. injectable drug use, multiple partners, history for STDs/STIs and HIV, sex with men, sex with women, or both)
 - Male reproductive history must include: sexual history, STD/STI, including HBV, HIV infection, urological conditions
 - Physical assessment is consistent with Title X requirements and with national standards for care as appropriate: height, weight, thyroid, heart, lung, extremities, breasts, abdomen, genitals, and rectum blood pressure, physical examination including genitalia, prostate, instructions for testicular self exam (TSE), R/O hernias, Colorectal exam as indicated. STD/ STI & HIV testing as indicated.
 - May include treatment of urological problems.
 - Importance of health maintenance screening procedures.
 - Birth control, STD and HIV education & counseling.
 - Birth control supply.
 - Arrangement of appropriate referrals or follow-up for other medical/social services as indicated.
 - Suggested number of visits: One per year.
-
- **Routine Visit** (these visits can also characterized as Return, Follow-up or Revisits) * will be revised to **Return Visit** (these visits can also be characterized as Follow-up or revisits and formerly termed "Routine" or "Problem Visits")
 - Based on client need for education, counseling, clinical care beyond that provided at previous visit
 - First time users of hormonal implants, IUDs, diaphragms and cervical caps, should be scheduled for early revisit
 - Examples of visits include: oral contraceptive clients following up after initiation of method, IUD check following insertion, users of a particular method returning for a refill, repeat pap smear after an abnormal pap smear.
 - Services must include: assessment in changes in health since the last visit including current complaints, changes in medical, social or family history; Education and counseling

VISIT TYPE & DESCRIPTION

- Evaluation of the proper use or placement of a contraceptive method
 - Opportunities for the client to change methods (as needed)
 - Performance of physical examination (as needed)
 - Performance of laboratory tests such as STD testing for reinfection (as needed)
 - Provision of medications, supplies, referrals, clinical procedures (as needed)
 - Discussion of follow-up plans
 - Services may include: Education and counseling such as addressing the side effects of a particular contraceptive; Treatment of a gynecological problem; Placement or removal of an IUD or contraceptive implant
 - Pregnancy test: with history, pregnancy test, counseling on test result, family planning information, education and referral. For clients with a negative pregnancy test: If pregnancy is undesired, provide contraceptive method and information, and recommend return for on-going effective contraceptive method; If pregnancy is desired, counsel client about her own fertility and recommend physical exam if none in the last year. For clients with a positive pregnancy test: Offer non-directive counseling on pregnancy options; provide information on good health practices during early pregnancy, and recommend physical exam within 15 days.
 - Emergency contraception – provision of emergency contraception, family planning education & counseling about on-going, more effective contraception.
 - FP education and/or counseling – provide family planning related information, support, counseling/education, and/or referral and related chart documentation.
-
- **Brief Service Visit (to be added to new client visit record)**
 - These visits would be **new patients** who do not get comprehensive services at the time of their first visit
 - Examples of these visits include
 - Provision of all methods of contraception
 - Complaints regarding a particular symptom such as vaginal discharge, abdominal pain, or dysuria
 - Pregnancy testing
 - Emergency contraception with counseling
 - STD testing and education
 - Health education with chart documentation*
 - When appropriate, services may include
 - Assessment of medical history
 - Education and counseling with chart documentation*
 - Laboratory testing such as STD testing
 - Physical assessment as needed (for example, a pelvic examination for a patient complaining of discharge)

VISIT TYPE & DESCRIPTION

- Provision of treatment and drugs for any gynecological problems
- Encouraging patient to return for Comprehensive visit, family planning or other related services when appropriate.
- * Health education and counseling Title X service site encounters for either female or male clients shall provide and document in a client chart that family planning and related preventive health information was provided to clients who want to avoid unintended pregnancy or achieve intended pregnancy.

ATTACHMENT D

TITLE X ASSURANCE OF COMPLIANCE

_____ assures that it will:
(Name of Organization)

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

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

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

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

(Signature)

(Title)

(Date)

ATTACHMENT E

TABLE A
PERFORMANCE MEASURES (OUTREACH/HEALTH EDUCATION SERVICES)

Column A Performance Measure Benchmark	Column B Baseline FY 2011	Column C Annual Performance Objective FY 2014	Column D Annual Performance Objective FY 2015	Column E Annual Performance Objective FY 2016	Applicants approach in meeting targeted outcomes, including methodology for data collection and reporting. (Attach additional sheets as necessary)
1. Of the total direct* family planning education, information and outreach contacts which include information on how to access services if needed increase the percentage to hard-to-reach target populations.	___% of the total direct* family planning education, information and outreach contacts including information on how to access services if needed that were made to the hard-to-reach populations.	The estimated percentage of the total direct* family planning education, information and outreach contacts including information on how to access services if needed that will be made to hard to reach populations is ___ %.	The estimated percentage of the total direct* family planning education, information and outreach contacts including information on how to access services if needed that will be made to hard to reach populations is ___ %.	The estimated percentage of the total direct* family planning education, information and outreach contacts including information on how to access services if needed that will be made to hard to reach populations is ___ %.	
2. Of the total indirect family planning education, information and outreach contacts which includes information on how to access services if needed increase the percentage to hard-to-reach target populations.	___% of the total indirect family planning education, information and outreach contacts including information on how to access services if needed that were made to the hard to reach populations.	The estimated percentage of the total indirect family planning education, information and outreach contacts including information on how to access services if needed that will be made to hard to reach populations is ___%.	The estimated percentage of the total indirect family planning education, information and outreach contacts including information on how to access services if needed that will be made to hard to reach populations is ___%.	The estimated percentage of the total indirect family planning education, information and outreach contacts including information on how to access services if needed that will be made to hard to reach populations is ___%.	
3. Of the total direct* family planning education, information and outreach contacts which includes information on how to access	___ % of the total direct* family planning education, information and outreach contacts which includes	The estimated percentage of the total direct* family planning education, information and outreach contacts which includes	The estimated percentage of the total direct* family planning education, information and outreach contacts which includes	The estimated percentage of the total direct* family planning education, information and outreach contacts which includes	

