



REQUEST FOR PROPOSALS (RFP) for

**Barry, Branch, Cass, Eaton, Hillsdale, Lapeer, St. Clair, St. Joseph,
and Van Buren Counties Only**

for

Title X Family Planning Grants

Issued: April 23, 2014

Required Letter of Intent Deadline: May 9, 2014

Application Deadline: May 23, 2014

Michigan Department Community Health
Division of Family & Community Health
109 W. Michigan Avenue
PO Box 30195
Lansing, MI 48933

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This RFP is to award an estimated \$402,454 for nine Michigan counties. The only counties under consideration are: Barry, Branch, Cass, Eaton, Hillsdale, Lapeer, St. Clair, St. Joseph, and Van Buren. A statewide RFP closed in January 2014; these counties did not have an applicant.

I. Introduction

The Michigan Department of Community Health (MDCH) announces the availability of funds to deliver reproductive health services and a broad range of effective contraceptives to the people of Michigan. These awards are to be effective Fiscal Year 2014-15 (October 1, 2014 - September 30, 2015). Any public and nonprofit private agencies with experience delivering family planning, women's, adolescent or primary health care services are encouraged to apply.

This Request for Proposal is issued under the authority of the Michigan Department of Community Health as the federal grantee of the United States Department of Health and Human Services Population Research and Voluntary Family Planning funding for the Title X Family Planning Program. The Michigan Title X Family Planning program is funded from various sources including state and federal funds, and revenue from first and third party collections. This Request for Proposal, reference manual and resources are available online at www.michigan.gov/familyplanning.

II. Statement of Need

Family planning is a preventive health intervention that positively impacts health and the cost of health care. Effective family planning services are essential health care interventions that correlate with positive maternal health, good pregnancy outcomes, and infant survival by improving the planning, timing and spacing of a family's births. Michigan has a high-unintended pregnancy rate. To improve families' health status, one strategy is to address the high and steady unintended pregnancy rate by assuring quality reproductive health care services and effective contraceptives to all.

There is extensive need for publicly funded family planning services. According to the Guttmacher Institute, there are 623,060 women and teens in need of publicly funded family planning services in the state of Michigan because they have incomes below 250 % of the Federal Poverty Level. Men, women and teens in low-income families have a great need for services. According to recent statistics from the American Community Survey, there are 397,162 women 15-44 years of age living at Poverty Level.

Michigan's Pregnancy Risk Assessment and Monitoring System (PRAMS) is a survey of maternal experiences and behaviors before and during a pregnancy and the postpartum period. The 2008 findings demonstrate a continuing trend that almost 43% of all pregnancies were unintended and of those pregnancies 73.4% were desired at another time in the woman's life and 26.6% were unwanted at any time. The unintended pregnancy rate of low-income women, as identified by those whose prenatal care and deliveries were paid by Medicaid (67.2%), is more than twice that of women with health insurance (30.7%).

Intendedness of pregnancy significantly impacts its outcome and infant survival. Perinatal Periods of Risk, an analytical model that identifies stages during the perinatal phase when there are the greatest opportunities for localized impact on infant mortality, consistently identifies that maternal health status greatly impacts prenatal outcomes. While in 2011, Michigan achieved an infant mortality rate that is an all-time low of 6.6 deaths per 1,000 births, this achievement came after several years of ups and downs. The state's infant mortality rate is well above the United States Healthy People 2020 goal of 6.0/1,000 births and Michigan ranks in the lower third in the country. While the infant mortality rate for African Americans (14.2 deaths per 1,000 births) and other groups compared to whites is improving, the continuing disparity is unacceptable.

Reducing the rate and number of unintended pregnancies saves health care dollars. Medicaid pays for 45% of Michigan births at an average cost of more than \$13,100 each (prenatal care, delivery and the first year of care for an uncomplicated birth). ~~This cost savings is one reason for the implementation of the Medicaid Family Planning Waiver program, Plan First! This program expands eligibility to women 19-44 years of age with family incomes of 185% of the Federal Poverty Level or less giving them access to Medicaid supported family planning services.~~

Our state's fundamental strategy to reduce unintended pregnancies is to assure statewide availability of high quality, effective contraceptives and reproductive health services. These grant awards, ~~along with expanded eligibility for Medicaid paid family planning services under the Plan First! waiver program and other developing activities,~~ are key actions to achieving a significant decrease in the rate of unintended pregnancies in the state of Michigan.

III. Purpose of the Grants

The mission of the Title X Family Planning Program is to enable a person's voluntary access to family planning services, information and means to exercise personal choice in determining the number and spacing of their children. MDCH funded family planning services are designed to assure access to quality, effective reproductive health services and contraceptives with a focused priority on low-income populations and those with special needs such as teens. Services provided through family planning sites support women and men to make informed reproductive choices. These funds support the infrastructure to deliver Title X Family Planning services statewide no matter the individual client's source of payment for services (Title X grant, public or private third party, self-pay, etc.). Title X funds also support reproductive care and contraceptive service costs for individual poverty level clients without a third party payer and others paying on a sliding fee scale or unable to pay. No one is to be denied services because of inability to pay.

The Michigan Title X Family Planning Program Standards and Guidelines (2013) manual (Reference 1) is the guidance for all requirements. The manual is based on Title X Federal Regulations, the Program Guidelines for Project Grants for Family Planning Services 2001, Michigan Public Health Code, State of Michigan financial regulations, Federal Office of Management and Budget (OMB) Circulars, Michigan Department of Community Health policies and various clinical recommendations. These grants will be issued to applicants demonstrating the most competence to meet these requirements and provide quality services to communities.

IV. Eligible Applicants

Eligible applicants must demonstrate past experience delivering primary care, adolescent or women's health care or family planning services. Potential applicant agencies include:

- Public and private non-profit health agencies
- Local health departments
- Community health centers
- Federally Qualified Health Centers
- Rural & urban health centers
- Tribal Indian health centers

Applicants must also adhere to the following:

Non-profit agencies must have proof of their non-profit status upon request.

Applicant agency must have providers who are or can become Medicaid enrolled providers as well as bill private third party payers.

Eligible applicants providing services beyond the Title X family planning program must demonstrate and ensure that Title X services and funds are not commingled with other programs or services.

V. Funding

Funding support for the Michigan Title X Family Planning Program include the Title X Federal grant, State of Michigan appropriations, revenue from first and third party collections and donations. Annually, the Federal grant award and State appropriations are determined and funds are distributed to sub recipients based on a funding formula. Federal Title X allocation and State of Michigan appropriations for Fiscal Year 2014-15 are unknown at this time. This RFP awards an estimated \$402,454 for nine Michigan counties: Barry, Branch, Cass, Eaton, Hillsdale, Lapeer, St. Clair, St. Joseph, and Van Buren.

Title X funds support local infrastructures to deliver family planning services with a priority focus on the low income population with the greatest need. The proxy for the population in need is women 15-44 years old at or below 100% of the Federal Poverty Level. For Title X caseload and funding allocation for the nine counties, see Reference 2 "By County Caseload and Funding Distribution for FY '15." Each county has 1) an estimated caseload of Title X users (clients) for which a \$183 per user is allocated; and 2) the total amount of funding available.

Awardees will be selected for the three-year funding cycle FY 2014-15 through FY 2016-17 (with the potential to extend one or more additional cycles). The initial annual agreement will cover the Fiscal Year October 1, 2014 through September 30, 2015, Michigan Department of Community Health's contract year. Awardees in good standing and who meet all minimum requirements will maintain sub recipient status at least through September 30, 2017, depending on the availability of funds.

In subsequent years, Fiscal Years 2015-16 and 2016-17, sub recipients must submit a non-competitive annual plan. Each year continuing funding is contingent upon the availability of funds; timely, accurate submission of reports; an approved annual plan; satisfactory progress toward completion of the current year's contract objectives and meeting family planning's Minimum Program Requirements and Reporting Requirements (see References 5 and 6).

In addition to the grant awards, sub recipients receive separate supplemental support in the form of bulk purchase condoms and laboratory testing services for Chlamydia and Gonorrhea via the MDCH Laboratory. Colposcopy services are provided through MDCH's Breast and Cervical Cancer Control Program (BCCCP). For the location of the nearest BCCCP Coordinating Agency visit www.michigancancer.org/bcccp/BecomeAProvider/HowToBecomeAProvider.cfm?nav=5. All sub recipients are encouraged to use these additional and supplemental services.

Due to funding dependent upon Federal and State appropriations, allocation estimates may vary and are subject to change. MDCH is not liable for any cost incurred by applicants prior to full execution of an agreement.

VI. Application Submission and Deadline

A letter of intent to apply for this application is required and due by May 9, 2014. At a minimum, the letter of intent must include the counties in which you are applying, the target Title X caseload and funding, and whether a physical clinic location will be open within the county boundaries. The letter must be signed by an authorized official and sent to:

Michigan Department of Community Health
Division of Family and Community Health
Family Planning Program
PO Box 30195
Lansing, MI 48909

Applications that do not include a timely letter of intent will not be reviewed.

An original and four (4) copies of the proposal must be postmarked by **May 23, 2014**. If a proposal is postmarked after this date, it may not be considered or reviewed. Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service to confirm the mailing date of the proposal. Private metered postmarks will not be accepted as proof of timely mailing. Hand delivered, faxed, or e-mailed proposals will not be accepted. MDCH recommends using the mail/package tracking and delivery confirmation services offered by commercial delivery services or the U.S. Postal Service to obtain verification that MDCH has received your proposal.

MDCH mailing address for US Postal Service or commercial delivery service (FedEx, UPS, DHL, etc.):

Michigan Department of Community Health
Division of Family and Community Health
Family Planning Program
PO Box 30195
Lansing, MI 48909

VII. Technical Assistance

Questions and requests for information on this RFP proposal will be accepted until 5:00 p.m., May 16, 2014. They are to be sent by fax or e-mail noted below. The subject should read "Family Planning RFP Question or Request." Responses will be posted at www.michigan.gov/familyplanning. No individual responses will be provided. It is the responsibility of each applicant to regularly check for answers and responses. Requests or questions submitted by any other methods or after the May 16 cut off will not receive a response.

E-mail Address: charestd@michigan.gov
FAX Number: 517/335-8822

A list of key terms and definitions are provided in Reference 7 for your use.

VIII. General Selection Criteria

Applications must be developed using the MDCH Title X Family Planning Program Standards and Guidelines Manual 2013, Reference 1, and will be evaluated for likeliness to meet the standards and requirements in the manual. Also taken into consideration will be clinical and technical merit, responsiveness to the RFP, geographic target areas, and demonstrated ability and past performance to meet caseload targets. Overall the quality of the narrative and information provided will be taken into consideration.

For the purposes of this RFP, grant applicants will fall into one of two categories and should follow the grant requirements listed below for that category:

Category 1: The grant applicant is a new applicant and has not completed an application for funding through the Title X Family Planning Request for Proposals process for FY 14-15 funding. This process closed on January 28, 2014. An applicant who falls into this category must provide extensive agency and program information and complete a full grant application as detailed under the heading Category 1.

Category 1: Requirements
- Cover Page and Checklist
- Proposal Summary
- Program Narrative
- Service Area and Target Population Demographics Worksheet
- Current Organizational Chart
- Job Descriptions for all staff and Resumes for key staff
- Fiscal Review Questionnaire

- Provider Directory/Clinic Schedule Information
- Map of all clinic locations
- Family Planning Services Provided Worksheet
- Required Letters of Support
- SMART Work plan
- Budget and Budget Justification
- Signed Assurances/Certifications

Category 2: The applicant has completed and submitted a grant application for funding through the Title X Family Planning Request for Proposal process that ended January 28, 2014. In this case, extensive agency and program information has already been provided for the applicant and the applicant may complete an abbreviated application for funding in one or more of the nine counties listed in this RFP. An applicant who falls into this category must complete the application as detailed under the heading Category 2.

Category 2: Requirements
- Cover Page and Checklist
- Proposal Summary
- Program Narrative
- Service Area and Target Population Demographics Worksheet per County
- Provider Directory/Clinic Schedule Information
- Map of clinic locations
- Family Planning Services Provided worksheet
- Budget and Budget Justification

The Department will use the recommendations of a review panel and may use additional considerations to make the final funding decisions, including factors such as: geographic distribution, needs of the Department, duplication of effort, agency capacity, evidence that an applicant has performed satisfactorily on previous projects, availability of funds, efficient use of Federal and State funds, and factors relevant to addressing the needs of the population.

MDCH reserves the right to award portions of proposals or reject any and all proposals. All applicants will be notified in writing the selection status of their application. Based on the recommendations of the review panel, MDCH also reserves the right to conduct a site visit that can have an impact on the execution of an agreement. A site visit may be required for agencies new to sub recipient status or a past provider with a significant recent or a continuing unresolved issue(s) related to the minimum program or reporting requirements.

IX. Federal Program Priorities, Legislative Mandates, Key Issues

The Office of Population Affairs, U.S. Health and Human Services annually sets Title X Family Planning priorities, legislative mandates and identify key issues that must be addressed by recipients of these federal funds. Below are the 2014 priorities, key issues and legislative mandates. Sub recipients must be highly cognizant of these requirements and understand they

are subject to change on an annual basis. Applicants must keep these requirements in mind as they develop their application.

