Applicant Name:
RFA No. HHS0007346

FORM B: FAMILY PLANNING PROGRAM NARRATIVE

To support your proposed Program, please answer each of the following questions in accordance with the requirements specified in the Request for Applications. **This section must not exceed 20 pages.**

#1. LOCAL NEED AND ACCESS TO CARE

1. **Please enter in the estimated number of clients to be served annually and monthly in the table below:**

Unduplicated clients served <u>annually</u> *How many unique individuals will be served over one year*	
Unduplicated clients served <u>monthly</u> *How many unique individuals will be served during one month*	

   a. **Describe the methodology used to determine the unduplicated annual number and monthly number of individuals to be served.**

2. **Describe in detail the proposed plan to serve clients in the intended geographic locations and clinic locations and include how the proposed plan will include increasing access to care. Include geographic and demographic information, such as population trends, service area demographics, prevalence of individuals needing services or specific demographics related to risk factors.**

3. **If applicable, describe composition and structure of clinic location and/ or referral or community partnerships by completing the table below.**
   Required Attachments:
   - *Memoranda of understanding, memoranda of agreement, or letters of support from community partners used as a referral source related to commitment to the Proposed Program.*

Referring Clinic/ Provider Name	Type of Services	Role(s) of Partner	Type and Length of Partnership
Ex. Clinic XYZ	*Family planning clinic*	*Clinical provider*	*Formal MOU; 1 year*
Ex. Mammography Clinic	*Breast Cancer Screening*	*Radiology Services*	*Contractor; 6 months*
Ex. Pharmacy	*Pharmacy for birth control*	*Resource/referral*	*Informal; 1 month*
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

4. **How the partnered clinic locations or partnerships listed in #3 oversee and administer the proposed program?**

5. **Describe strategies to serve individuals in selected service areas including remote or underserved areas within the Program service area.**

#2. PROGRAM DESIGN

6. **Describe in detail the proposed plan to serve the proposed number of unduplicated clients and include the proposed delivery of services/ supplies.**

7. **Describe how the Program uses a client- focused approach within the community to maximize existing resources and avoid duplication of effort.**

8. **Describe the goals and expected outcomes of the Proposed Program.**

9. **Describe the proposed:**
    1. **Eligibility process.**
    2. **Administrative oversight of complex health service programs.**

10. **Describe how clinic providers or community partners prioritize gaps in service and develop strategies in response to the identified unmet need.**

#3. APPLICANT ABILITY TO EXECUTE

Required Attachments:

- *Brief bios and current job descriptions for Key Personnel to demonstrate experience germane to Proposed Program roles.*
- *Program's Policy and Procedures that address these areas.*

11. **Describe how the applicant will monitor the proposed program implementation progress and provide oversight to the Program, including but not limited to:**
    1. **Meeting goals and expected outcomes of the Program;**
    2. **Quality and effectiveness of services provided and activities conducted; and**
    3. **Satisfaction of individuals receiving services and participating in activities.**

12. **Describe the Applicant's experience in successfully implementing programs:**
    1. **Similar in scope and complexity to the proposed program;**
    2. **Serving target populations; and/ or**
    3. **In coordination with community needs.**

13. **Describe the Applicant's previous experience with grants and contracts related to:**

14. **In the table below, provide descriptions of grant programs administered by the applicant within the past five (5) years that demonstrate the ability to perform the Scope of Work as described in this RFA.**

Name of Grant Program	Grantor/Funding Organization	Amount	Grant Award Period	Matching requirement
Ex. Supportive Services for Women and Families	*HHSC*	*$2,000,000*	*9/1/2013-8/31/2016*	*No*

#4. Program Costs

Required Attachments:
Form C, Project Budget
Past year's Financial Statements
Audited Financial Report within last two years with all supplements