Column A Performance Measure Benchmark	Column B Baseline FY 2011	Column C Annual Performance Objective FY 2014	Column D Annual Performance Objective FY 2015	Column E Annual Performance Objective FY 2016	Applicants approach in meeting targeted outcomes, including methodology for data collection and reporting. (Attach additional sheets as necessary)
services if needed the percentage of hard to reach adolescent population age 14 to 19 that increase knowledge of where to access family planning services if needed.	information on how to access services if needed the percentage of hard to reach adolescent population age 14 to 19 that increased knowledge of where to access family planning services if needed.	information on how to access services the percentage of hard to reach adolescent population age 14 to 19 that increase knowledge of where to access family planning services if needed is ____%.	information on how to access services the percentage of hard to reach adolescent population age 14 to 19 that increase knowledge of where to access family planning services if needed is ____%.	information on how to access services the percentage of hard to reach adolescent population age 14 to 19 that increase knowledge of where to access family planning services if needed is ____%.	
4. Of the total direct * family planning education, information and outreach contacts which includes information on how to access services if needed increase the percentage of hard to reach males that increase knowledge of where to access family planning services if needed.	____ % of the total direct * family planning education, information and outreach contacts which includes information on how to access services if needed the percentage of hard to reach males that increased knowledge of where to access family planning services if needed.	The estimated percentage of the total direct * family planning education, information and outreach contacts which includes information on how to access services if needed the percentage of hard to reach male population that increase knowledge of where to access services if needed is ____%.	The estimated percentage of the total direct * family planning education, information and outreach contacts which includes information on how to access services if needed the percentage of hard to reach male population that increase knowledge of where to access services if needed is ____%.	The estimated percentage of the total direct * family planning education, information and outreach contacts which includes information on how to access services if needed the percentage of hard to reach male population that increase knowledge of where to access services if needed is ____%.	
5. Of the total direct * family planning education, information and outreach contacts which includes information on	____ % of the total direct * family planning education, information and outreach contacts which includes	The estimated percentage of the total direct * family planning education, information and outreach contacts which includes	The estimated percentage of the total direct * family planning education, information and outreach contacts which includes	The estimated percentage of the total direct * family planning education, information and outreach contacts which includes	

Column A Performance Measure Benchmark	Column B Baseline FY 2011	Column C Annual Performance Objective FY 2014	Column D Annual Performance Objective FY 2015	Column E Annual Performance Objective FY 2016	Applicants approach in meeting targeted outcomes, including methodology for data collection and reporting. (Attach additional sheets as necessary)
<p>how to access services if needed increase in the percentage of _____ as a hard to reach population that increase knowledge of where to access family planning services if needed.</p>	<p>information on how to access services when needed increase the percentage of _____ as a hard to reach population that increased knowledge of where to access family planning services if needed.</p>	<p>information on how to access services when needed the percentage of _____ as a hard to reach population that increase knowledge of where to access family planning services if needed is ____%.</p>	<p>The estimated percentage of the total direct* family planning education, information and outreach contacts which includes information on how to access services if needed the percentage of _____ as a hard to reach population that increase knowledge of where to access family planning services if needed is ____%.</p>	<p>The estimated percentage of the total direct* family planning education, information and outreach contacts which includes information on how to access services if needed the percentage of _____ as a hard to reach population that increase knowledge of where to access family planning services if needed is ____%.</p>	
<p>6. Of the total direct* family planning education, information and outreach contacts which includes information on how to access services if needed increase in the percentage of _____ as a hard to reach population that increase knowledge of where to access family planning services if needed.</p>	<p>____ % of the total direct* family planning education, information and outreach contacts which includes information on how to access services if needed increased the percentage of _____ as a hard to reach population that increase knowledge of where to access family planning services if needed. *</p>	<p>The estimated percentage of the total direct* family planning education, information and outreach contacts which includes information on how to access services if needed the percentage of _____ as a hard to reach population that increase knowledge of where to access family planning services if needed is ____%.</p>	<p>The estimated percentage of the total direct* family planning education, information and outreach contacts which includes information on how to access services if needed the percentage of _____ as a hard to reach population that increase knowledge of where to access family planning services if needed is ____%.</p>	<p>The estimated percentage of the total direct* family planning education, information and outreach contacts which includes information on how to access services if needed the percentage of _____ as a hard to reach population that increase knowledge of where to access family planning services if needed is ____%.</p>	

* Direct contacts are unduplicated numbers of individuals reached. A posttest can be used as a method to measure increase in knowledge. For those populations in the Department of Education or charter schools this would not occur unless approved by the Superintendent of Education. An indirect contact setting such as a health fair could become a direct contact if there is face to face information provided to an individual and this individual then confirms that they have obtained an increase in knowledge of where to access family planning services if needed. This can be considered an unduplicated count if it was in a different setting (i.e. health fair vs. classroom). Providers are to determine methodology for this collection of data.

Provider to select two hard to reach population groups not including the required populations of low income, adolescents or males. These may include immigrants, persons with limited English proficiency, substance abusers, homeless persons, homeless and at-risk youth, populations with special needs, individuals exposed to or experiencing violence, clients recently released from incarceration. These groups can also include others experiencing situations that impact ability to access health related services.

ATTACHMENT F

**Table B -Output Measures
Family Planning Outreach/Health Education Services**

Program Activity	Baseline FY 2011	Estimated 1/1/2013 – 6/29/2013	Estimated FY 2014	Estimated FY 2015	Estimated FY 2016
A. The total number of family planning education, information, and outreach contacts including how to access services if needed direct and indirect contacts to hard-to-reach populations.	a. direct * _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____
B. The total number of hard to reach 14 to 19 year old direct and indirect contacts provided with family planning education, information, outreach including how to access services if needed.	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____
C. The total number of males as a hard to reach population provided direct and indirect contacts with family planning education, information, outreach including how to access to services when needed.	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____
D. The total number of hard to reach population _____ provided direct and indirect contacts with family planning education, information, outreach including how to access to services if needed.	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____
E. The total number of hard to reach population _____ provided direct and indirect contacts with family planning education, information, outreach including how to access to services if needed.	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____	a. direct* _____ b. indirect _____

* Direct contacts are unduplicated numbers of individuals reached. Provider to select two hard to reach population groups not including required populations of low income, adolescents or males. These may include immigrants, persons with limited English proficiency, substance abusers, homeless persons, homeless and at-risk youth, populations with special needs, individuals exposed to or experiencing violence, clients recently released from incarceration. These groups can also include others experiencing situations that impact ability to access health related services.