Program Priorities

1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to train staff throughout their Title X projects, and that project staff have received training on Title X program requirements;
2. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with Title X program requirements and nationally recognized standards of care. These services include, but are not limited to, natural family planning methods, infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted disease (STD) and HIV prevention education, testing, and referral. The broad range of services does not include abortion as a method of family planning;
3. Assessing clients' reproductive life plan as part of determining the need for family planning services, and providing preconception services as appropriate;
4. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and
5. Identifying specific strategies for adapting delivery of family planning and reproductive health services to a changing health care environment including addressing provisions of the Affordable Care Act (ACA). This includes, but is not limited to, increasing the capacity of Title X service sites to utilize health information technologies.

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

1. Efficiency and effectiveness in program management and operations;
2. Patient access to a broad range of contraceptive options, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests;
3. Establishment and use of performance measures to regularly perform quality assurance and quality improvement activities;
4. Establishment of linkages and partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;

5. Incorporation of the National HIV/AIDS Strategy (NHAS) and CDC’s “Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;”
6. Efficient and streamlined electronic data collection (such as for the Family Planning Annual Report (FPAR)), reporting and analysis for internal use in monitoring performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services;
7. Incorporation of research outcomes and evidence-based approaches that focus on family planning service delivery; and
8. Encouragement of vaccination of patients and health care personnel to protect against influenza.

Legislative Mandates

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

X. Required Application Format, Cover Page and Checklist (15 points)

This section applies to both Category 1 and Category 2 applicants. A completed Applicant Cover Page form, Attachment A, must be on the front of the application and include the signature of an agency official denoting that the person authorizes the submission of the proposal and supports the content within.

The Application Checklist, Attachment B, must be completed and included in the proposal after the cover page. This list will help applicants include all required information and assist MDCH to assure all application components are present. A Category 2 applicant can indicate not applicable or N/A next to checklist items that are not required according to Category 2 guidance.

Each application must be formatted as follows:

- Typewritten on 8 ½ X 11 paper
- 12-point font
- Page numbers & applicant’s name in footer
- 1-inch margins
- Print on one side only

Applicants are encouraged to include pertinent information in the narrative and limit optional attachments

Assembled in the order listed in the Application Checklist, Attachment B

Submit the original application unbound, held together with a rubber band or binder clip

Submit four (4) copies of the application; which can be held together with rubber bands, binder clips, or a staple in the upper left hand corner. Do not use covers or folders of any type.

XI. Proposal Summary (30 points)

This Section applies to both Category 1 and Category 2 applicants. This summary should provide a brief overview highlighting the proposal's most notable points that may be used in MDCH Federal grant applications, press releases, notices and reports on chosen agencies. This section must not exceed two (2) pages and should address the following:

Name and type of organization

Number of people proposed to be served by county or sub area of a county

Identify the service area(s), and the number and location of service sites

Description of the organization's target populations

List of major goals and objectives

Identify and provide a brief description of the primary responsibilities and qualifications of the Coordinator and Medical Director

XII. Guidance - Category 1

Category 2 applicants, please go to page 20 for guidance.

A. Background and Need (60 points)

These funds will be awarded to provide reproductive health services and contraceptives.

Applicants are to identify the need for these services in the community(ies) in their application.

If you propose to either serve a geographic area other than an entire county, or serve a county or the city without a service site physically within the jurisdiction's boundary, you must make a convincing argument for how this arrangement will meet the needs of the population to be served. Please refer to the suggested resources that may assist in locating information for this section.

1. Complete the Service Area and Target Population Demographics Worksheet, Attachment C. Complete a separate worksheet for each county, or the sub area of a county the applicant proposes to serve. An electronic version of the worksheet is available at www.michigan.gov/familyplanning.
2. Provide a brief narrative overview of the data presented in the worksheet minimally covering the following areas:
 - Race, age, sex, ethnicity
 - Income

- Infant mortality
 - Pregnancy rates including for teens
 - Chlamydia, Gonorrhea, and Syphilis and HIV rates/prevalence
3. Describe the proposed geographic area(s), including a discussion of potential geographic, topographic, cultural, linguistic and other related barriers to receiving services.
 4. Identify and discuss the target and priority population's need for family planning services.
 5. If applicant proposes to serve less than a county, or serve an area without a service site within its boundary, you must clearly identify who is the target population and how many are to be served, designating the number by the income categories 100% of poverty and under, 101-200% of poverty, 201-250% of poverty, and 251% and above. You must also be prepared to report a separate Family Planning Annual Report (FPAR) for this specific area. If applicant proposes to serve the entire county, you may skip this request.
 6. Identify the number of clients the applicant agency is willing to target of the Title X caseload available for the area(s) proposed to serve.
 7. Describe existing services and justify the need for additional family planning services to meet community/cultural needs.
 8. Identify and describe linkages with other resources in the community(ies) related to reproductive and primary health care, and contraceptive services.

B. Program Narrative (210 points)

This section describes information that is required from the applicant in the following four critical areas:

- | | |
|-------------------------------------|-------------|
| 1. Administrative Management | (45 points) |
| 2. Financial Management | (45 points) |
| 3. Clinical Management | (75 points) |
| 4. Community Education and Outreach | (45 points) |

A list of the applicable Title X Family Planning Program Minimum Program Requirements (MPR) is included for each section, for a complete listing of all MPRs, see Reference 5. These requirements are federal mandates for Title X Family Planning programs and must be the basis for the program design and services. Additionally, each section has a list of requests that must be addressed and/or described in narrative form using the requirements specified in the Michigan Title X Family Planning Program Standards and Guidelines Manual (2013). At the end of each critical area requests are the mandatory references that must be used to prepare your responses.

Administrative Management

The Title X Family Planning Program requires a coordinated and communicative administrative management system. Administrative management pertains to the structure of the organization and how the Title X program fits within this structure, program staffing and training, the Title X program advisory committee function and composition, and the completion of all reporting requirements.

Related Minimum Program Requirements:

- MPR #10 Provide for an advisory committee.
- MPR #14 Provide for orientation and in-service training for all project personnel.
- MPR #20 Provide to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

Please respond to the following requests, assuring applicable Minimum Program Requirements (MPR) are addressed:

1. Describe your organization's history of administering family planning, adolescent, women's health and primary care services.
2. Describe the purpose and composition of your agency's family planning advisory committee. If one does not exist, discuss how the committee will be established. Describe how the committee will be representative of the population in the community served and include persons knowledgeable about family planning.
3. Provide a description of all staff responsibilities and qualifications. Include a current organizational chart and indicate how the family planning staff fit into the overall organizational structure. Attach job descriptions for all staff and resumes for key staff (at least the medical director, coordinator and clinical service provider(s)).
4. Describe how project staff will be orientated, trained and evaluated. Orientation and in-service training should cover the unique social practices, customs and beliefs of the underserved populations of your service area, as well as continuing education on other Title X related topics.
5. Review the attached Office of Population Affairs Family Planning Annual Report (FPAR) Tables 1-14 and MI Tables 15-16 in Reference 4. Describe your agency's ability to collect this information and generate timely, accurate client and financial reports.

6. Describe how meaningful access to services will be provided to persons with limited English proficiency.

Mandatory reference resources for this section include:

- Michigan Title X Family Planning Standards and Guidelines Manual (2013) Sections 4.0, 5.6, 6.3.2, 6.5, 6.6, 6.7 and 6.9. – Reference 1
- Family Planning Annual Report – Reference 4

Financial Management

A financial management system that meets federal and state standards to safeguard these funds must be in place. Documentation and records must be maintained as required assuring these funds are used solely for Title X Family Planning services and there is no commingling or integration of funds.

Related Minimum Program Requirements:

- MPR #6 Provide that priority in the provision of services will be given to persons from low-income families.
- MPR #7 Provide that no charge will be made for services provided to any persons from a low-income family (at or below 100% of the Federal Poverty Level) except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge.
- MPR #8 Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay. Charges to person from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.
- MPR #9 If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title agency is required.
- MPR #19 Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan that establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by the agency. The agency must be prepared to substantiate, that these rates are reasonable and necessary.

MPR #21 Any funds granted shall be expended solely for the purpose of delivering Title X Family Planning services in accordance with an approved plan and budget, regulations, terms and conditions and applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable.

Please respond to the following requests, assuring applicable Minimum Program Requirements are addressed:

1. Complete “Fiscal Review Questionnaire” Attachment D. An electronic version of this questionnaire is available at www.michigan.gov/familyplanning.
2. Describe the billing and collections procedures that are to be used to assure third party payment collections without the application of any discounts, include collections safe guards, protecting clients’ confidentiality and the protocol for aging outstanding accounts. If the agency has sub recipient status, include a brief summary of the recent experience collecting third party reimbursement for the family planning program.
3. Discuss the agency’s two most recent financial audits, noting exceptions and findings. Provide the status of remedial and/or corrective action plans.
4. Identify if the agency’s providers are Medicaid enrolled or the time line for becoming enrolled. Also discuss the agency’s experience and/or success with contracting and billing private third party payers.

Mandatory reference resources for this section include:

- Michigan Title X Family Planning Standards and Guidelines Manual (2013) Sections 5.4 (liability insurance), 6.3, 6.3.1, 6.3.2, 6.3.3 – Reference 1
- Title X Family Planning Fiscal Review Questionnaire - Attachment D
- Subpart C of 45 Code of Federal Regulations (CFR) 74 (Uniform Administrative Requirements for Awards and Sub Awards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Certain Grants and Agreements with States, Local Governments and Indian Tribal Governments), as applicable (see Michigan Title X Family Planning Standards and Guidelines Manual (2013), Part 1.A. Office of Management and Budget Instructions and Forms).
- Subpart 45 Code of Federal Regulations (CFR) 92 (Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments), as applicable (see Michigan Title X Family Planning Standards and Guidelines Manual (2013), Part 1.A. Office of Management and Budget Instructions and Forms).

- Office of Management and Budget (OMB) Circular A-133 (see Michigan Title X Family Planning Standards and Guidelines Manual (2013), Part 1.A. Office of Management and Budget Instructions and Forms).

Clinical Management

The clinical management section identifies service sites and services to be provided to clients following Title X regulations. Describe clinical services that are to be delivered.

Related Minimum Program Requirements:

- MPR #1 Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents).
- MPR #2 Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participate in any other program.
- MPR #3 Provide services in a manner which protects the dignity of the individual.
- MPR #4 Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
- MPR #5 Not provide abortion as a method of family planning. Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination.
- MPR #6 Provide that priority in the provision of services will be given to persons from low-income families.
- MPR #11 Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.
- MPR #15 Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.
- MPR #16 Provide that the family planning medical services will be performed under the direction of a physician with special training or experience in family planning.

- MPR #17 Provide that all services purchased for project participants will be authorized by the project director or his/her designee on the project staff.
- MPR #18 Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects support by other federal programs.

Please respond to the following statements, assuring the applicable Minimum Program Requirements are addressed:

1. Complete “Provider Directory/Clinic(s) Schedule Information” form Attachment E (if you are currently a Title X service provider, also include number of users reported on your last FPAR by site). An electronic version of Attachment E is available at www.michigan.gov/familyplanning.
 - Provide days and hours of operation for each proposed location including hours of provider clinics if different from the hours of operation. Service site hours refer to the times medical services are available; office hours are the hours that the sites are actually open without clinical services being available.
2. On a map, provide locations of all service sites.
3. Complete Attachment F “Family Planning Services Provided” to submit information on services provided at service sites. Information on Attachment F may be condensed where service delivery methods are consistent across all delivery sites. See completed sample Attachment F “Family Planning Services Provided Sample.” An electronic version of Attachment F is available at www.michigan.gov/familyplanning.
4. Describe the services to be provided at each type of visit: initial, annual, supply and problem visits.
5. Identify any required service(s) that will not be provided directly by the applicant (directly in this context means in a Title X service site). Provide an explanation for how services will be delivered and the method(s) to be used to assure delivery. Also, explain how services will be monitored for quality and consistency to any requirements.
6. Describe the provision of emergency and after-hours coverage.
7. Describe HIV services offered. If on-site HIV testing is provided, identify the type of testing provided (rapid, standard, Elisa, etc.) and the funding source(s) used for this service.
8. Describe how sterilization services, required education and authorization according to regulations will be provided.

9. Title X providers, in consultation with service site medical directors are expected to develop written clinical protocols that are consistent with the most current nationally recognized standards of care. Identify which nationally recognized standards of care the applicant plans to follow. (Examples: American College of Obstetricians and Gynecologists (ACOG), United States Preventive Taskforce (USPTF), etc.)
10. Describe how clients requesting information on options for management of an unintended pregnancy will be given non-directive counseling on the following mandatory alternative options, and referral upon request:
 - Prenatal care and delivery
 - Infant care, foster care, or adoption
 - Pregnancy termination

Mandatory Reference Resources for this section include:

- Michigan Title X Family Planning Standards and Guidelines Manual (2013) Sections 7 through 10 – Reference 1.
- Office of Population Affairs Program Instruction Series 09-01

Community Education and Outreach

Community education and outreach activities should serve to enhance community understanding of the objectives of the Title X Family Planning Program, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial. Outreach activities also include establishing relationships with community organizations and other health care providers to serve the needs of clients beyond those services offered through Title X.

Related Minimum Program Requirements:

- | | |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MPR #5 | Not provide abortion as a method of family planning. Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination. |
| MPR #6 | Provide that priority in the provision of services will be given to persons from low-income families. |
| MPR #10 | Provide for an advisory committee. |
| MPR #12 | Provide for social services related to family planning, including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance. |

- MPR #13 Provide for informational and educational programs designed to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by persons to whom family planning services may be beneficial.
- MPR #18 Provide for the coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects support by other federal programs.
- MPR #20 Provide to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

Please respond to the following requests, assuring applicable Minimum Program Requirements are addressed:

1. Discuss the process for the review, evaluation, and approval of information and educational materials. Include a description of the current Information and Education Advisory Committee or discuss how one will be developed. Include the steps that will be taken to ensure that the committee is broadly representative of the community served. (The Family Planning Advisory Council can fill this requirement.)
2. Discuss how your program will interact, partner, and network with other community agencies to both promote the program in the community and to meet the social services needs of clients related to family planning including counseling, referral to and from other social and medical agencies, and any ancillary services which may be necessary to facilitate clinic attendance.
3. Discuss how your program will offer an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served and by others in the community knowledgeable about the community's needs for family planning services.
4. Describe how consumer input is to be obtained in the development, implementation, and evaluation of the project.
5. Describe how community education and promotion activities will be designed to achieve community understanding of the objective of continued participation in the project by persons to whom family planning services may be beneficial.
6. Discuss the coordination and use of referral arrangements with other providers of non-family planning health care services, local health and welfare departments, health plans, hospitals, voluntary agencies, and health service projects support by other federal programs. Include a

brief history and past accomplishments of these referral arrangements. At a minimum discuss your relationship with the service providers listed below. Include a letter of support from each type of provider. If your agency provides the service, please indicate and a letter is not necessary. If not applicable, please indicate the reason (ex. This type of provider does not exist in your county).

- a. School Based or linked Health Centers
- b. STI/HIV clinic(s)
- c. Maternal Infant Health Program provider
- d. Primary Care Services (Medicaid health plan, Federally Qualified Health Center, county health plan, etc.)
- e. At least two of the following types of providers: Prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination
- f. Breast and Cervical Cancer Control Program (BCCCP) coordinating agency
<http://www.michigancancer.org/bcccp/BecomeAProvider/HowToBecomeAProvider.cfm?nav=5>

7. Provide a list of collaborative arrangements with the family planning program such as those for outreach, client recruitment, community awareness, and program marketing.

Mandatory reference resource for this section includes:

- Michigan Title X Family Planning Standards and Guidelines Manual (2013) Sections 3.4, 4.0, 6.8, 6.9, 6.9.1, 6.9.2, 6.10 (Reference 1)

C. Goals, Objectives and Work Plan (90 points)

Applicants must designate goals and objectives for the family planning program. Objectives should be written using the SMART format (Specific, Measurable, Appropriate, Realistic and Time-phased). There must be objectives for each of the narrative sections, and Federal program priorities, legislative mandates and key issues. Using the format provided in Attachment G “Required Work Plan Format” develop a work plan for achieving the objectives. An electronic work plan format is available at www.michigan.gov/familyplanning.

1. Administrative Management – Please write a minimum of two (2) objectives pertaining to administrative management.
2. Financial Management – Please write a minimum of two (2) objectives pertaining to financial management.
3. Clinical Management – Please write a minimum of three (3) objectives pertaining to clinical management.
4. Community Education and Outreach – Please write a minimum of two (2) objectives pertaining to Community Education and Outreach.

5. Federal Family Planning Program priorities, legislative mandates and key issues – Please write a minimum of one (1) objective identifying specific strategy for adapting to a changing health care environment and addressing the provisions of the Affordable Care Act. This includes but is not limited to partnering with primary care providers.

D. Budget (30 points)

Prepare a budget for the Fiscal Period October 1, 2014-September 30, 2015. In this section the applicant must:

1. Submit a detailed one-year budget by completing the MDCH budget forms, Attachment H and following the directions in MDCH Budget Instructions, Reference 8. Electronic versions of the budget forms are available at www.michigan.gov/familyplanning.
2. Provide narrative justification for each budget line item.
3. Identify all sources of program support.

Awarded agencies will be required to submit budgets through the State of Michigan Electronic Grants Administration and Management System (EGRAMS).

E. Assurances/Certifications (15 points)

Submit signed assurance form “Michigan Title X Assurance of Compliance” Attachment I and certification form “Family Planning Provider Certification” Attachment J. See Reference 9, PA 360 (2002) Section 333.1091, for requirements in Family Planning Provider Certification.

Agencies should also review and understand the MDCH Standard Agreement Language in Reference 10.

Total Points Available for this Application: 450

XIII. Guidance - Category 2

This applies to an applicant that has completed and submitted a grant application for funding through the Title X Family Planning Request for Proposal process that ended January 28, 2014. In this case, extensive agency and program information has already been provided for the applicant and the applicant may complete an abbreviated application for funding in one or more of the nine counties listed in this RFP. When developing responses to the below, please provide information only on one or more of the nine counties that are covered in this RFP.

These funds will be awarded to provide reproductive health services and contraceptives. Applicants are to identify the need for these services in the community(ies) in their application. If you propose to either serve a geographic area other than an entire county, or serve a county without a service site physically within the jurisdiction's boundary, you must make a convincing argument for how this arrangement will meet the needs of the population to be served

1. Complete the Service Area and Target Population Demographics Worksheet, Attachment C. Complete a separate worksheet for each county, or the sub area of a county the applicant proposes to serve. An electronic version of the worksheet is available at www.michigan.gov/familyplanning. (10 points)
2. Provide a brief narrative overview of the data presented in the worksheet minimally covering the following areas: (10 points)
 - Race, age, sex, ethnicity
 - Income
 - Infant mortality
 - Pregnancy rates including for teens
 - Chlamydia, Gonorrhea, and Syphilis and HIV rates/prevalence
3. Describe the proposed geographic area(s), including a discussion of potential geographic, topographic, cultural, linguistic and other related barriers to receiving services. (10 points)
4. Identify and discuss the target and priority population's need for family planning services. (10 points)
5. If applicant proposes to serve less than a county, or serve an area without a service site within its boundary, you must clearly identify who is the target population and how many are to be served, designating the number by the income categories 100% of poverty and under, 101-200% of poverty, 201-250% of poverty, and 251% and above. You must also be prepared to report a separate Family Planning Annual Report (FPAR) for this specific area. If applicant proposes to serve the entire county, you may skip this request. (10 points)
6. Identify the number of clients the applicant agency is willing to target of the Title X caseload available for the area(s) proposed to serve. (10 points)

7. Describe existing services and justify the need for additional family planning services to meet community/cultural needs. (10 points)
8. Identify and describe linkages with other resources in the community(ies) related to reproductive and primary health care, and contraceptive services. (10 points)
9. Complete “Provider Directory/Clinic(s) Schedule Information” form Attachment E. An electronic version of Attachment E is available at www.michigan.gov/familyplanning. (10 points)
 - Provide days and hours of operation for each proposed location including hours of provider clinics if different from the hours of operation. Service site hours refer to the times medical services are available; office hours are the hours that the sites are actually open without clinical services being available.
10. On a map, provide locations of all service sites. (5 points)
11. Complete Attachment F “Family Planning Services Provided” to submit information on services provided at service sites. Information on Attachment F may be condensed where service delivery methods are consistent across all delivery sites. See completed sample Attachment F “Family Planning Services Provided Sample.” An electronic version of Attachment F is available at www.michigan.gov/familyplanning. (10 points)
12. Discuss how your program will interact, partner, and network with other community agencies to both promote the program in the community and to meet the social services needs of clients related to family planning including counseling, referral to and from other social and medical agencies, and any ancillary services which may be necessary to facilitate clinic attendance. (10 points)
13. Describe how community education and promotion activities will be designed to achieve community understanding of the objective of continued participation in the project by persons to whom family planning services may be beneficial. (10 points)
14. Budget (30 points): Prepare a budget for the Fiscal Period October 1, 2014-September 30, 2015. In this section the applicant must:
 - a) Submit a detailed one-year budget by completing the MDCH budget forms, Attachment H and following the directions in MDCH Budget Instructions, Reference 8. Electronic versions of the budget forms are available at www.michigan.gov/familyplanning.
 - b) Provide narrative justification for each budget line item.
 - c) Identify all sources of program support.

Awarded agencies will be required to submit budgets through the State of Michigan Electronic Grants Administration and Management System (EGRAMS).

Total Points Available for this Application: 200

XIV. Mandatory References – Applies to Category 1 and Category 2 Applications

1. Michigan Title X Family Planning Standards and Guidelines Manual (2013) (Federal references are either in the manual or web site link in Part I of the manual)
2. By County Caseload and Funding Distribution for FY 2015
3. Medicaid Policy Manual and Bulletin Web Links
4. Family Planning Annual Report Tables 1-14 and MI FPAR Table 15
5. Minimum Program Requirements
6. Minimum Reporting Requirements
7. List of Key Terms and Definitions
8. Instructions for Preparation of Budget Forms (DCH-0385, DCH-0386)
9. PA 360 (2002) Section 333.1091
10. MDCH Standard Agreement Sample Language FY2014

XV. Mandatory Attachments and Forms

Required attachments and forms to be completed and returned. All required forms are available in an electronic version at www.michigan.gov/familyplanning. Please refer to the guidance for Category 1 and Category 2 applicants for the appropriate required forms.

- A. Applicant Cover Page
- B. Application Checklist
- C. Service Area and Target Population Demographic Worksheet
- D. Fiscal Review Questionnaire
- E. Provider Directory/Clinic(s) Schedule Information
- F. Family Planning Services Provided and Family Planning Services Provided Sample
- G. Required Work Plan Format
- H. MDCH Budget Forms
- I. Michigan Title X Assurance of Compliance
- J. Family Planning Provider Certification

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Reference 1:

Michigan Title X Family Planning Standards and Guidelines (2013) Web link:

www.michigan.gov/familyplanning

Reference 2:

Family Planning Caseload and Funding Distribution by County for Fiscal Year 2015 Page 1 of 1			
Area	Women 15-44 ≤100% Poverty	Estimated Title X Caseload Allocation	Estimated Title X Funding Allocation @183 per User
Barry County	1,721	168	30,785
Branch County	1,629	159	29,139
Cass County	1,631	159	29,175
Eaton County	2,786	272	49,835
Hillsdale County	1,933	189	34,577
Lapeer County	2,366	231	42,322
St. Clair County	4,787	468	85,628
St. Joseph County	2,368	231	42,358
Van Buren County	3,278	320	58,635
TOTALS	22,499	2,197	402,454

Medicaid Policy Bulletin Web Links

Family Planning – Medicaid Manual

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

Go to Family Planning bookmark and Plan First! Family Planning Waiver bookmark

Medicaid Policy Bulletins

http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42553-188444--,00.html

Medicaid and Plan First! Reimbursements

http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-150941--,00.html

Reference 4

TITLE X FAMILY PLANNING ANNUAL REPORT

FPAR Number: _____
Date Submitted: _____
Reporting Period: _____

Check One: Initial Submission See Notes
Revision

GRANTEE PROFILE COVER SHEET

GRANTEE LEGAL NAME		
ADDRESS OF GRANTEE ADMINISTRATIVE OFFICES	Street:	
	City:	
	State:	Zip Code:
TITLE X PROJECT DIRECTOR	Name:	
	Title:	
	Street:	
	City:	
	State:	Zip Code:
	Phone:	
	Fax:	
	E-Mail:	
GRANTEE CONTACT PERSON (PERSON COMPLETING FPAR)	Name:	
	Title:	
	Street:	
	City:	
	State:	Zip Code:
	Phone:	
	Fax:	
	E-Mail:	
NUMBER OF DELEGATES/CONTRACTORS SUPPORTED BY THE TITLE X GRANT		
NUMBER OF FAMILY PLANNING SERVICES SITES SUPPORTED BY THE TITLE X GRANT	_____ Sites	<input type="checkbox"/> Check if total number of sites is different from application

Agency's Name: _____
 Date Submitted: _____
 Reporting Period: _____

 (Month/day/year) (Month/day/year)

Check One: Initial Submission See Notes
 Revision

TABLE 1
UNDUPLICATED NUMBER OF FAMILY PLANNING USERS BY AGE AND GENDER

Age Group (Years)		Female Users (A)	Male Users (B)	Total Users (sum cols. A + B) (C)
1	Under 15			
2	15-17			
3	18-19			
4	20-24			
5	25-29			
6	30-34			
7	35-39			
8	40-44			
9	Over 44			
10	Total Users (sum rows 1 to 9)			
		CHECKPOINT REFERENCE AA	CHECKPOINT REFERENCE BB	CHECKPOINT REFERENCE CC

Agency's Name: _____

Date Submitted: _____

Reporting Period: _____

(Month/day/year)

(Month/day/year)

Check One: Initial Submission

See Notes

Revision

**TABLE 2
UNDUPLICATED NUMBER OF FEMALE FAMILY PLANNING USERS BY ETHNICITY AND RACE**

Race		Hispanic or Latino (A)	Not Hispanic or Latino (B)	Unknown/ Not Reported (C)	Total Female Users (sum cols. A + B + C) (D)
1	American Indian or Alaska Native				
2	Asian				
3	Black or African American				
4	Native Hawaiian or other Pacific Islander				
5	White				
6	More than one race				
7	Unknown/not reported				
8	Total Female Users (sum rows 1 to 7)				

SEE
CHECKPOINT
REFERENCE
AA

Agency's Name: _____

Date Submitted: _____

Reporting Period: _____

(Month/day/year)

(Month/day/year)