ATTACHMENT G

FAMILY PLANNING HEALTH EDUCATION ACTION PLAN
NAME OF AWARDEE
January 1, 2013 - June 29, 2014

Overall Goal: Provide outreach services with information on family planning and reproductive health services to increase awareness and knowledge of family planning services for the geographical areas in which this health educator position serves.

OBJECTIVES	ACTIVITIES	TIMELINE	TARGET
DIRECT			
INDIRECT			

Describe in the Action Plan the methodologies that will be used to collect information that will show in the variance report that individuals reached actually increase knowledge of family planning services if needed for those 14 and older. Describe the target populations in addition to the required populations of low-income, adolescents and males who based on need in the proposal will be targeted.

Notes:

Direct contacts are – unduplicated numbers of individuals reached.

1) Include separate annual objectives, activities, timelines to meet target groups defined in the request for proposal which include low-income and hard-to-reach individuals that are most underserved and least likely to access family planning services in a traditional setting. Required populations are low-income, adolescents and males. For the Action Plan select at least two additional (2) target groups or priority populations that can be reached in the targeted geographical areas which include: homeless persons, homeless and at-risk youth, immigrants, persons with limited English proficiency, populations with special needs, clients recently released from incarceration, substance abusers, individuals exposed to or experiencing violence. Target group may also include others experiencing situations that impact ability to access health related services.

School settings would include middle and high school students.

Special emphasis is placed on those who may be especially at risk for unprotected sexual activity and unintended pregnancy. This may be due to socioeconomic, cultural, environmental, developmental, and or/health factors. For direct numbers these should at a minimum of forty (40) unduplicated individuals reached on an average monthly or four hundred eighty (480) individuals reached annually.

2) Indirect activities would reach individuals through health fairs, health exhibits, school assemblies, college orientation, printed information or the media (T.V., radio, newspaper, periodicals, websites etc.). Each health educator would reach two thousand five hundred (2,500) individuals annually through indirect contacts.

3) If this proposal is applying for the health educator position to serve the entire Honolulu County with the focus on the homeless population and high-risk individuals such as substance abusers the objectives, and related activities should reference these as the target groups.

ATTACHMENT H

EXPENDITURE REPORT

Provider:
ASO-LOG No#
Month:

BUDGET CATEGORIES	CURRENT MONTH FP COST	TOTAL CONTRACT BUDGETED	COMMENTS EXPLANATION
A. PERSONNEL COST			
1. Salaries			
2. Payroll Taxes & Assessments			
3. Fringe Benefits			
TOTAL PERSONNEL COST	0.00		
B. CURRENT EXPENSES			
1. Airfare, Inter-Island			
3. Audit Services			
4. Contractual Services - Administrative			
5. Contractual Services - Subcontracts			
6. Insurance			
7. Lease/Rental of Equipment			
8. Lease/Rental of Motor Vehicle			
9. Lease/Rental of Space			
10. Mileage			
11. Postage, Freight & Delivery			
12. Publication & Printing			
13. Repair & Maintenance			
14. Staff Training			
15. Substance/Per Diem			
16. Supplies Medical			
17. Supplies Office			
18. Supplies Program			
17. Telecommunication			
18. Transportation			
19. Utilities			
20			
21			
22			
TOTAL CURRENT EXPENSES	0.00		
C. EQUIPMENT PURCHASES			
D.			
E. TOTAL EXPENSES	0.00		
PROGRAM INCOME:			Report Prepared By:
(a) Client Collections/Self Pay			Name (Please type or print)
(b) Third Party Payers			Signature of Authorized Official
(1) Medicaid (Title XIX)			Name and Title of Authorized Official (Please type or print)
(2) Medicare (Title XVIII)			
(3) CHIP			
(4) QUEST			
(5) Private Health Insurance			
Total - Third Party Payers	0.00		For Official Use Only
(c) Other Revenue			
(1) Local Government			
(2) Other (Specify: 330/Donations)			
Total - Other Revenue	0.00		
F. TOTAL REVENUE	0.00		Signature of Fiscal Reviewer
G. TOTAL CURRENT DOH BILLING			

Awardee _____

Agreement No _____

REPORT OF EXPENDITURES

Reporting Period Covered _____						
EXPENDITURE CATEGORIES	CONTRACT COST					
	BUDGET	ACTUAL			BALANCE	% EXPENDED
	Total Contract (a)	Prior Periods to Date (Cumulative) (b)	Current Reporting Period (c)	Contract Period to Date (b) + (c) (d)	(a) - (d) (e)	(d / a) (f)
A. PERSONNEL COST						
1. Salaries			0	0	0.00	
2. Payroll Taxes & Assessments			0	0	0.00	
3. Fringe Benefits			0	0	0.00	
TOTAL PERSONNEL COST	0	0	0	0	0.00	
B. OTHER CURRENT EXPENSES						
1. Airfare, Inter-Island			0	0	0.00	
2. Airfare, Out-of-State			0	0	0.00	
3. Audit Services			0	0	0.00	
4. Contractual Services - Administrative			0	0	0.00	
5. Contractual Services - Subcontracts			0	0	0.00	
6. Insurance			0	0	0.00	
7. Lease / Rental of Equipment			0	0	0.00	
8. Lease / Rental of Motor Vehicle			0	0	0.00	
9. Lease / Rental of Space			0	0	0.00	
10. Mileage			0	0	0.00	
11. Postage, Freight & Delivery			0	0	0.00	
12. Publication & Printing			0	0	0.00	
13. Repair & Maintenance			0	0	0.00	
14. Staff Training			0	0	0.00	
15. Subsistence / Per Diem			0	0	0.00	
16. Supplies			0	0	0.00	
17. Telecommunication			0	0	0.00	
18. Transportation			0	0	0.00	
19. Utilities			0	0	0.00	
20.			0	0	0.00	
21.			0	0	0.00	
22.			0	0	0.00	
23.			0	0	0.00	
TOTAL OTHER CURRENT EXPENSES	0	0	0	0	0.00	
C. EQUIPMENT PURCHASES						
			0	0	0.00	
D. MOTOR VEHICLE PURCHASES						
			0	0	0.00	
TOTAL EXPENDITURES						
	0	0	0	0	0.00	
CONTRACT REVENUES RECEIVED						
For Official Use Only			DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.			
			Report Prepared By _____			
Signature of Program Reviewer _____	Date _____	Name (Please Type or Print) _____			Phone _____	
Signature of Fiscal Reviewer _____	Date _____	Signature of Awardee's Authorized Official _____			Date _____	
			Name and Title (Please Type or Print) _____			