Check One: Initial Submission

See Notes

Revision

**TABLE 3
 UNDUPLICATED NUMBER OF MALE FAMILY PLANNING USERS BY ETHNICITY AND RACE**

Race		Hispanic or Latino (A)	Not Hispanic or Latino (B)	Unknown/ Not Reported (C)	Total Male Users (sum cols. A + B + C) (D)
1	American Indian or Alaska Native				
2	Asian				
3	Black or African American				
4	Native Hawaiian or other Pacific Islander				
5	White				
6	More than one race				
7	Unknown/not reported				
8	Total Male Users (sum rows 1 to 7)				

SEE
 CHECKPOINT
 REFERENCE
 BB

Agency's Name: _____

Date Submitted: _____

Reporting Period: _____

(Month/day/year)

(Month/day/year)

Check One: Initial Submission

See Notes

Revision

TABLE 5
UNDUPLICATED NUMBER OF FAMILY PLANNING USERS BY PRINCIPAL HEALTH INSURANCE COVERGE STATUS

Principal Health Insurance Covering Primary Medical Care		Number of Users (A)
1	Public health insurance covering primary medical care	
2	Private health insurance covering primary medical care	
3	Uninsured (no public or private health insurance)	
4	Unknown/not reported	
5	Total Users (sum rows 1 to 4)	

SEE
CHECKPOINT
REFERENCE
CC

Agency's Name: _____

Date Submitted: _____

Reporting Period: _____

(Month/day/year)

(Month/day/year)

Check One: Initial Submission

See Notes

Revision

TABLE 6
UNDUPLICATED NUMBER OF FAMILY PLANNING USERS WITH LIMITED ENGLISH PROFICIENCY (LEP)

		Number of Users (A)
1	Number of users with limited English proficiency (LEP)	

Agency's Name: _____
Date Submitted: _____
Reporting Period: _____
(Month/day/year) (Month/day/year)

Check One: Initial Submission
 Revision

See Notes

**TABLE 7
UNDUPLICATED NUMBER OF FEMALE FAMILY PLANNING USERS BY PRIMARY METHOD AND AGE**

Primary Method		Unduplicated Number of Female Users by Age									Total Female Users (sum cols. A to I) (J)
		<15 (A)	15-17 (B)	18-19 (C)	20-24 (D)	25-29 (E)	30-34 (F)	35-39 (G)	40-44 (H)	>44 (I)	
1	Female sterilization										
2	Intrauterine device (IUD)										
3	Hormonal implant										
4	1-Month hormonal injection										
5	3-Month hormonal injection										
6	Oral contraceptive										
7	Contraceptive patch										
8	Vaginal ring										
9	Cervical cap or diaphragm										
10	Contraceptive sponge										
11	Female condom										
12	Spermicide (used alone)										
13	Fertility Awareness or Lactational Amenorrhea Method										
14	Abstinence										
15	Withdrawal or Other method										
Rely on Male Method											
16	Vasectomy										
17	Male Condom										
No Method											
18	Pregnant or seeking pregnancy										
19	Other reason										
Method unknown/not reported											
20	Method unknown/not reported										
21	Total Female Users (sum rows 1 to 20)										

SEE
CHECKPOINT
REFERENCE

Agency's Name: _____
Date Submitted: _____
Reporting Period: _____
(Month/day/year) *(Month/day/year)*

Check One: Initial Submission
 Revision

See Notes

TABLE 8
UNDUPLICATED NUMBER OF MALE FAMILY PLANNING USERS BY PRIMARY METHOD AND AGE

Primary Method		Unduplicated Number of Male Users by Age								Total Male Users (sum cols. A to I) (J)
		<15 (A)	15-17 (B)	18-19 (C)	20-24 (D)	25-29 (E)	30-34 (F)	25-39 (G)	40-44 (H)	
1	Vasectomy									
2	Male condom									
3	Fertility awareness method (FAM)									
4	Abstinence									
5	Withdrawal or Other Method									
Rely on Female Method(s)										
6	Rely on Female Method(s)									
No Method										
7	Partner Pregnant or seeking pregnancy									
8	Other reason									
Method Unknown/Not Reported										
9	Method Unknown/Not Reported									
10	Total Male Users (sum rows 1 to 9)									

SEE
CHECKPOINT
REFERENCE
BB

Agency's Name: _____

Date Submitted: _____

Reporting Period: _____

*(Month/day/year)**(Month/day/year)*Check One: Initial Submission See Notes Revision

TABLE 9
CERVICAL CANCER SCREENING ACTIVITIES

Screening Activity		Number of Users or Number of Tests (A)
1	Unduplicated number of users who obtained a Pap test	
2	Number of Pap tests performed	
3	Number of Pap tests with an ASC or higher result	
4	Number of Pap tests with an HSIL or higher result	
Quality Care		
5	Abnormal Pap tests	
6	Follow-up on Abnormal Pap tests	

Agency's Name: _____

Date Submitted: _____

Reporting Period: _____

(Month/day/year)

(Month/day/year)

Check One: Initial Submission

See Notes

Revision

TABLE 10
CLINICAL BREAST EXAMS AND REFERRALS

Screening Activity		Number of Users (A)
1	Unduplicated number of users who received a clinical breast exam (CBE)	
2	Unduplicated number of users referred for further evaluation based on their CBE	

Agency's Name: _____
 Date Submitted: _____
 Reporting Period: _____
 (Month/day/year) (Month/day/year)

Check One: Initial Submission See Notes
 Revision

TABLE 11
UNDUPLICATED NUMBER OF FAMILY PLANNING USERS TESTED FOR CHLAMYDIA BY AGE AND SEX

Age Group (Years)		Number of Users	
		Female Users (A)	Male Users (B)
1	Under 15		
2	15-17		
3	18-19		
4	20-24		
5	25 and over		
6	Total Users (sum rows 1 to 5)		

Agency's Name: _____

Date Submitted: _____

Reporting Period: _____

(Month/day/year)

(Month/day/year)

Check One: Initial Submission

See Notes

Revision

TABLE 12
NUMBER OF GONORRHEA, SYPHILIS, AND HIV TESTS

Test Type	Number of Tests		Total Tests (sum cols. A + B) (C)
	Female (A)	Male (B)	
1 Gonorrhea			
2 Syphilis			
3 HIV - All confidential tests			
4 HIV - Positive confidential tests			
5 HIV - Anonymous tests			

Agency's Name: _____

Date Submitted: _____

Reporting Period: _____

(Month/day/year)

(Month/day/year)

Check One: Initial Submission

See Notes

Revision

**TABLE 13
 NUMBER OF FAMILY PLANNING ENCOUNTERS BY TYPE OF PROVIDER**

Provider Type		Number of FTEs (A)	Number of F. P. 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 physician assessment		
2	Other Service Providers		
3	Total Family Planning Encounters (sum rows 1 + 2)		

Agency's Name: _____
Date Submitted: _____
Reporting Period: _____

(Month/day/year) (Month/day/year)

Check One: Initial Submission
 Revision

See Notes

TABLE 14
REVENUE REPORT

Federal Grants		Amount	
1	Title X grant (Section 1001: family planning services)		
Payment For Services			
2	Total client collections/self-pay		
3	Third-party payers	Prepaid	Not Pre-paid
		(A)	(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 (Donations:)		
13	Other (Fund Raising:)		
14	Other (Private Grants:)		
15	Other (Misc.:)		
16	Other (Specify:)		
17	Total - Other Revenue (sum rows 6 to 16)		
18	Total Revenue (sum rows 1 + 5 + 17)		

Agency's Name: _____
Date Submitted: _____
Reporting Period: _____
(Month/day/year) (Month/day/year)

Check One: Initial Submission

See Notes

Revision

TABLE 15
UNDUPLICATED NUMBER OF FAMILY PLANNING USERS BY
MEDICAID AND PLAN FIRST! COVERAGE

Screening Activity		Number of Users (A)
1	Number of users by Medicaid coverage.	
2	Number of users by Plan First! Coverage.	



 (Month/day/year) (Month/day/year)

Check One: Initial Submission See Notes

Revision

Table 16
UNDUPLICATED NUMBER OF FAMILY PLANNING
USERS BY MARITAL
STATUS

		Number of Users (A)
1	Number of users Now Married	
2	Number of users Separated	
3	Number of users Divorced	
4	Number of users Widowed	
5	Number of users Never Married	
6	Number of users Not Answered	
7	TOTAL	

SEE
 CHECKPOINT
 REFERENCE
 CC

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Michigan Department
of Community Health



Minimum Program Requirements

Element: **Family Planning**
(categorical funding)

Page 1 of 3

Effective Date: October 1, 2011

Director's Signature:

ELEMENT DEFINITION:

Family Planning services offer comprehensive preventive reproductive health care that includes: general health assessment and examination; routine screening for sexually transmitted diseases, HIV infections, cervical and breast cancer, high blood pressure, anemia, infertility problems and selected infections; contraception, pregnancy testing and counseling services; client and community educations; and follow-up and referrals for medical or socio/economic problems. The primary mission is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children.

MINIMUM PROGRAM REQUIREMENTS:

1. Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(1).
2. Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participate in any other program. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(2).
3. Provide services in a manner which protects the dignity of the individual. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(3).
4. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(4).

5. Not provide abortion as a method of family planning. Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(5) and (i).
6. Provide that priority in the provision of services will be given to persons from low-income families. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(6).
7. Provide that no charge will be made for services provided to any persons from a low-income family (at or below 100% of the Federal Poverty Level) except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(7).
8. Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to person from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(8).
9. If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title agency is required. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(9).
10. Provide for an advisory committee. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(11).
11. Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(1).
12. Provide for social services related to family planning, including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(2).
13. Provide for informational and educational programs designed to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by persons to whom family planning services may be beneficial. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(3).

14. Provide for orientation and in-service training for all project personnel. **Reference:** 42 CFR CH.1 (10-1-00 Edition) §59.5 (b)(4).
15. Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(5).
16. Provide that the family planning medical services will be performed under the direction of a physician with special training or experience in family planning. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(6).
17. Provide that all services purchased for project participants will be authorized by the project director or his/her designee on the project staff. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(7).
18. Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects support by other federal programs. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(8).
19. Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payments procedures maintained by the agency. The agency must be prepared to substantiate that these rates are reasonable and necessary. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(9).
20. Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(10).
21. Any funds granted shall be expended solely for the purpose of delivering Title X Family Planning Services in accordance with an approved plan & budget, regulations, terms & conditions and applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable. **Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.9.

Reference 6:

**Michigan Department of Community Health
Minimum Reporting Requirements (MPR)
Family Planning Program**

Required Report	Source Document	Reason/Use	Due Date
FPAR Profile Sheet		Federal Requirement	MID – Year Report (Jan-June) due July 15
Table 1	Client visit record		Annual Report (Jan- Dec) due January 10
Table 2	Client visit record		
Table 3	Client visit record		
Table 4	Client visit record		
Table 5	Client visit record		
Table 6	Client visit record		
Table 7	Client visit record		
Table 8	Client visit record		
Table 9	Client visit record		
Table 10	Client visit record		
Table 11	Client visit record		
Table 12	Client visit record		
Table 13	Client visit record		
Table 14	General ledger or Accounting reports		
Table 15	Accounting reports	Michigan Requirement	
Table 16	Client visit record		
Family Planning Needs Assessment and Health Care Plan	Program Statistics	Federal Requirement	Due September 16

Project Outputs:

Target Measure	Total Performance Expectation	State Funded Minimum Performance Expected	
		<i>Percent</i>	Number
Unduplicated number of Clinic Users		95%	

Reference 7:

List of Key Terms and Definitions

1. Sub recipient agencies: Those entities that provide family planning services with Title X funds under a negotiated, written agreement with the grantee.
2. Federal Poverty Level: Also referred to as the poverty guidelines, the levels are issued annually in the Federal Register by the U.S. Department of Health and Human Services and are used to determine eligibility in many federal and state programs. The federal poverty levels are used to determine if family income and size are insufficient to meet basic life needs.
3. FPAR: The Family Planning Annual Report is the sole source of annual, uniform reporting by all Title X family planning services grantees. It provides consistent, national-level data on demographic and social characteristics; utilization of family planning and related preventive health services; staff utilization; and sources and levels of other revenue that complement Title X funds.
4. Grantee: Entity that receives the federal grant and assume legal and financial responsibility and accountability for the awarded funds and for the performance of the activities approved for funding. In Michigan, the grantee is the Michigan Department of Community Health.
5. Low income: Individuals are considered low-income whose income falls at or below 100% of the federal poverty level.
6. Plan First!: The Michigan Medicaid Family Planning Section 115 waiver program that expands income eligibility to 185% of poverty for women aged 19-44 years old for family planning services only.
7. Populations with Special Needs: Includes teens, individuals with limited english proficiency and special physical and mental needs.
8. Priority Population: Individuals with family incomes equal to or less than the federal poverty level.
9. Project: Activities described in the grant application and supported under the approved budget.
10. Recommended services: Activities that are supported by Title X regulations but are not mandatory.
11. Required services: Services mandated to be provided by any agency funded under Title X. These services are listed under Section 8.0 in the Michigan Title X Family Planning Standards and Guidelines 2006.
12. Service sites: Locations where services are provided by the delegate agencies.

13. User: An individual who has at least one family planning visit encounter at a Title X service site with the purpose to avoid unintended pregnancies or achieve intended pregnancy. The terms "user" and "client" are used interchangeably.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

Reference 8:

I. INTRODUCTION

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

ATTACHMENT B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- I. Expenditure Category – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

Expenditures:

1. Salary and Wages
 2. Fringe Benefits
 3. Travel
 4. Supplies and Materials
 5. Contractual (Subcontracts/Subrecipients)
 6. Equipment
 7. Other Expenses
 8. Total Direct Expenditures
 9. Indirect Costs
 10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
 13. Local - Enter the amount of Contractor funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
 14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.