ATTACHMENT I

BUDGET

(Period 1/1/2013 to 6/29/2013)

Applicant/Provider: _____
 RFP No.: _____
 Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Subsistence/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Client Collections/Self Pay		Name (Please type or print) _____ Phone _____		
(b) Third Party Payers				
(1) Medicaid (Title XIX)				
(2) Medicare (Title XVIII)				
(3) CHIP				
(4) Quest				
(5) Private Health Insurance				
Total - Third Party Payers				
(c) Other Revenue		Signature of Authorized Official _____ Date _____		
(1) Local Government				
(2) Other (Specify: 330/Donations)				
Total - Other Revenue				
(d) Budget Request		Name and Title (Please type or print) _____		
TOTAL REVENUE		For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

BUDGET

(Period 6/30/2013 to 6/29/2014)

Applicant/Provider: _____
 RFP No.: _____
 Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Subsistence/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Client Collections/Self Pay		Name (Please type or print)		Phone
(b) Third Party Payers				
(1) Medicaid (Title XIX)				
(2) Medicare (Title XVIII)				
(3) CHIP				
(4) Quest				
(5) Private Health Insurance		Signature of Authorized Official		
Total - Third Party Payers				
(c) Other Revenue				
(1) Local Government				
(2) Other (Specify: 330/Donations)				
Total - Other Revenue		Name and Title (Please type or print)		
(d) Budget Request		For State Agency Use Only		
TOTAL REVENUE				

BUDGET

(Period 6/30/2014 to 6/29/2015)

Applicant/Provider: _____
RFP No.: _____
Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Subsistence/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Client Collections/Self Pay		Name (Please type or print)		Phone
(b) Third Party Payers				
(1) Medicaid (Title XIX)				
(2) Medicare (Title XVIII)				
(3) CHIP				
(4) Quest				
(5) Private Health Insurance		Signature of Authorized Official		
Total - Third Party Payers				
(c) Other Revenue		Name and Title (Please type or print)		
(1) Local Government				
(2) Other (Specify: 330/Donations)				
Total - Other Revenue		For State Agency Use Only		
(d) Budget Request				
TOTAL REVENUE		Date		

BUDGET

(Period 6/30/2015 to 6/29/2016)

Applicant/Provider: _____
RFP No.: _____
Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Subsistence/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Client Collections/Self Pay		Name (Please type or print) _____ Phone _____		
(b) Third Party Payers				
(1) Medicaid (Title XIX)				
(2) Medicare (Title XVIII)				
(3) CHIP				
(4) Quest				
(5) Private Health Insurance				
Total - Third Party Payers				
(c) Other Revenue		Signature of Authorized Official _____ Date _____		
(1) Local Government				
(2) Other (Specify: ___330/Donations)				
Total - Other Revenue				
(d) Budget Request		Name and Title (Please type or print) _____		
TOTAL REVENUE		For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

ATTACHMENT J

Client ID (REQUIRED): _____ Date of Visit: ____ / ____ / ____

Family Planning Client Visit Record (CVR) Hawaii Department of Health

Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ Zip Code: _____ Sex: F ___ M ___

Citizen Status: U.S. Citizen Immigrant Compact States Refugee Student Visa Tourist Visa Other

Hispanic or Latina Origin: No Yes

Race and Ethnicity (Client select one or more):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Filipino | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hawaiian/Part Hawaiian | <input type="checkbox"/> Micronesia | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Japanese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Puerto Rican/Mexican/Cuban | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Samoan | <input type="checkbox"/> Unknown/Refused |

STAFF TO COMPLETE

Limited English Proficiency: No Yes

Income Level (check one): 100% and below 101% - 125% 126% - 150% 151% - 175% 176% - 200% 201% - 250% Over 250%

Insurance Status (check one): Uninsured Public Health Ins Private Health Ins Military Ins

If insurance not used, mark reason: Ins not used due to confidentiality Ins had no FP coverage

CLINICIAN TO COMPLETE

Provider of Service (check one): NP, CNM, or PA Physician RN/LPN Other Provider

Goal for This Visit: Avoid Pregnancy Seek Pregnancy

Risk Factors: Overweight Obese Smoking Alcohol Use Drug Use DV/Intimate Partner Violence

Type of Visit (check one): Comprehensive Exam Routine FP Procedure FP Education

SERVICE THIS VISIT

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> BP Screening | Pregnancy Test | HIV/STD Screening | Procedures | Counseling |
| | <input type="checkbox"/> Negative-Planned | <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Cervical/Diaphragm Fitting | <input type="checkbox"/> FP Ed/Counseling |
| Clinical Breast Exam | <input type="checkbox"/> Negative-Unplanned | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> IUD Insertion/Removal | <input type="checkbox"/> Preconception |
| <input type="checkbox"/> WNL | <input type="checkbox"/> Positive-Planned | <input type="checkbox"/> HIV-Confidential | <input type="checkbox"/> Implant Insertion/Removal | <input type="checkbox"/> Adolescent Counsel |
| <input type="checkbox"/> Referred | <input type="checkbox"/> Positive-Unplanned | <input type="checkbox"/> Syphilis | | <input type="checkbox"/> HIV/STD Ed/Counsel |
| | | | | <input type="checkbox"/> HIV Results/Counsel |
| <input type="checkbox"/> Pelvic Exam | <input type="checkbox"/> Emergency Contraception | <input type="checkbox"/> STD Treatment | | <input type="checkbox"/> Infertility/Level one |
| <input type="checkbox"/> Pap Smear | | | | <input type="checkbox"/> Other Counseling |
| <input type="checkbox"/> Testicular Exam | | | | |

PRIMARY CONTRACEPTIVE METHOD AT END OF VISIT – check only one – most effective method

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Abstinence | <input type="checkbox"/> Contraceptive Sponge | <input type="checkbox"/> Oral Contraceptive | No Method |
| <input type="checkbox"/> Cervical Cap/Diaphragm | <input type="checkbox"/> Hormonal Implant | <input type="checkbox"/> Spermicide (used alone) | <input type="checkbox"/> Current Pregnancy |
| Condoms | <input type="checkbox"/> Hormonal Patch | <input type="checkbox"/> Vaginal Ring | <input type="checkbox"/> Seeking Pregnancy |
| <input type="checkbox"/> Male | Injection | <input type="checkbox"/> Vasectomy | <input type="checkbox"/> Relying on Female Partner's Method |
| <input type="checkbox"/> Male and Spermicide | <input type="checkbox"/> 3-Month Injection | <input type="checkbox"/> Female Surgical Sterilization | <input type="checkbox"/> Relying on Male Partner's Method |
| <input type="checkbox"/> Female | <input type="checkbox"/> 1-Month Injection | <input type="checkbox"/> Fertility Awareness Method | <input type="checkbox"/> Other Reason _____ |
| <input type="checkbox"/> Female and Spermicide | | <input type="checkbox"/> Other Female Method | |
| <input type="checkbox"/> IUD | | <input type="checkbox"/> Other Male Method | |

INITIALS OF PERSON COMPLETING FORM: _____

July 1, 2009

Family Planning Client Visit Record (CVR) Hawaii Department of Health

STAFF TO COMPLETE

Name: _____ Date of Visit: ____/____/____
Client ID (REQUIRED): _____ Sex: F ___ M ___ Transgender ___ Date of Birth: ____/____/____ Zip Code: _____

Ethnicity: Hispanic or Latina/Latino: Not Hispanic or Latina/Latino: Unknown/Refused

Race (Select one or more):	Which ONE race group do you identify with the most?	Homeless	Yes	No
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Samoan	<input type="checkbox"/> Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Micronesian _____ (Specify)	<input type="checkbox"/> Micronesian _____ (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Pacific Islander _____ (Specify)	<input type="checkbox"/> Other Pacific Islander _____ (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Filipino	<input type="checkbox"/> Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Japanese	<input type="checkbox"/> Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Korean	<input type="checkbox"/> Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Asian _____ (Specify)	<input type="checkbox"/> Other Asian _____ (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mexican	<input type="checkbox"/> Mexican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cuban	<input type="checkbox"/> Cuban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____ (Specify)	<input type="checkbox"/> Other _____ (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unknown/Refused	<input type="checkbox"/> Unknown/Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Limited English Proficiency: No Yes Primary Language Spoken: _____
 Federal Poverty Level (check one): 100% and below 101% - 125% 126% - 150% 151% - 175% 176% - 200% 201 - 250% Over 250%
 Health Insurance Status (check one): Uninsured Public Private Military
 Citizenship Status: U.S. Citizen Immigrant Compact States of Free Association Yes No

CLINICIAN TO COMPLETE

Provider of Service (check one): NP, CNM, PA, APRN Physician RN/LPN Non-Clinical Service Provider _____
 (Specify)
 Pregnancy intention (self or partner): Avoid Pregnancy Seek Pregnancy
 Risk Factors: BMI _____ Smoking Yes No Alcohol Use Yes No Drug Use Yes No DV Yes No IPV Yes No SC Yes No Depression Yes No
 Type of Visit (check one): Comprehensive (Annual) Exam Return Brief Service Visit

Service This Visit	Pregnancy Test	STD Tests	STD Treatment	Procedures	Health Education/Counseling
<input type="checkbox"/> BP Screening	<input type="checkbox"/> Negative	<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Cervical/Diaphragm Fitting	<input type="checkbox"/> Reproductive Health
<input type="checkbox"/> Pelvic Exam	<input type="checkbox"/> Positive	<input type="checkbox"/> Chlamydia Re-Screening	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> IUD Insertion	<input type="checkbox"/> Preconception
<input type="checkbox"/> Pap Smear	<input type="checkbox"/> Emergency Contraceptive	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Syphilis	<input type="checkbox"/> IUD Removal	<input type="checkbox"/> Reproductive Life Plan
<input type="checkbox"/> Testicular Exam		<input type="checkbox"/> Gonorrhea Re-Screening		<input type="checkbox"/> Implant Insertion	<input type="checkbox"/> Adolescent
<input type="checkbox"/> Breast Exam		<input type="checkbox"/> HIV-Confidential		<input type="checkbox"/> Implant Removal	<input type="checkbox"/> HIV/STD
<input type="checkbox"/> Referred for further breast evaluation		<input type="checkbox"/> Syphilis			<input type="checkbox"/> Infertility/Level one
					<input type="checkbox"/> DV/IPV/SC
					<input type="checkbox"/> Pregnancy
					<input type="checkbox"/> Other _____ (Specify)

CONTRACEPTIVE METHOD AT END OF VISIT – check all that apply

Female Methods	Male Methods	No Method
<input type="checkbox"/> Surgical Sterilization	<input type="checkbox"/> Vasectomy	<input type="checkbox"/> Currently Pregnant
<input type="checkbox"/> IUD	<input type="checkbox"/> Male Condoms	<input type="checkbox"/> Seeking Pregnancy
<input type="checkbox"/> Hormonal Implant	<input type="checkbox"/> Other _____ (Specify)	<input type="checkbox"/> Other Reason _____ (Specify)
<input type="checkbox"/> Hormonal Injection		<input type="checkbox"/> Method Unknown/Not Reported
<input type="checkbox"/> Oral Contraceptive		
<input type="checkbox"/> Contraceptive Patch		
<input type="checkbox"/> Vaginal Ring		
<input type="checkbox"/> Cervical cap/Diaphragm		
<input type="checkbox"/> Contraceptive Sponge		
<input type="checkbox"/> Female Condoms		
<input type="checkbox"/> Spermicide		
<input type="checkbox"/> Fertility Awareness Method (FAM)/ or Lactational Amenorrhea Method (LAM)		
<input type="checkbox"/> Abstinence		
<input type="checkbox"/> Withdrawal and Other Methods _____ (Specify)		