ATTACHMENT B

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

15. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
 16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The "K" Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

ATTACHMENT B

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference. Use additional pages if needed.

- A. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor Name - Enter the name of the contractor.
- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

Expenditure Categories:

- G. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.

ATTACHMENT B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386)
FORM PREPARATION (continued)

- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to this program. This category includes the employer’s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the Salary and Wages amount.)
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - as part of the Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) and/or subrecipient(s) name and address, 2) amount for each subcontractor and/or subrecipient, 3) the total amount for all subcontractor(s) and/or subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to

ATTACHMENT B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386)
FORM PREPARATION (continued)

the subrecipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

- P. Equipment - Enter a description of the equipment being purchased, including number of units and the unit value, the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided (line 6). Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specified. Minor items may be identified by general type of cost and summarized as a single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (line 7). **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.

ATTACHMENT B

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386)
FORM PREPARATION (continued)

3. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included, such as patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.** Enter the base amount. Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect costs rate. **Detail on how the indirect costs was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures – Enter the sum of items 8 and 9 on line 10.

PROGRAM BUDGET SUMMARY

View at 100% or Larger
Use **WHOLE DOLLARS Only**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT ORIGINAL AMENDMENT ►			AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			

(I) EXPENDITURE CATEGORY				(K) TOTAL BUDGET (Use Whole Dollars)
1. SALARY & WAGES	43,000			43,000
2. FRINGE BENEFITS	11,180			11,180
3. TRAVEL	1,400			1,400
4. SUPPLIES & MATERIALS	37,000			37,000
5. CONTRACTUAL (Subcontracts/Subrecipients)	3,500			3,500
6. EQUIPMENT	5,000			5,000
7. OTHER EXPENSES				
	8,000			8,000
EXAMPLE				
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)	110,090			110,090
9. INDIRECT COSTS: Rate #1 %				
INDIRECT COSTS: Rate #2 %				
10. TOTAL EXPENDITURES	110,090			110,090

(J) SOURCE OF FUNDS

11. FEES & COLLECTIONS	10,000			10,000
12. STATE AGREEMENT	90,000			90,000
13. LOCAL	9,090			9,090
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	110,090			110,090

AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding	The Department of Community Health is an equal opportunity employer, services and programs provider.
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PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use WHOLE DOLLARS ONLY				
(B) PROGRAM		(C) BUDGET PERIOD		(D) DATE PREPARED
Budget and Contracts		From: 10/01/xx	To: 9/30/xx	7/01/xx
(E) CONTRACTOR NAME		(F) BUDGET AGREEMENT		AMENDMENT #
Michigan Agency		ORIGINAL AMENDMENT		
(G)	(H)	(I)	(J)	
1. SALARY & WAGES	COMMENTS	POSITIONS	TOTAL SALARY	
POSITION DESCRIPTION		REQUIRED		
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
(K) 1. TOTAL SALARY & WAGES:		1.5	\$ 43,000	
(L) 2. FRINGE BENEFITS (Specify)				
FICA	LIFE INS.	DENTAL INS	COMPOSITE RATE	
UNEMPLOY INS.	VISION INS.	WORK COMP	AMOUNT 26%	
RETIREMENT	HEARING INS.			
HOSPITAL INS: OTHER (specify) _____				
		2. TOTAL FRINGE BENEFITS:	\$ 11,180	
(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
Conference registration	\$350			
Airfare	\$600			
Hotel accommodations and per diem for 4 days	\$450			
		3. TOTAL TRAVEL:	\$ 1,400	
(N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
Office Supplies	2,000			
Medical supplies	35,000			
		4. TOTAL SUPPLIES & MATERIALS:	\$ 37,000	
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
Subcontractor Name	Address	Amount		
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000		
Subrecipient Name				
Health Care Partners	333 Kalamazoo, Lansing, MI 48933	\$ 1,500		
		5. TOTAL CONTRACTUAL:	\$ 3,500	
(P) 6. EQUIPMENT (Specify items)				
Microscope	\$5,000			
		6. TOTAL EQUIPMENT:	\$ 5,000	
(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
Communication Costs		\$2,400		
Space Costs		\$3,600		
Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing		\$2,000		
		7. TOTAL OTHER:	\$ 8,000	
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 110,090
(S) 9. INDIRECT COSTS CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total	\$ 0	
		Rate #2: Base \$0 X Rate 0.0000 % Total	\$ 0	
		9. TOTAL INDIRECT EXPENDITURES:	\$ 0	
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 110,090

AUTHORITY: P.A. 368 of 1978

The Department of Community Health is an equal opportunity

COMPLETION: Is Voluntary, but is required as a condition of funding employer, services and programs provider.

DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete. Use Additional Sheets as Needed

ATTACHMENT B. 3
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CONTRACT MANAGEMENT SECTION

EQUIPMENT INVENTORY SCHEDULE

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget, Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward this form to the MDCH contract manager with the final progress report.

Contractor Name: Michigan Agency Contract #: 2010000 Date: 10/31/09

Quantity	Item Name	Item Specification	Tag Number	Purchase Price
1	LW Scientific M5 Labscope	<ul style="list-style-type: none"> • Binocular • Trinocular with C-mount or eye tube • 35mm and digital camera adapters available • Diopter adjustment • Inclined 30 degrees (45 degrees available), rotates 360 degrees • 10X/20 high point eyepieces • Interpupillary distance range 50-75mm 	N1038438EW109	\$ 5,000
				\$
				\$
				\$
				\$
				\$
				\$
Total				\$ 5,000

EXAMPLE

Contractor's Signature: _____ Date: _____

Reference 9:

Section 333.1091

ALLOCATION OF FUNDS TO FAMILY PLANNING SERVICES (EXCERPT) Act 360 of 2002

333.1091 Family planning or reproductive services; allocation of funds.

Sec. 1.

(1) Except as otherwise provided in this section, it is the policy of this state for the department of community health to give priority under this subsection in the allocation of funds through grants or contracts for educational and other programs and services administered by the department of community health and primarily pertaining to family planning or reproductive health services, or both. This subsection applies to grants or contracts awarded to a qualified entity that does not engage in 1 or more of the following activities:

(a) Performing elective abortions or allowing the performance of elective abortions within a facility owned or operated by the qualified entity.

(b) Referring a pregnant woman to an abortion provider for an elective abortion.

(c) Adopting or maintaining a policy in writing that elective abortion is considered part of a continuum of family planning or reproductive health services, or both.

(2) If each of the entities applying for a grant or contract described in subsection (1) engages in 1 or more of the activities listed in subsection (1)(a) to (c), the department of community health shall give priority to those entities that engage in the least number of activities listed in subsection (1)(a) to (c).

(3) Subsection (1) does not apply if the only applying entity for a grant or contract described in subsection (1) engages in 1 or more of the activities listed in subsection (1)(a) to (c).

(4) Subsection (1) does not apply to grants or contracts awarded by the department of community health other than family planning and pregnancy prevention awards under subpart a of part 59 of title 42 of the Code of Federal Regulations or state appropriated family planning or pregnancy prevention funds.

(5) In applying the priority established in subsection (1), the department of community health shall not take into consideration an activity listed in subsection (1)(a) to (c) if participating in that activity is required under federal law as a qualification for receiving federal funding.

(6) If an entity applying for a contract or grant described in subsection (1) is affiliated with another entity that engages in 1 or more of the activities listed in subsection (1)(a) to (c), the applying entity shall, for purposes of awarding a grant or contract under subsection (1), be considered independent of the affiliated entity if all of the following conditions are met:

(a) The physical properties and equipment of the applying entity are separate and not shared with the affiliated entity.

(b) The financial records of the applying entity and affiliated entity demonstrate that the affiliated entity receives no funds from the applying entity.

(c) The paid personnel of the applying entity do not perform any function or duty on behalf of the affiliated entity while on the physical property of the applying entity or during the hours the personnel are being paid by the applying entity.

(7) The department of community health shall award grants and contracts to qualified entities under this act to ensure that family planning services are adequately available and distributed in a manner that is reflective of the geographic and population diversity of this state. A qualified entity that is awarded a grant or contract must also be capable of serving the patient census reflected in the contract or grant for which the qualified entity is applying.

(8) As used in this act:

(a) "Affiliated" means the sharing between entities of 1 or more of the following:

(i) A common name or other identifier.

(ii) Members of a governing board.

(iii) A director.

(iv) Paid personnel.

(b) "Elective abortion" means the performance of a procedure involving the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Elective abortion does not include either of the following:

(i) The use or prescription of a drug or device intended as a contraceptive.

(ii) The intentional use of an instrument, drug, or other substance or device by a physician to terminate a woman's pregnancy if the woman's physical condition, in the physician's reasonable medical judgment, necessitates the termination of the woman's pregnancy to avert her death.

(c) "Entity" means a local agency, organization, or corporation or a subdivision, contractee, subcontractee, or grant recipient of a local agency, organization, or corporation.

(d) "Qualified entity" means an entity reviewed and determined by the department of community health to be technically and logistically capable of providing the quality and quantity of services required within a cost range considered appropriate by the department.

History: 2002, Act 360, Eff. Mar. 31, 2003

**Grant Agreement Between
Michigan Department of Community Health
hereinafter referred to as the "Department"**

and

Federal I.D.#: _____, DUNS# _____

hereinafter referred to as the "Contractor"

for

Part I

1. **Period of Agreement:** This agreement shall commence on _____ and continue through _____. This agreement is in full force and effect for the period specified.

2. **Program Budget and Agreement Amount**

A. Agreement Amount

The total amount of this agreement is \$ _____. The Department under the terms of this agreement will provide funding not to exceed \$ _____. The federal funding provided by the Department: is \$ _____ or approximately _____%; the Catalog of Federal Domestic Assistance (CFDA) number is _____ and the CFDA Title is _____; the federal agency name is _____; the federal grant award number is _____ and the award phase is _____, The federal program title is _____. The grant agreement is designated as a:

- subrecipient relationship; or
- vendor relationship.

The grant agreement is designated as:

- Research and development project; or
- Not a research and development project.

B. Equipment Purchases and Title

Any contractor equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit.

Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Contractor upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Deviation Allowance

A deviation allowance modifying an established budget category by \$10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this agreement, must be made in writing and executed by all parties to this agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

- 3. **Purpose:** The focus of the program is to: .
- 4. **Statement of Work:** The Contractor agrees to undertake, perform and complete the services described in Attachment A, which is part of this agreement through reference.
- 5. **Financial Requirements:** The financial requirements shall be followed as described in Part II of this agreement and Attachments B and D which are part of this agreement through reference.
- 6. **Performance/Progress Report Requirements:** The progress reporting methods, as applicable, shall be followed as described in Attachment C, which is part of this agreement through reference.
- 7. **General Provisions:** The Contractor agrees to comply with the General Provisions outlined in Part II, which is part of this agreement through reference.
- 8. **Administration of the Agreement:**

The person acting for the Department in administering this agreement (hereinafter referred to as the Contract Manager) is:

Name, Location/Building	Title	Telephone No.	Email Address
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9. **Contractor's Financial Contact for the Agreement:**

The person acting for the Contractor on the financial reporting for this agreement is:

Name	Title
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E-Mail Address	Telephone No.
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10. Special Conditions:

- A. This agreement is valid upon approval by the State Administrative Board as appropriate and approval and execution by the Department.
- B. This agreement is conditionally approved subject to and contingent upon the availability of funds.
- C. The Department will not assume any responsibility or liability for costs incurred by the Contractor prior to the signing of this agreement.
- D. The Contractor is required by PA 533 of 2004 to receive payments by electronic funds transfer.

11. Special Certification:

The individual or officer signing this agreement certifies by his or her signature that he or she is authorized to sign this agreement on behalf of the responsible governing board, official or Contractor.

12. Signature Section:

For the CONTRACTOR

Name	<i>(Please print)</i>	Title
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Signature	Date
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For the MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Kim Stephen, Director, Bureau of Budget and Purchasing	Date
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Part II
General Provisions

I. Responsibilities - Contractor

The Contractor in accordance with the general purposes and objectives of this agreement will:

A. Publication Rights

1. Where the Contractor exclusively develops books, films, or other such copyrightable materials through activities supported by this agreement, the Contractor may copyright those materials. The materials that the Contractor copyrights cannot include service recipient information or personal identification data. Contractor grants the Department a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and authorizes others to reproduce and use such materials.
2. Any materials copyrighted by the Contractor or modifications bearing acknowledgment of the Department's name must be approved by the Department before reproduction and use of such materials. The State of Michigan may modify the material copyrighted by the Contractor and may combine it with other copyrightable intellectual property to form a derivative work. The State of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this agreement to the Contractor. If the Contractor ceases to conduct business for any reason, or ceases to support the copyrightable materials developed under this agreement, the State of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Contractor has to the federal government.
3. The Contractor shall give recognition to the Department in any and all publications papers and presentations arising from the program and service contract herein; the Department will do likewise.
4. The Contractor must notify the Department's Grants and Purchasing Division 30 days before applying to register a copyright with the U.S. Copyright Office. The Contractor must submit an annual report for all copyrighted materials developed by the Contractor through activities supported by this agreement and must submit a final invention statement and certification within 90 days of the end of the agreement period.

B. Fees

Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report these as outlined by the Department's fiscal procedures. Any underrecoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

C. Program Operation

Provide the necessary administrative, professional, and technical staff for operation of the program.