INITIALS OF PERSON COMPLETING FORM: Staff _____ Clinician _____ Clinic ID _____

ATTACHMENT K

Agency: _____

**Family Planning Program
 Clinical & Community Education Quarterly Reports**

First 6 months

	<u>Quarter 1</u>	<u>Quarter 2</u>
(choose one)	Jan. – Mar.	Apr. – June
(fill in year)	20__	20__
due by:	April 30	July 31

	<u>Quarter 1</u>	<u>Quarter 2</u>	<u>Quarter 3</u>	<u>Quarter 4</u>
(choose one)	July – Sept.	Oct. – Dec.	Jan. – Mar.	Apr. – June
(fill in year)	20__	20__	20__	20__
due by:	October 31	January 31	April 30	July 31

FP Clinical Quarterly Report Data

Screening Activity	Number of Tests
Number of Pap tests with an ASC or higher result *	
Number of Pap tests with a HSIL or higher result *	
<small>* Based on The 2001 Bethesda System (Abridged) available at http://bethesda2001.cancer.gov/terminology.html</small>	
Number of HIV – Positive confidential tests	
Number of HIV- Anonymous tests	

Community Education Quarterly Report Data

Community Education/Outreach Activities Report	Attached
--	----------

Declaration: I declare that this report has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report made in good faith for the period stated.

Prepared by: _____ Date: _____
 (NAME AND TITLE)

<p>FP OFFICE USE ONLY Reviewed by: _____ Date: _____</p>
--

RETURN THE COMPLETED REPORT FORMS TO THE FAMILY PLANNING PROGRAM BY THE LISTED DUE DATE.

FAMILY PLANNING EDUCATION/OUTREACH ACTIVITIES
To Increase Knowledge on How to Access Family Planning Services if Needed

2. Education/Outreach Direct Contacts	Target Group Required		Select additional two (#1)				Select additional two (#2)				
	Adolescents	Adult Males	1.	Female	Male	Female	Male	2.	Female	Male	Female
# of Duplicated Direct Contacts	Male#	Female#									
Type of Information Provided (see Codes)											
Setting (see Codes)											

Direct Duplicated Contacts	Quarterly Duplicated Count Year to Date Actual	Year-to-Date +/- Percent	Additional groups: Homeless, Homeless & at Risk Youth, Immigrants, Persons with Limited English Proficiency, Populations with Special Needs, Clients recently released from incarceration, Substance Abusers, Individuals exposed to or experiencing violence, & Others experiencing situations that impact ability to access health related services.

Codes for setting information provided in use for 1 & 2: (A) middle school (classroom), (B) high school (classroom) (C) special education project (specify), (D) community based organization, (E) faith based organization, (F) homeless shelter or setting, (G) housing project, (H) family planning clinic, (I) homeless, at risk youth setting, (J) domestic violence & prevention settings, (K) clients recently released from incarceration, (L) other setting (specify)

Codes for information provided (use for 1-3): (1) abstinence, (2) contraceptive methods, (3) STDs/HIV prevention and testing, (4) PVI/DV, (5) resisting sexual coercion, (6) family engagement, (7) developing a reproductive life plan, (8) preconception care, (9) how to access to family planning services for those 14 and older.

3. Indirect Education/Outreach Contacts	Target Group Required		Select additional two (#1)				Select additional two (#2)				
	Adolescents	Adult Males	1.	Female	Male	Female	Male	2.	Female	Male	Female
# of Indirect Contacts	Male#	Female#									
Type of Information Provided (see Codes)											
Setting (see Codes)											

Use these for 3 & 4. Codes for setting information provided in: (A) health fair/exhibit (middle school), (B) health fair/exhibit (high school), (C) health fair/exhibit (community), (D) middle school assembly, (E) high school assembly, (F) other community based organization setting (specify), (G) college orientation, (H) faith based organization setting (specify), (I) housing project, (J) transitional setting, (K) homeless setting, (L) special education project (specify), (M) other setting (specify)

4. Additional details Indirect Contacts				
Estimated number of individuals exposed to messages; provide codes to describe information provided	Posters, flyers, Business cards etc	Special strategies (describe)	Mass media (T.V., radio, newspaper, periodicals, website, etc.)	Other Specify
Indirect Contacts	Quarterly Indirect Count Year to Date Actual	Year-to-Date +/- Percent		

Codes for information provided (use for 1-3): (1) abstinence, (2) contraceptive methods, (3) STD/HIV prevention and testing, (4) PVI/DV, (5) resisting sexual coercion, (6) family engagement, (7) developing a reproductive life plan, (8) preconception care, (9) how to access family planning services for those 14 and older.

* This report correlates to the health educator action plan and the strategies/approaches that will be used to reach the target populations to increase access to family planning services when needed. It is also tied to the variance report which will require the actual numbers of individuals who are reached through these interventions to be included in numbers which demonstrate how many of these individuals reached actually then came for family planning services when needed. For the six month project timeframe (January 1, 2013 to June 29, 2013) there will be two (2) quarterly reports submitted and the variance report will also be for this six (6) month timeframe.

ATTACHMENT L

FAMILY PLANNING ANNUAL CALENDAR REPORT

**Table 13
 Number of Family Planning Encounters by Type of Provider**

Provider Type	Number of FTEs (A)	Number of Family Planning Encounters (B)
1 Clinical Services Providers		
1a Physicians		
1b Physician assistants/nurse practitioners/ certified nurse midwives		
1c Registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessment		
2 Other Services Providers		
3 Total Family Planning Encounters (sum rows 1 + 2)		

ATTACHMENT M

FAMILY PLANNING ANNUAL CALENDAR REPORT

**Table 14
Revenue Report**

Revenue Source		Amount	
Title X			
1	Title X grant (Section 1001: family planning services)		
Payment for Services			
2	Total client collections/self-pay		
3	Third-party payers	Amount Prepaid (A)	Amount Not Pre-paid (B)
3a	Medicaid (Title XIX)		
3b	Medicare (Title XVIII)		
3c	State Children's Health Insurance Program (SCHIP)		
3d	Other public health insurance		
3e	Private health insurance		
4	Total – Third-Party Payers (sum rows 3a to 3e)		
5	Total – Payment for Services (sum row 2 + cell 4a + cell 4b)		
Other Revenue			
6	Title V (MCH Block Grant)		
7	Title XX (Social Services Block Grant)		
8	Temporary Assistance for Needy Families (TANF)		
9	Local government revenue		
10	State government revenue		
11	Bureau of Primary Health Care (BPHC)		
12	Other (Specify: _____)		
13	Other (Specify: _____)		
14	Other (Specify: _____)		
15	Other (Specify: _____)		
16	Other (Specify: _____)		
17	Total– Other Revenue (sum rows 6 to 16)		
18	Total Revenue (sum rows 1 + 5 + 17)		

ATTACHMENT N(1)

FAMILY PLANNING SERVICES PROVIDED SURVEY
PURPOSE AND GENERAL INSTRUCTIONS

Key

- 1 = direct service, offered on-site
- 2 = direct service, offered off-site
- 3 = paid referral
- 4 = not provided (when using this option, please provide a reason on a separate page)

2012							
Name of Agency:	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7
SERVICE	1,2,3,4	1,2,3,4	1,2,3,4	1,2,3,4	1,2,3,4	1,2,3,4	1,2,3,4
1. Informed Consent							
2. Method Specific Consent							
3. History							
4. Physical Assessment							
5. Lab Testing							
6. Pap Testing							
7. Client Education/Counseling							
8. Pregnancy Diagnosis/Counseling							
9. STD Testing							
10. STD Treatment							
11. Male Services							
12. HIV Services							
13. Identification of Estrogen-Exposed Offspring							
14. Level 1 Infertility Services							
15. Minor GYN Problems							
16. Health Promotion/Disease Prevention							
17. Special GYN Procedures							
18. Emergency Contraception							
19. Female Sterilization							
20. IUD/IUS							
21. Hormonal Implant							
22. 3 Month Hormonal Injection							
23. Oral Contraceptives							
24. Contraceptive Patch							
25. Vaginal Ring							
26. Cervical Cap/Diaphragm							
27. Contraceptive Sponge							
28. Female Condom							
29. Spermicide							
30. Fertility Awareness Method (FAM)/Lactational Amenorrhea Method (LAM)							
31. Abstinence							
32. Vasectomy							
33. Male Condom							
34. Other Methods							

ATTACHMENT N(2)

**EXAMPLE
PROGRAM SERVICE SITE INFORMATION**

SUB RECIPIENT AGENCY AND SERVICE SITES BY COUNTY	CITY	SERVICE AREA	OFFICE HOURS *1	FP CLINIC HOURS *2
Main Site	Honolulu	Honolulu	M-F, 8:30-12:30, 1:30-6:00 Sat, 8:30-12:30 (closed federal and State holidays)	M-F, 8:30-12:30, 1:30-6:00 Sat, 8:30-12:30 (closed federal and State holidays)
Satellite Site 1	Honolulu	Honolulu	T, Th 8:30-3:30	T, Th 8:30-3:30
Satellite Site 2	Honolulu	Honolulu	M-F, 9-7	M, T, Th, 3:30-6:30

*1 – Times of day/days of month that the office is open to clients, such as to receive phone calls, make appointments, etc.

*2 – Times of day/days of month that family planning clinical/medical services are/would be provided.

ATTACHMENT N(3)

N(3)

As applicable, description of other lesson plans proposed for use

ATTACHMENT O

**TABLE A- Performance Measures
Family Planning Client Services**

Column A	Column B	Column C	Column D	Column E	Column F
Performance Measure Benchmark	Baseline for FY 2011	Annual Performance Objectives for Fiscal Year 2014	Annual Performance Objectives for Fiscal Year 2015	Annual Performance Objectives for Fiscal Year 2016	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting (Attach additional sheets as necessary)
<p>1a. <u>100</u> % of female patients 25 years old and under received a test for Chlamydia within the last 12 months.</p> <p>1b. And if positive, <u>100</u> % unduplicated returning patients are retested between 90 days and 12 months after treatment.</p>	<p>1a. _____% of female patients 25 years old and under received a test for Chlamydia within the last 12 months.</p> <p>1b. And if positive, _____% unduplicated returning patients are retested between 90 days and 12 months after treatment.</p>	<p>1a. We estimate _____% of female patients 25 years old and under received a test for Chlamydia within the last 12 months.</p> <p>1b. And, we estimate if positive, _____% unduplicated patients are retested between 90 days and 12 months after treatment.</p>	<p>1a. We estimate _____% of female patients 25 years old and under received a test for Chlamydia within the last 12 months.</p> <p>1b. And, we estimate if positive, _____% unduplicated patients are retested between 90 days and 12 months after treatment.</p>	<p>1a. We estimate _____% of female patients 25 years old and under received a test for Chlamydia within the last 12 months.</p> <p>1b. And, we estimate if positive, _____% unduplicated patients are retested between 90 days and 12 months after treatment.</p>	
<p>2a) Number of all female unduplicated adolescent clients (19 years old and under) increased by <u>3</u> %.</p> <p>2b) Number of all male unduplicated adolescent clients (19 years old and under) increased by <u>3</u> %.</p>	<p>2a) Number of all female unduplicated adolescent clients (19 years old and under) increased by _____%.</p> <p>2b) Number of all male unduplicated adolescent clients (19 years old and under) increased by _____%.</p>	<p>2a) We estimate the number of all female unduplicated adolescent clients (19 years old and under) increased by _____%.</p> <p>2b) We estimate the number of all male unduplicated adolescent clients (19 years old and under) increased by _____%.</p>	<p>2a) We estimate the number of all female unduplicated adolescent clients (19 years old and under) increased by _____%.</p> <p>2b) We estimate the number of all male unduplicated adolescent clients (19 years old and under) increased by _____%.</p>	<p>2a) We estimate the number of all female unduplicated adolescent clients (19 years old and under) increased by _____%.</p> <p>2b) We estimate the number of all male unduplicated adolescent clients (19 years old and under) increased by _____%.</p>	
<p>3. Percentage of unduplicated female clients not seeking pregnancy or sterilization leaving with a highly effective method (long acting reversible contraceptive) increased by <u>5</u> %.</p>	<p>3. Percentage of unduplicated female clients not seeking pregnancy or sterilization leaving with a highly effective method (long acting reversible contraceptive) increased by _____%.</p>	<p>3. We estimate the percentage of unduplicated female clients not seeking pregnancy or sterilization leaving with a highly effective method (long acting reversible contraceptive) increased by _____%.</p>	<p>3. We estimate the percentage of unduplicated female clients not seeking pregnancy or sterilization leaving with a highly effective method (long acting reversible contraceptive) increased by _____%.</p>	<p>3. We estimate the percentage of unduplicated female clients not seeking pregnancy or sterilization leaving with a highly effective method (long acting reversible contraceptive) increased by _____%.</p>	