D. Reporting

Utilize all report forms and reporting formats required by the Department at the effective date of this agreement, and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

E. Record Maintenance/Retention

Maintain adequate program and fiscal records and files, including source documentation to support program activities and all expenditures made under the terms of this agreement, as required. Assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the project or program identified in this agreement will be maintained for a period of not less than three (3) years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved.

F. Authorized Access

Permit upon reasonable notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, files and documentation related to this agreement, to the extent authorized by applicable state or federal law, rule or regulation.

G. Audits

This section only applies to Contractors designated as subrecipients. Contractors designated as vendors are exempt from the provisions of this section.

1. Required Audit or Notification Letter

Contractors must submit to the Department either a Single Audit, Financial Related Audit, Financial Statement Audit, or Audit Status Notification Letter as described below. Financial Related Audit is applicable to non-profit contractors that are designated as subrecipients. If submitting a Single Audit or Financial Statement Audit, Contractors must also submit a Corrective Action Plan for any audit findings that impact MDCH-funded programs, and management letter (if issued) with a response.

a. Single Audit

Contractors that are a state, local government, or non-profit organization that expend \$500,000 or more in federal awards during the Contractor's fiscal year must submit a Single Audit to the Department, regardless of the amount of funding received from the Department. The Single Audit must comply with the requirements of the Single Audit Act Amendments of 1996, and

Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," as revised.

b. Financial Related Audit

Contractors that are for-profit organizations that expend \$500,000 or more in Federal awards during the Contractor's fiscal year must submit a financial related audit prepared in accordance with Government Auditing Standards relating to all Federal awards; or an audit that meets the requirements contained in OMB Circular A-133, if required by the Federal awarding agency.

c. Financial Statement Audit

Contractors exempt from the Single Audit and Financial Related Audit requirements that receive \$500,000 or more in **total funding** from the Department in State and Federal grant funding must submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards (GAAS). Contractors exempt from the Single Audit and Financial Related Audit requirements that receive less than \$500,000 of total Department grant funding must submit to the Department a Financial Statement Audit prepared in accordance with GAAS if the audit includes disclosures that may negatively impact MDCH-funded programs including, but not limited to fraud, going concern uncertainties, financial statement misstatements, and violations of contract and grant provisions.

d. Audit Status Notification Letter

Contractors exempt from the Single Audit, Financial Related Audit and Financial Statement Audit requirements (a., b., and c. above) must submit an Audit Status Notification Letter that certifies these exemptions. The template Audit Status Notification Letter and further instructions are available at <http://www.michigan.gov/mdch> by selecting Inside Community Health – MDCH Audit.

2. Due Date and Where to Send

The required audit and any other required submissions (i.e. Corrective Action Plan and management letter with a response), or audit Status Notification Letter must be submitted to the Department within nine months after the end of the Contractor's fiscal year by e-mail to the Department at MDCH-AuditReports@michigan.gov. The required materials must be assembled as one document in a PDF file compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

3. Penalty

a. Delinquent Single Audit, Financial Related or Financial Statement Audit

If the Contractor does not submit the required Single Audit Financial Related Audit, or Financial Statement Audit, including any management letter with a response and applicable Corrective Action Plan within nine months after the end of the Contractor's fiscal year and an extension has not been approved by the cognizant or oversight agency for audit, the Department may withhold from the current funding an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld if the Contractor is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit. The Department may terminate the current grant if the Contractor is more than 180 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit.

b. Delinquent Audit Status Notification Letter

Failure to submit the Audit Status Notification Letter, when required, may result in withholding from the current funding an amount equal to one percent of the audit year's grant funding until the Audit Status Notification Letter is received.

4. Other Audits

The Department or federal agencies may also conduct or arrange for "agreed upon procedures" or additional audits to meet their needs.

H. Subrecipient/Vendor Monitoring

The Contractor must ensure that each of its **subrecipients** comply with the Single Audit Act requirements. The Contractor must issue management decisions on audit findings of their subrecipients as required by OMB Circular A-133.

The Contractor must also develop a subrecipient monitoring plan that addresses "during the award monitoring" of **subrecipients** to provide reasonable assurance that the subrecipient administers Federal awards in compliance with laws, regulations, and the provisions of contracts, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight, and monitoring activities such as reviewing financial and performance reports, performing site visits, and maintaining regular contact with subrecipients.

The Contractor must establish requirements to ensure compliance for **for-profit subrecipients** as required by OMB Circular A-133, Section .210(e).

The Contractor must ensure that transactions with **vendors** comply with laws, regulations, and provisions of contracts or grant agreements in compliance with OMB Circular A-133, Section .210(f).

I. Notification of Modifications

Provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

J. Software Compliance

The Contractor must ensure software compliance and compatibility with the Department's data systems for services provided under this agreement including, but not limited to: stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Contractor's business operations for processing date/time data.

K. Human Subjects

The Contractor will comply with Protection of Human Subjects Act, 45 CFR, Part 46. The Contractor agrees that prior to the initiation of the research, the Contractor will submit institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the State of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally-approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Contractor's IRB Chairperson or Executive Officer(s).

II. Responsibilities - Department

The Department in accordance with the general purposes and objectives of this agreement will:

A. Reimbursement

Provide reimbursement in accordance with the terms and conditions of this agreement based upon appropriate reports, records, and documentation maintained by the Contractor.

B. Report Forms

Provide any report forms and reporting formats required by the Department at the effective date of this agreement, and provide to the Contractor any new report forms and reporting formats proposed for issuance thereafter at least ninety (90) days prior to their required usage in order to afford the Contractor an opportunity to review and offer comment.

III. Assurances

The following assurances are hereby given to the Department:

A. Compliance with Applicable Laws

The Contractor will comply with applicable federal and state laws, guidelines,

rules and regulations in carrying out the terms of this agreement. The Contractor will also comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in carrying out the terms of this agreement.

B. Anti-Lobbying Act

The Contractor will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies section of the FY 1997 Omnibus Consolidated Appropriations Act (Public Law 104-208). Further, the Contractor shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

C. Non-Discrimination

1. In the performance of any contract or purchase order resulting herefrom, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position or to receive services. The Contractor further agrees that every subcontract entered into for the performance of any contract or purchase order resulting herefrom will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq., and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq., and any breach thereof may be regarded as a material breach of the contract or purchase order.
2. The Contractor 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. any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and,
 - i. the requirements of any other nondiscrimination statute(s) which may apply to the application.
3. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority owned and women owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Contractor shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority owned and women owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) making discrimination a material breach of contract.

D. Debarment and Suspension

Assurance is hereby given to the Department that the Contractor will comply with Federal Regulation, 2 CFR part 180 and certifies to the best of its knowledge and belief that it, its employees and its subcontractors:

- 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or contractor;
- 2. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2, and;
- 4. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

E. Federal Requirement: Pro-Children Act

1. Assurance is hereby given to the Department that the Contractor will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by 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 residences; 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 Women, Infants, and Children (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 Contractor also assures that this language will be included in any subawards which contain provisions for children's services.
2. The Contractor also assures, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this agreement will be delivered in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Contractor. If activities or services are delivered in facilities or areas that are not under the control of the Contractor (e.g., a mall, restaurant or private work site), the activities or services shall be smoke-free.

F. Hatch Political Activity Act and Intergovernmental Personnel Act

The Contractor will comply with the Hatch Political Activity Act, 5 USC 1501-1509 and 7324-7328, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728 - 4763. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally-assisted programs.

G. Subcontracts

Assure for any subcontracted service, activity or product:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity. Exceptions to this policy may be granted by the Department upon written request within 30 days of execution of the agreement.
2. That any executed subcontract to this agreement shall require the subcontractor to comply with all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the

provisions of the subcontract, the provisions of this agreement shall prevail.

A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this agreement;
 - b. Restates provisions of this agreement to afford the Contractor the same or substantially the same rights and privileges as the Department; or
 - c. Requires the subcontractor to perform duties and/or services in less time than that afforded the Contractor in this agreement.
3. That the subcontract does not affect the Contractor's accountability to the Department for the subcontracted activity.
 4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
 5. That the Contractor will submit a copy of the executed subcontract if requested by the Department.

H. Procurement

Assure that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of OMB Circular A-102 as revised, implemented through applicable portions of the associated "Common Rule" as promulgated by responsible federal contractor(s), or 2 CFR, Part 215 (OMB Circular A-110) as amended, as applicable, and that records sufficient to document the significant history of all purchases are maintained for a minimum of three years after the end of the agreement period.

I. Health Insurance Portability and Accountability Act

To the extent that this act is pertinent to the services that the Contractor provides to the Department under this agreement, the Contractor assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements including the following:

1. The Contractor must not share any protected health data and information provided by the Department that falls within HIPAA requirements except as permitted or required by applicable law; or to a subcontractor as appropriate under this agreement.
2. The Contractor will ensure that any subcontractor will have the same obligations as the Contractor not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Contractor must only use the protected health data and information for the purposes of this agreement.

4. The Contractor must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Contractor's employees.
5. The Contractor must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Contractor becomes aware. The Contractor will work with the Department to mitigate the breach, and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures.
6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Agreement Termination.
7. In accordance with HIPAA requirements, the Contractor is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information by the Contractor received from the Department or any other source.
8. The Contractor will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

IV. Financial Requirements

A. Operating Advance

An operating advance may be requested by the Contractor to assist with program operations. The request should be addressed to the Contract Manager identified in Part I, Item 8. The operating advance will be administered as follows:

1. The advance amount requested must be reasonable in relationship to the program's requirements, billing cycle, etc.; and in no case may the advance exceed the amount required for 60 days operating expense. Operating advances will be monitored and adjusted by the Department according to total Department agreement amount.
2. The advance must be recorded as an account payable to the Department in the Contractor's financial records. The operating advance payable must remain in the Contractor's financial records until fully recovered by the Department.
3. The monthly Financial Status Report (FSR) reimbursement for actual expenditures by the Department should be used by the Contractor to replenish the operating advance used for program operations.
4. The advance must be returned to the Department within 30 days of the end date of this agreement unless the Contractor has a recurring agreement with the Department, and may not be held pending agreement audit. Subsequent Department agreements may be withheld

pending recovery of the outstanding advance from a prior agreement. If the Contractor has a recurring agreement with the Department, the Department requires an annual confirmation of the outstanding operating advance.

The Department may obtain the Michigan Department of Treasury's assistance in collecting outstanding operating advances. The Department will comply with the Michigan Department of Treasury's Due Process procedures prior to forwarding claims to Treasury. Specific Due Process procedures include the following:

- a. Department offer of a hearing to dispute the debt, identifying the time, place and date of such hearing.
 - b. A hearing by an impartial official.
 - c. An opportunity for the Contractor to examine department's associated records.
 - d. An opportunity for the Contractor to present evidence in person or in writing.
 - e. A hearing official with full authority to correct errors and make a decision not to forward debt to Treasury.
 - f. Contractor representation by an attorney and presentation of witnesses if necessary.
5. At the end of either the agreement period or Department's fiscal year, whichever is first, the Contractor must respond to the Department's request for confirmation of the operating advance. Failure to respond to the confirmation request may result in the Department recovering all or part of an outstanding operating advance.

B. Reimbursement Method

The Contractor will be reimbursed in accordance with the staffing grant reimbursement method as follows:

Reimbursement from the Department is based on the understanding that Department funds will be paid up to the total Department allocation as agreed to in the approved budget. Department funds are first source after the application of fees and earmarked sources unless a specific local match condition exists.

C. Financial Status Report Submission

Financial Status Reports (FSRs) shall be prepared and submitted to:

Michigan Department of Community Health
Accounting Division
Expenditure Operations Section
P.O. Box 30720, Lansing, Michigan 48909

FSRs must be submitted on a monthly basis, no later than thirty (30) days after the close of each calendar month. The monthly FSRs must reflect total actual program expenditures, regardless of the source of funds. Attachment D contains the FSR form. The FSR form and instructions for completing the FSR

form are available through your Contract Manager or the Department's web site:

- http://www.michigan.gov/documents/DCH-0384-Financial_Status_Report_8214_7.pdf and
- http://www.michigan.gov/documents/DCH-0384-Financial_Status_Report_Instructions_8216_7.pdf.

Failure to meet financial reporting responsibilities as identified in this agreement may result in withholding future payments.

D. Reimbursement Mechanism

All contractors must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits, as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site:

- <http://michigan.gov/cpexpress>

E. Final Obligations and Financial Status Report Requirements

1. Obligation Report

The Obligation Report, based on annual guidelines, must be submitted by the due date using the format provided by the Department's Accounting Division. The Contractor must provide an estimate of total expenditures for the entire agreement period. The information on the report will be used to record the Department's year-end accounts payables and receivables for this agreement.

2. Department-wide Payment Suspension

A temporary payment suspension is in effect on agreements during the department's year-end closing period beginning September 13th until mid-November. FSRs through the August period should be submitted by September 6th to ensure payment prior to the payment suspension period.

3. Final FSRs

Final FSRs are due sixty (60) days following the end of the fiscal year or agreement period. The final FSR must be clearly marked "Final". Final FSRs not received by the due date may result in the loss of funding requested on the Obligation Report and may result in the potential reduction in the subsequent year's agreement amount.

F. Unobligated Funds

Any unobligated balance of funds held by the Contractor at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

V. Agreement Termination

The Department may cancel this agreement without further liability or penalty to the Department for any of the following reasons:

- A. This agreement may be terminated by either party by giving thirty (30) days written notice to the other party stating the reasons for termination and the effective date.
- B. This agreement may be terminated on thirty (30) days prior written notice upon the failure of either party to carry out the terms and conditions of this agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the thirty (30) day period.
- C. This agreement may be terminated immediately if the Contractor or an official of the Contractor or an owner is convicted of any activity referenced in Section III.D. of this agreement during the term of this agreement or any extension thereof.

VI. Final Reporting Upon Termination

Should this agreement be terminated by either party, within thirty (30) days after the termination, the Contractor shall provide the Department with all financial, performance and other reports required as a condition of this agreement. The Department will make payments to the Contractor for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Contractor shall immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Contractor in excess of allowable reimbursable expenditures. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

VII. Severability

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

VIII. Amendments

Any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement. Any change proposed by the Contractor which would affect the Department funding of any project, in whole or in part in Part I, Section 2.C. of the agreement, must be submitted in writing to the Department for approval immediately upon determining the need for such change.

IX. Liability

- A. All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of the Department, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor, provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Contractor or its employees by statute or court decisions.
- B. All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and

procedural direction, to be carried out by the Department in the performance of this agreement shall be the responsibility of the Department, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any Department employee or agent, provided that nothing herein shall be construed as a waiver of any governmental immunity by the State, its agencies (the Department) or employees as provided by statute or court decisions.

- C. In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and the Department in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and the Department in relation to each party's responsibilities under these joint activities, provided that nothing herein shall be construed as a waiver of any governmental immunity by the Contractor, the State, its agencies (the Department) or their employees, respectively, as provided by statute or court decisions.

X. Conflict of Interest

The Contractor and the Department are subject to the provisions of 1968 PA 317, as amended, MCL 15.321 et seq, MSA 4.1700(51) et seq, and 1973 PA 196, as amended, MCL 15.341 et seq, MSA 4.1700 (71) et seq.

XI. State of Michigan Agreement

This is a State of Michigan Agreement and is governed by the laws of Michigan. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

XII. Confidentiality

Both the Department and the Contractor shall assure that medical services to and information contained in medical records of persons served under this agreement, or other such recorded information required to be held confidential by federal or state law, rule or regulation, in connection with the provision of services or other activity under this agreement shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of either the patient or a person responsible for the patient, except as may be otherwise permitted or required by applicable state or federal law or regulation. Such information may be disclosed in summary, statistical, or other form, which does not directly or indirectly identify particular individuals.

**ATTACHMENT A
Fill In Form**

- Subrecipient
- Vendor
- Research and development project
- Not a research and development project

STATEMENT OF WORK

Goal:

Methodology: Activities, Responsible Individual(s), Timeline and Deliverable(s)

Activity(ies)	Responsible Individual(s)	Timeline	Deliverable(s)
Objective			
Objective			
Objective			
Objective			

PROGRAM BUDGET – COST DETAIL SCHEDULE

*View at 100% or Larger
Use WHOLE DOLLARS Only*

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
CONTRACTOR NAME Error! Reference source not found.		BUDGET AGREEMENT		AMENDMENT #
		<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> AMENDMENT	
1. SALARY & WAGES POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
1. TOTAL SALARIES & WAGES:		0	\$ 0	
2. FRINGE BENEFITS (Specify)				
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS.	<input type="checkbox"/> DENTAL INS.	COMPOSITE RATE	
<input type="checkbox"/> UNEMPLOY INS.	<input type="checkbox"/> VISION INS.	<input type="checkbox"/> WORK COMP.	AMOUNT 0.00%	
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS.			
<input type="checkbox"/> HOSPITAL INS.	<input type="checkbox"/> OTHER (specify) _____		2. TOTAL FRINGE BENEFITS:	\$0
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
			3 TOTAL TRAVEL:	\$0
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
			4. TOTAL SUPPLIES & MATERIALS:	\$0
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>		<u>Amount</u>	
			5. TOTAL CONTRACTUAL:	\$0
6. EQUIPMENT (Specify items)				
			6. TOTAL EQUIPMENT:	\$0
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
			7. TOTAL OTHER:	\$0
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 0
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total	\$ 0	
		Rate #2: Base \$0 X Rate 0.0000 % Total	\$ 0	
			9. TOTAL INDIRECT EXPENDITURES:	\$ 0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding				
DCH-0386 (E) (Rev 2/13) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
GRANTS AND PURCHASING DIVISION

EQUIPMENT INVENTORY SCHEDULE

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget's cost detail schedule - Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Please complete and forward this form to the MDCH contract manager with the final progress report.

Contractor Name: **Error! Reference source not found.** Contract #: Date:

Quantity	Item Name	Item Specification	Tag Number	Purchased Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total				\$ 0

Contractor's Signature: _____ Date: _____

PERFORMANCE / PROGRESS REPORT REQUIREMENTS

- A. The Contractor shall submit the following reports on the following dates:

- B. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Contractor as required by the Contract Manager.

- C. Reports and information shall be submitted to the Contract Manager at:

- D. The Contract Manager shall evaluate the reports submitted as described in Attachment C, Items A. and B. for their completeness and adequacy.

- E. The Contractor shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager.

FINANCIAL STATUS REPORT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

ATTACHMENT D

		Contract Number	Page	Of
Local Agency Name		Program	Code	
Street Address		Report Period	Date Prepared	
		Thru	Final	
City, State, ZIP Code		Agreement Period	FE ID Number	
		Thru		

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT				
9a. Indirect Costs Rate #1:_%				
9b. Indirect Costs Rate #2:_%				
10. TOTAL EXPENDITURES				
SOURCE OF FUNDS:				
11. State Agreement				
12. Local				
13. Federal				
14. Other				
15. Fees & Collections				
16. TOTAL FUNDING				

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date	Title
Contact Person Name	Telephone Number	

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message

Authority: P.A. 368 of 1978
Completion: is a Condition of Reimbursement

The Department of Community Health is an equal opportunity, employer, services, and programs provider.

DCH-0384(E) (Rev. 4/04) (W) Previous Edition Obsolete

Attachment B:

TITLE X FAMILY PLANNING RFP APPLICATION CHECKLIST

Applicant Agency: _____

- Original and four copies are enclosed
- Original document is held together only with rubber bands or binder clips
- Four copies are held together with rubber bands, binder clips, or a staple in the upper left hand corner
- Application Cover Page is completed ***and*** signed by the authorized signatory
- Application Checklist
- Proposal Summary
- Demographics Worksheet is completed and attached for each county to be served

The Narrative:

- Is typewritten on 8.5 X 11 paper in a font no smaller than 12 points
- Is double-spaced
- The pages of the narrative are numbered and the applicant's name is in the footer
- Is set up with at least 1" margins
- Is printed only on one side of the paper
- Work plan is attached and follows the required format
- An organizational chart indicating the location of the Family Planning Program is attached
- Job descriptions for all staff and resumes for key staff (medical director, coordinator and all clinical services provider(s) at least
- Title X Family Planning Fiscal Review Questionnaire
- Provider Directory/Clinic(s) Schedule
- Map of all clinics and satellite sites
- Family Planning Services Provided

Letters of support:

- School based or linked health center
- STI/HIV clinics
- Maternal Infant Health Program provider
- Primary care services
- Two of prenatal care and delivery; infant care, foster care, adoption or pregnancy termination
- Breast and Cervical Cancer Control Program
- A list of collaborative arrangements requested in the Community Education and Outreach section is attached
- Budget forms are complete
- A detailed budget narrative is included in the budget section
- Assurance – Michigan Title X Assurances of Compliance
- Certification – Family Planning Provider Certification

Attachment C:
Service Area and Target Populations Demographic Worksheet
County:

RACE/ETHNICITY BY AGE & GENDER	Age 15-17		Age 18-19		Age 20-29		Age 30-39		Age 40-44		Total	
	Male	Female	Male	Female								
	#	#	#	#	#	#	#	#	#	#	#	#
White												
Black												
Native American												
Asian/Pacific Islander												
Total Population												

<http://www.mdch.state.mi.us/pha/osr/index.asp?id=17>

HISPANIC ORIGIN BY AGE & GENDER	Age 15-17		Age 18-19		Age 20-29		Age 30-39		Age 40-44		Total	
	Male	Female	Male	Female								
	#	#	#	#	#	#	#	#	#	#	#	#
Hispanic Origin												

<http://www.michigan.gov/familyplanning>

INCOME AS A PERCENT OF POVERTY LEVEL	Age 18-24	Age 25-34	Age 35-44	Total
Year	#	#	#	#
Under 100 Percent				
100 to 149 Percent				
150-199 Percent				
200-249 Percent				
250 Percent and above				

<http://www.michigan.gov/familyplanning>

PREGNANCY RATES BY AGE MI 2011 Aged 15-19=44.4; Total Females = 85.1	
Year	Rate
Females aged 15-19	
Total Females	

<http://www.mdch.state.mi.us/pha/osr/index.asp?id=2>

INFANT DEATH RATES MI 2008=7.41; 2009=7.5; 2010=7.1	
*If the rate is incalculable because of low numbers, note N/A in the box	Rate
Infant Death Rate in 2010	
3 YR Average 2008-2010	

<http://www.mdch.state.mi.us/pha/osr/CHI/InDx/frame.html>

NUMBER AND PERCENT OF CHLAMYDIA, GONORRHEA AND SYPHILIS (PRIMARY & SECONDARY) MI # of cases 2012 (Chlamydia=48727)(Gonorrhea=12770)(Syphilis=296)			
	County 5 YR avg. # of cases (2007-2011)	County # of cases in 2012	County Percent Distribution of State cases in 2012
Chlamydia			
Gonorrhea			
Syphilis			

http://www.mdch.state.mi.us/pha/osr/CHI/std_h/frame.html

HIV PREVALENCE RATE MI RATE=155	
Rate per 100,000	
County Rate	

http://www.michigan.gov/documents/mdch/April_2013_ALL_418616_7.pdf See Pg 12

County: _____

CASES AND RATES FOR CHLAMYDIA BY GENDER AND AGE GROUP							
Year: _____							
# of Cases	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
% Distribution	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
Rate	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							

http://www.mdch.state.mi.us/pha/osr/CHI/std_h/frame.html

CASES AND RATES FOR GONORRHEA BY GENDER AND AGE GROUP							
Year: _____							
# of Cases	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
% Distribution	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
Rate	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							

http://www.mdch.state.mi.us/pha/osr/CHI/std_h/frame.html

County: _____

CASES AND RATES FOR SYPHILIS BY GENDER AND AGE GROUP							
Year: _____							
# of Cases	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
% Distribution	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							
Rate	0-14	15-19	20-24	25-29	30-44	45 and over	Total
Male							
Female							
Total							

http://www.mdch.state.mi.us/pha/osr/CHI/std_h/frame.html

Attachment D:

Title X Family Planning
Fiscal Review Questionnaire

Agency Name: _____

Allowable Costs/Cost Principles:	Yes/No/NA
1. Is staff aware of applicable cost principles (OMB Circular A-87 or A-122) and unallowable costs (i.e., alcoholic beverages, bad debts, contingency reserves, contributions and donations, entertainment, fund raising, etc.?) http://www.whitehouse.gov/omb/circulars_default/	
2. Does the accounting system have separate revenue and expense accounts for the Family Planning Programs?	
3. For the most recent completed grant year, do the general ledger revenue and expense accounts for the MDCH Family Planning grant agree with payment made by MDCH, and the final FSR submitted for that grant year? If not, explain.	
4. Do management and Board of Directors regularly review a functional budget compared to actual expenses for each funding source and program?	
5. Do management and Board of Directors have procedures in place to follow-up on budget variances if they occur?	
6. Does the agency have an annual financial statement audit or a single audit?	
7. Have financial audit findings been corrected or addressed?	

Allowable Costs/Cost Principles:	Yes/No/NA
8. Does the Board of Directors have an Audit and/or Finance Committee that convenes and communicates regularly with the treasurer and other Board members to assist in understanding and responding to financial developments (i.e., if adverse financial developments, are there systems in place that allow the organization to address them)?	
9. Does the person that authorizes payments of bills review original invoices and other support documentation?	
10. Are paid invoices cancelled?	
11. Is the person that approves invoices for payment someone other than the person requesting payment?	
12. Are amounts charged to the MDCH Family Planning grant supported by approval invoices or other supporting documentation?	
13. Were all costs charged to the grant actually incurred during the grant period? (i.e., reported to the proper grant fiscal year?)	
14. Are record retention policies in place that comply with the program contract requirements?	
15. Are time/activity records maintained for employees working on more than one program, as well as personnel that work 100% in a particular program, so that only time actually worked on the program is allocated to the program?	
16. Do the personnel positions charged to the program conform to the positions and salaries authorized in the MDCH Program Budget Summary?	

Allowable Costs/Cost Principles:	Yes/No/NA
17. Are fringe benefits charged based on actual costs incurred, and supported by approved paid invoices?	
18. Are the fringe benefit costs charged to the program in relation to the salary costs allocated to the program?	
19. Does the agency have written travel policies and procedures defining reasonable limits for hotel and meal reimbursements, mileage rate(s), unallowable costs, and documentation requirements?	
20. Is travel charged to the MDCH Family Planning grant supported by approved employee travel vouchers with appropriate receipts/documentation, and indicating the purpose of the travel?	
21. If space cost for agency owned buildings is charged to the grant, is the cost based on depreciation or use allowance, plus actual operating and maintenance cost?	
22. If space cost for rented building is charged to the grant, is the cost supported by a current signed lease agreement?	
23. Is space cost allocated to all programs that benefit from the space, based on square footage used, or other consistently applied allocation basis? (sometimes space cost is included as part of Indirect Cost.)	
24. Are costs for vendor contracts supported by a current signed contract?	
25. Are vendor contract charges supported by detailed billings as to type and amount of services/goods for the contract period and not just “for services rendered?”	

Allowable Costs/Cost Principles:	Yes/No/NA
26. Are contract billings/reviewed to ensure consistency with the contract terms and objectives?	
27. Are indirect costs charged to the program? (e.g., agency-wide administration, division level administration, central service costs).	
28. Are indirect costs allocated to all programs that benefit from the overhead, by using a consistent basis? (e.g., based on a pro-rata share of personnel costs, or total direct costs of the programs that benefit.)	
29. Do the agency FSR's report total program costs?	

Cash Management:	Yes/No/NA
30. Does the agency have policies/procedures in place to assure timely submission of requests for reimbursement, documentation of financial status reports, and routing and filing of FSR's?	
31. Does the agency have procedures in place to ensure that costs for which reimbursement was requested were paid prior to the date of the FSR?	

Equipment:	Yes/No/NA
32. If grant funds were used to purchase equipment, were the items purchased specifically approved by MDCH in the original or amended budget and supported by approved invoices?	

Equipment:	Yes/No/NA
<p>33. Are inventory records maintained as well as adequate safeguards over government-financed property and equipment including verification of equipment every two years, as required by 45 CFR 74.34?</p> <p>http://www.access.gpo.gov/nara/cfr/wisidx03/45cfr7403.html</p>	
<p>34. Is the agency aware of Federal purchasing standards in 45CFR 74.44?</p> <p>http://www.access.gpo.gov/nara/cfr/waisidx03/45cfr7403.html</p>	
<p>35. Does the agency have policies and procedures in place to ensure adherence with these standards?</p>	

Program Income:	Yes/No/NA
<p>36. Is program income (fees and collections) billed on a sliding fee scale and does the fee scale conform to applicable poverty guidelines?</p>	
<p>37. Are duplicate receipt slips prepared for every receipt, and a copy given to the client, and does the receipt show full cost less any applicable discounts.</p>	
<p>38. Is all program income reported on the FSR?</p>	

Reporting:	Yes/No/NA
<p>39. Are Financial Status Reports (FSRs) submitted timely?</p>	
<p>40. Do FSRs report actual cost, and not one-twelfth or one-quarter of the budget?</p>	
<p>41. Do FSRs report costs and revenues that follow the approved budget?</p>	

Sub-recipient Monitoring:	Yes/No/NA
42. Are sub-recipient activities supported by a current signed contract and budget for each Sub-recipient?	
43. Are the subcontract terms consistent with the MDCH contract?	
44. Do sub-recipient FSRs or billings report actual cost and revenue and not one-twelfth or one-quarter of the budget?	
45. Are sub-recipient FSRs or billings submitted timely?	
46. Are sub-recipient FSRs or billings signed by a responsible official or the subcontractor?	
47. Are sub-recipient FSRs or billings reviewed by the agency for budgetary compliance and allowable costs before reimbursing the sub-recipient.	
48. Does the agency reimburse the sub-recipient on a timely basis? (e.g., within 30 days or other reasonable time of receipt of the billing.)	
49. Does the agency monitor the sub-recipients with on-site reviews.	
50. Does the agency monitor the sub-recipients with a financial checklist?	
51. Does the agency monitor the sub-recipients with any other checklists or procedures?	
52. Does the agency monitor sub-recipients to ensure individuals are given the opportunity to make voluntary contributions for services rendered, if applicable?	

53. Is program income reported by sub-recipients tested for accuracy and completeness?	
54. Does all applicable sub-recipient program cost and revenue get included in the agency's FSR to MDCH?	
55. Does the agency communicate the following Federal program information to the sub-recipients: CFDA program title and number, source of funding, federal agency name, and OMB Circular A-133 audit requirements?	
56. Does the agency receive and review sub-recipient Single Audit Reports, if applicable?	
57. Does the agency issue management decisions on applicable subrecipient audit findings within six months after receipt of the sub-recipients audit report, and are corrective actions taken in a timely manner?	

Attachment E:

**Division of Family and Community Health
Family Planning Program**

Agency Name: _____

Provider Directory/Clinic(s) Schedule Information

Site Name	Clinic Address	Service Area	Office Hours	Clinic Hours	Projected number of Users
Clinic Name:					
Phone:					
Email:					
Fax					
Clinic Name:					
Phone:					
Email:					
Fax					

Attachment F:

AGENCY NAME: _____

**FAMILY PLANNING
SERVICES PROVIDED**

1 = Direct Service, on-site

3 = Paid Referral

2 = Direct Service, not all sites

4 = Not Provided

SERVICES		1, 2, 3, OR 4
A.	Client Education and Counseling	
B.	Informed Consent	
C.	Method Specific Consent	
D.	History	
E.	Physical Assessment	
F.	Lab Testing	
G.	Fertility Regulation	
	1. Diaphragm/Cervical Cap	
	2. Male Condom	
	3. Female Condom	
	4. Spermicidal methods or products	
	5. IUD/IUS	
	6. Oral Contraception	
	7. Hormonal Implants	
	8. Hormonal Injection (Progestin only, Combined)	
	9. Vaginal Ring	
	10. Hormonal Patch	
	11. Emergency Contraception	
	12. Contraceptive Sponge	
	13. Natural Family Planning Methods	
	14. Sterilization (Female)	
	15. Sterilization (Male)	
H.	Level I Infertility Services	
I.	Pregnancy Diagnosis/Counseling	
J.	Sexually Transmitted Disease Testing (Specify:)	
K.	Sexually Transmitted Disease Treatment	
L.	HIV Prevention Education and Counseling	
M.	HIV Testing	
N.	Identification of Estrogen-Exposed Offspring	
O.	Minor Gyn Problems	
P.	Health Promo/Disease Prevention	
Q.	Special Gyn Procedures (Specify):	
R.	Other Services (Specify):	

AGENCY NAME: _____

**FAMILY PLANNING
SERVICES PROVIDED
(Sample Sheet)**

1 = Direct Service, on-site

3 = Paid Referral

2 = Direct Service, not all sites

4 = Not Provided

SERVICES	1, 2, 3, OR 4
A. Client Education and Counseling	1 – all sites
B. Informed Consent	1 – all sites
C. Method Specific Consent	1- all sites
D. History	1 – all sites
E. Physical Assessment	1 – all sites
F. Lab Testing	1 – all sites
G. Fertility Regulation	
1. Diaphragm/Cervical Cap	4
2. Male Condom	1 – all sites
3. Female Condom	4
4. Spermicidal methods or products	1 – all sites
5. IUD/IUS	3
6. Oral Contraception	1 – all sites
7. Hormonal Implants	1 – 3 sites
8. Hormonal Injection (Progestin only, Combined)	1 – all sites
9. Vaginal Ring	1 – all sites
10. Hormonal Patch	1 – all sites
11. Emergency Contraception	1 – all sites
12. Contraceptive Sponge	4
13. Natural Family Planning Methods	1 – all sites
14. Sterilization (Female)	4
15. Sterilization (Male)	4
H. Level I Infertility Services	1 – all sites
I. Pregnancy Diagnosis/Counseling	1 – all sites
J. Sexually Transmitted Disease Testing	1 – all sites
K. Sexually Transmitted Disease Treatment	1 – all sites
L. HIV Prevention Education and Counseling	1 – all sites
M. HIV Testing	1 – 3 sites
N. Identification of Estrogen-Exposed Offspring	1 – all sites
O. Minor Gyn Problems	1 – all sites
P. Health Promo/Disease Prevention	1 – all sites
Q. Special Gyn Procedures (Specify):	4
R. Other Services (Specify):	

Attachment G:

**Family Planning Request for Proposal
Required Work Plan Format**

<p>Program Goal: Goal should be time-framed and measurable.</p>			
<p>Objectives: Objectives should be time-framed, measurable, and relate to accomplishing the stated goal.</p>			
Services/Activities	Person Responsible	Timeframe	Evaluation
<p>Describe services and activities in enough <u>detail</u> so that it is clear WHAT the activity entails including <u>number of participants</u>, <u>name</u> of the activity (if applicable), <u>frequency and duration of service/activity</u> and any <u>other supporting information</u> that will provide reviewers with a clear picture of the day-to-day service/activity that will be provided. It is helpful to point out if the activities are integrated or linked to other services/activities in your plan.</p> <p>Your services and activities should be <u>clearly linked</u> to your program goal and one or more of the stated objectives. One service/activity may relate to accomplishing more than</p>	<p>Clearly identify the person(s) responsible for carrying out each service/activity described.</p> <p>Please provide titles/positions, not names of individuals.</p>	<p>Provide a time frame for implementing each service/activity described</p>	<p>Describe evaluation methods and measures.</p> <p>The evaluation plan should include a measurement of accomplishing the goal and each objective.</p>

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page

Of

Use **WHOLE DOLLARS** Only

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
CONTRACTOR NAME		BUDGET AGREEMENT		AMENDMENT #
		<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> AMENDMENT	
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
1. TOTAL SALARY & WAGES:			\$	-
2. FRINGE BENEFITS: (Specify)				Composite Rate %
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS		
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
2. TOTAL FRINGE BENEFITS:			\$	-
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:			\$	-
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:			\$	-
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>			<u>Amount</u>
5. TOTAL CONTRACTUAL:			\$	-
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:			\$	-
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:				
Space Cost:				
Others (explain):				
7. TOTAL OTHER EXPENSES:			\$	-
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES		\$ -
9. INDIRECT COST CALCULATIONS:				
Rate #1	Base \$	x Rate	=	\$ -
Rate #2	Base \$	- x Rate	=	\$ -
9. TOTAL INDIRECT EXPENDITURES:			\$	-
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$ -
AUTHORITY: P.A. 368 of 1978			The Department of Community Health is an equal opportunity employer, services and programs provider.	
COMPLETION: Is Voluntary, but is required as a condition of funding.				
DCH-0386(E) (Rev 02/13) (EXCEL) Previous Edition Obsolete			Use Additional Sheets as Needed	

Attachment I:

**Michigan Department of Community Health
Division of Family and Community Health
Family Planning Program
MICHIGAN TITLE X ASSURANCE OF COMPLIANCE**

_____ assures that it will:
(Name of Agency)

- A. Comply with all required entities regarding operation of the Family Planning Services:
- Michigan Title X Family Planning Program Standards and Guidelines Manual (2013)
 - 45 CFR, Part 74, Administration of Grants (Federal Regulations)
 - 42 CFR, Part 59, Subpart A Project Grants for Family Planning Services;
 - Michigan Title X Assurance of Compliance
 - Occupational Safety & Health Administration (OSHA)
 - Clinical Laboratories Improvement Amendments (CLIA)
 - Health Insurance Portability & Accountability Act (HIPAA)
- B. Submit applicable portions of the Family Planning Annual Report (FPAR) in accordance with the Department of Health and Human Services (DHHS) Instructions and all other required reports within the time frame set by the Department.
- C. Meets confidentiality requirements of Title X:
- Staff disclosures
 - Client billing
 - Client privacy and the facility
 - Employee records
 - Referrals and follow-up results
 - Reporting abnormal test results
 - Medical records
- D. Not provide abortion services as a method of family planning or use project funds to pay for abortions.
- E. Provide that priority in the provision of services will be given to persons from low income families
- F. Will not require written consent of parents or guardians for the provision of services to minors. Nor can the project notify parents or guardians before or after a minor has requested and received Title X family planning services.

MICHIGAN TITLE X ASSURANCE OF COMPLIANCE (Continued)

- G. Encourage family participation in the decision of the minor to seek family planning services.
- H. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.
- I. Comply with State Law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape or incest.
- J. Provide assistance to clients with Limited English Proficiency (LEP) to prevent barriers to care.
- K. Maintain medical records in a systematic, complete and confidential manner. Signed informed consent forms must be on file for all treatments and procedures performed.
- L. Develop and implement written referral procedures for all required services not provided on-site.
- M. Identify and maintain an Information and Education Advisory Committee in Compliance with Federal and State Regulations.
- N. Determine a schedule of discounts and sliding fee scale for family planning services, pursuant to Federal Poverty Levels. The Schedule of Discounts and Sliding Fee Scale must be utilized throughout the fiscal year.
- O. Make reasonable efforts to collect third party reimbursements.
- P. Meet all Title X Family Planning Minimum Program and Minimum Reporting Requirements.

Name of Authorized Agent

Signature of Authorized Agent

Signature of this Title X Assurance of Compliance acknowledges possession of above referenced materials previously provided by the Department.

Attachment J:
*Michigan Department
of Community Health*



**Michigan Department of Community Health
Division of Family and Community Health
Family Planning Program Provider Certification**

Name of agency _____

Address _____

Geographic service area _____

Name of counties served _____

Caseload to be served in each county _____

Pursuant to PA 360 (2002) Section 333.1091, I certify that this agency (Please initial applicable choice):

_____ Qualifies as a priority family planning provider because we do not engage in any of the activities outlined in PA 360 (2002) Section 333.1091.

_____ Does not qualify as a priority family planning provider because we engage in the activities outlined in PA 360 (2002) Section 333.1091.

I attest that I am authorized to sign on behalf of this agency and that I will notify the Michigan Department of Community Health in writing should the status of any of the above conditions change.

Print Name _____

Title _____

Sign _____

Date _____