Column A	Column B	Column C	Column D	Column E	Column F
Performance Measure Benchmark	Baseline for FY 2011	Annual Performance Objectives for Fiscal Year 2014	Annual Performance Objectives for Fiscal Year 2015	Annual Performance Objectives for Fiscal Year 2016	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting (Attach additional sheets as necessary)
4. <u>60</u> % of all unduplicated family planning clients seeking pregnancy have received preconception planning counseling within the last 12 months.	4. _____% of all unduplicated family planning clients seeking pregnancy have received preconception planning counseling within the last 12 months.	4. We estimate _____% of all unduplicated family planning clients seeking pregnancy have received preconception planning counseling within the last 12 months.	4. We estimate _____% of all unduplicated family planning clients seeking pregnancy have received preconception planning counseling within the last 12 months.	4. We estimate _____% of all unduplicated family planning clients seeking pregnancy have received preconception planning counseling within the last 12 months.	
5. <u>60</u> % of all unduplicated family planning clients have received counseling on making a reproductive life plan within the last 12 months.	5. _____% of all unduplicated family planning clients have received counseling on making a reproductive life plan within the last 12 months.	5. We estimate _____% of all unduplicated family planning clients have received counseling on making a reproductive life plan within the last 12 months.	5. We estimate _____% of all unduplicated family planning clients have received counseling on making a reproductive life plan within the last 12 months.	5. We estimate _____% of all unduplicated family planning clients have received counseling on making a reproductive life plan within the last 12 months.	
7. Percentage of unduplicated male clients seen for family planning services increased by <u>3</u> %.	7. Percentage of unduplicated male clients seen for family planning services increased by _____%.	7. We estimate the percentage of unduplicated male clients seen for family planning services increased by _____%.	7. We estimate the percentage of unduplicated male clients seen for family planning services increased by _____%.	7. We estimate the percentage of unduplicated male clients seen for family planning services increased by _____%.	
8. <u>100</u> % of unduplicated clients with high level (HSIL and AGC) abnormal pap results have appropriate follow-up within 6 months of the clinic receiving test results.	8. _____% of unduplicated clients with high level (HSIL and AGC) abnormal pap results have appropriate follow-up within 6 months of the clinic receiving test results.	8. We estimate _____% of unduplicated clients with high level (HSIL and AGC) abnormal pap results have appropriate follow-up within 6 months of the clinic receiving test results.	8. We estimate _____% of unduplicated clients with high level (HSIL and AGC) abnormal pap results have appropriate follow-up within 6 months of the clinic receiving test results.	8. We estimate _____% of unduplicated clients with high level (HSIL and AGC) abnormal pap results have appropriate follow-up within 6 months of the clinic receiving test results.	

ATTACHMENT P

**Table B - Output Measures
Family Planning Client Services**

		Baseline	Estimated	Estimated	Estimated	Estimated
Program Activity		FY 2011	1/1/2013 – 6/29/2013	FY 2014	FY 2015	FY 2016
1. The agency's total number of unduplicated family planning clients including uninsured, Medicaid (Fee-For-Service and Med-QUEST), military, and private insurance and private pay clients.	1. a. Total number of unduplicated family planning clients					
	1. b. Total number of female unduplicated family planning clients					
	1. c. Total number of male unduplicated family planning clients					
2. The agency's total number of family planning client visits including uninsured, Medicaid (Fee-For-Service and Med-QUEST), military, and private insurance and private pay clients.	2. a. Total number of family planning client visits					
	2. b. Total number of female family planning client visits					
	2. a. Total number of male family planning client visits					

ATTACHMENT Q

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

INTRA-DEPARTMENTAL DIRECTIVE 04-01
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.
Director of Health *Chiyome Fukino*

SUBJECT: **INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS**

04-1.1 **PURPOSE**

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 **POLICY**

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

Intra-Departmental Directive 04-01
May 3, 2004

Page 2 of 5

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3

SCOPE

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4

DEFINITIONS

Clients/Patients: Persons under observation, care, treatment, or receiving services.

Department: Department of Health

Director: Director of Health

Intra-Departmental Directive 04-01
May 3, 2004

Page 3 of 5

Dual/multiple relationships:	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
Staff:	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
Health:	Includes physical and mental health.
Providers:	Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
Services:	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
Treatment:	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

Intra-Departmental Directive 04-01
May 3, 2004

Page 4 of 5

04-1.5 **RESPONSIBILITIES**

- A. **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B. **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C. **Program Managers:**
 - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
 - (2) Insure this policy is enforced.
 - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
 - (4) Recommend needed changes to this policy to their Deputy Directors.
- D. **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E. **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6 **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

Intra-Departmental Directive 04-01
May 3, 2004

Page 5 of 5

04-1.7 **REFERENCES**

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.

ATTACHMENT R

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

By signing and submitting this application, the prospective primary participant as defined in 45 CFR Part 76 is providing certification regarding debarment and suspension as set out in Appendix A of 45 CFR Part 76. The applicant agrees that by submitting this application it will include, without modification, the clause in Appendix B of 45 CFR Part 76 in all lower tier covered transaction and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Should the applicant not certify regarding debarment and suspension, an explanation as to why should be placed after the assurances page in the application package.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

By signing and submitting this application, the applicant is providing certification regarding drug-free workplace requirements as set out in Appendix C to 45 CFR Part 76. For purposes of notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Division of Grants Policy and Oversight
Office of Management and Acquisition
Department of Health and Human Services
Room 517-D
200 Independence Avenue, S.W.
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The authorized official signing for the applicant organization certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The official signing agrees that the applicant organization will comply with the DHHS, PHS, and OPHS terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED