

**Questions and Answers**  
**Comprehensive Family Planning and Reproductive Health Care Services**  
RFA # 0909151050

The modifications and responses to questions included herein are the official responses by the State to questions from potential applicants and are hereby incorporated into the RFA # 0909151050 issued on September 14, 2010. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

**Modifications to the Family Planning and Reproductive Health Care Services RFA**

1. **Please note the following documents have been revised.** Applicants should use the revised documents posted to the Department's web site in response to this RFA. The following documents have been revised:
  - Attachment 2.1a Component 1 Family Planning Service Areas
  - Attachment 2.3 Component 1 Application Checklist
  - Attachment 2.4a Component 1 Application Coversheet
  - Attachment 3.1 Component 2 Application Checklist
  - Attachment 4.1 Component 3 Application Checklist
2. The Performance Measures document (part of Attachment 2.5) has been added to the Department's website as a fillable document.
3. Attachment 2.4a, the cover sheet for Component 1 Part B states, "proposed clinics should be located in an area accessible to one of the zip codes listed in Attachment 2.1b" however it should read **clinics must be located in one of the zip codes listed in Attachment 2.2.** Attachment 2.4a Coversheet Part B has been revised to reflect this change.
4. Attachment 2.1a, FPSA, Region 4, FPSA 4.2, there are 5 zip codes entered, but one zip code (Elmont 11003) is repeated twice. This is a typographical error; zip code 11590 should have been included in place of the second listing of 11003. Attachment 2.1a FPSAs has been revised to correct this error.
5. Madison County was erroneously excluded from Attachment 2.1a. Madison County should have been included in FPSA 2-4. Attachment 2.1a has been revised to reflect this change.
6. Numerous items were not included on Attachment 2.3 Component 1 Applicant Checklist. Attachment 2.3 has been revised to reflect these changes.
7. Attachment 5.4 and 5.5 were not included on Attachment 3.1 Component 2 Applicant Checklist. Attachment 3.1 has been revised to reflect these changes.
8. Attachment 5.4 and 5.5 were not included on Attachment 4.1 Component 3 Applicant Checklist. Attachment 4.1 has been revised to reflect these changes.
9. Attachment 2.6, Staff Training Calendar states that 2010 training calendar should match proposed budget. This should read the **2011** training calendar should match the budget.

10. The restriction on the page limit for the Work Plan worksheets for Component 1 Part A and Part B to 12 pages is an error. There is no page limit for the Work Plan Worksheet section of the work plan.
11. The RFA states on page 45, "It is expected that contracts resulting from this RFA will have an initial contract year of January 1, 2011 through December 31, 2011. This contract may be renewed annually for up to four years thereafter..." It is the Department's intent to enter into a single five-year contract for the period January 1, 2011 to December 31, 2015, which would not require annual renewals. Awardees will be provided with additional guidance and templates to complete a 5-year budget and work plan as part of the contract approval process.

## **COMPONENT 1**

### **Component 1 Part A and Part B – General Questions**

1. **Question:** Attachment 1.1 of the RFA states "All applications are to include a description of how the following required program activities will be integrated into the delivery of services in the applicant's program." Is this information supposed to be addressed in a separate attachment, or is it sufficiently addressed by completing the project narrative and work plan?  
**Answer:** This information should be addressed in your project narrative and work plan. It is not necessary to submit a separate attachment.
2. **Question:** Project Narrative, Section D page 29, please explain what is required under "List your current contracts with Medicaid, Family Health Plus and Child Health Plus"  
**Answer:** You should include a list of any current contracts or agreements in place that allow your agency to obtain reimbursement from any public or private insurance plan for services provided.
3. **Question:** Regarding page 28, 3. Project Narrative, paragraph a: "Please include the amount requested to fund proposed clinic site," should funding be requested for each site in a multi-site agency or the full amount for the entire agency?  
**Answer:** For Component 1 Part A, applicants should request funding for the entire FPSA ensuring they do not exceed the amount listed for that FPSA in Attachment 2.1a. For Component 1 Part B, applicants should request funding not to exceed \$300,000 total for Part B
4. **Question:** Our organization is currently funded by the Department to provide comprehensive family planning services at sites in the Bronx, Brooklyn, and Manhattan. We also receive separate federal Title X funding to partially support our health center in the Bronx. Based on direction from the Department, we only report data from our Brooklyn and Manhattan centers in the NYS DOH renewal work plans, and report Bronx data separately to federal funders, in order to be sure that our Bronx data is not counted twice when New York State rolls up the statewide data. As we now prepare this RFA, should we continue to exclude the Bronx data from the work plan? We would of course, include it in our narrative, but just want clarification about how to handle the work plan and data reporting.  
**Answer:** For the purpose of this RFA work plan, you can describe objectives and activities for your entire program. Work plan performance measures can reflect the data currently available on the Ahlers' website. If you are selected to receive an award, further direction regarding work plan and data reporting will be provided.

5. **Question:** Is an agency with a master contract with New York State eligible to apply for Component 1 Part A?  
**Answer:** Yes, as long as all the minimum eligibility requirements on page 6 of the RFA are met.
6. **Question:** Regarding the requirement in Attachment 1.1 to submit a letter of agreement with the local Cancer Services Program (CSP), can this requirement be waived since our patients are ineligible for services through CSPs due to changes in funding for the CSP? Instead, we now provide referrals for clients who are uninsured to other centers that provide these services to our clients.  
**Answer:** There was a policy change in CSP to ensure that the program focused on women at the highest risk for breast cancer, those 40 and above or younger women at high risk for breast cancer or with clinically significant findings for breast cancer. The exceptions are outlined in the CSP policy entitled *Breast Cancer Screening of Women below the Age of 40* which is Attachment 1.3 of this RFA. It is not expected that applicants submit a letter of agreement with a CSP as part of this RFA application; rather, this is a requirement for funded providers. If you are selected to receive an award, a letter can be provided at that time.
7. **Question:** Can you please confirm the utilization of the same narrative for Component 1, Parts A and B with different scoring?  
**Answer:** Applicants requesting funding under Component 1 Part A and B do not have to submit separate narratives. The same narrative will be reviewed and scored by DOH reviewers for Part A and B. However, the weighting of sections differs between Parts A and B, reflecting the different emphasis of these Parts. Therefore, separate scores will result for each Part.
8. **Question:** Can you provide an example of a work plan for clinical services?  
**Answer:** A sample work plan is provided in Attachment 2.5.
9. **Question:** The RFA states that Chlamydia testing is expected for all women under the age of 26. Is this correct?  
**Answer:** Yes, Title X guidelines state that all women under age 26 should be tested at the initial and annual family planning visits. In addition, women over 26 who present with risk factors can also be tested. Please refer to Attachments 1.4 and 1.1.
10. **Question:** Current Cancer Services Program (CSP) guidelines on colo-rectal screening states screening should begin at age 50; Attachment 1.1, 2.a states age 40. Please clarify.  
**Answer:** OPA Program Instruction Series, OPA 09-01: *Clinical Services in Title X Family Planning Clinics – Consistency with Current Practice Recommendations* states that Title X providers should provide care that is consistent with current nationally recognized standards. As such, the current CSP guidelines on colo-rectal screening beginning at age 50 should be used.
11. **Question:** Regarding a linkage agreement with another family planning provider for Implanon or IUDs specified in Attachment 1.1, 2.b, should this be a Title X provider or will any provider who offers this service be acceptable? Should these linkages be included in the application?  
**Answer:** Applicants should have linkage agreements with other Title X family planning providers. These agreements do not have to be included in the application. If you are selected to receive an award, agreements will need to be available for review upon request.

**12. Question:** Does the Attestation of Commitment, Attachment 2.4b need to be submitted if the agency has Family Planning on the operating certificate?

**Answer:** No. Attachment 2.4b is for applicants that do not already have Family Planning on their operating certificate.

**13. Question:** Attachment 2.6 of the RFA contains a page called Continuous Quality Improvement (CQI). Do we need to describe our CQI program and evaluation methods and include them as an attachment in Section D, Administrative Documents for Clinical Services, as outlined in Attachment 2.3?

**Answer:** Yes.

**14. Question:** Is there funding for strictly educational programs such as Natural Family Planning and adolescent reproductive health programs? Can the other Core Services of the program be met through appropriate referrals?

**Answer:** There is no separate funding in this RFA to support strictly educational programs such as you describe. The purpose of this RFA is to support the provision of comprehensive family planning and reproductive health care services in accordance with Federal Title X Guidelines. Refer to page 8 and Attachment 1.1 for expected services for Family Planning programs. Applicants will be reviewed and scored on the basis of criteria that reflect these expectations.

**15. Question:** Do applicants have to include both public education and community information in this grant RFA in order to be considered? Because of the varying modalities now available to reach adolescents, IT, e-learning and internet marketing would be more appropriate than traditional group presentations.

**Answer:** As referenced in to Attachment 1.1, Community Information and Public Education are Core Program Activities and Services. Applicants may propose the most appropriate modalities to reach to target populations, based on an assessment of the needs in the community.

**16. Question:** Attachment 1.1, 1c Client Education and Counseling Services states “if requested, adolescent counseling services will be confidential”. This is different language than our traditional understanding of the law, which protects an adolescent and provides confidential services in a family planning clinic in New York State.

**Answer:** This section of Attachment 1.1 specifically refers to a provision in Title X guidelines that encourages family participation for minors seeking services. However, as stated in Attachment 1.1, adolescents seeking services should be assured that, if requested, counseling services will be confidential.

**17. Question:** Attachment 1.1 states “STI screening to be provided to all pregnancy test clients”. The language infers requirement versus offering based on intake and patient sexual history. Is this a new requirement?

**Answer:** It is recommended that HIV counseling and testing and Sexually Transmitted Infection screening be provided to all pregnancy test clients. This is not a new requirement.

**18. Question:** Please clarify: Attachment 1.1 states “Providers are required to screen ALL clients for STIs”.

**Answer:** Applicants awarded funding are required to screen all clients for sexually transmitted infections. Please refer to Attachment 1.1 (f) STI Screening and Treatment for additional information.

**19. Question:** Attachment 1.1 – 2.g – *Follow-up of Referrals*: The RFA specifies particular procedures for follow-up, including using a triplicate referral form. Do we have to use this system?

**Answer:** No. However, the system used should include written notification of the referral to the client, and a means of communicating the referral to and obtaining information from the provider that the referral was kept.

**20. Question:** Attachment 1.1 – 1.d. – *Promote Client Enrollment and Participation in Public Health Insurance Programs*: We are already an FPBP enroller, do we have to secure a new MOU prior to the application submission?

**Answer:** The MOU does not have to be in place prior to the application submission.

**21. Question:** If we are not a current FP provider, are we expected to attach a list of the methods currently available on formulary and a staff training calendar as stated in Attachment 2.6?

**Answer:** Yes.

**22. Question:** Can we refer to all the zip codes we serve or only the one where clinic is located?

**Answer:** Applicants can describe activities related to their entire catchment area. For information on requirements for location of clinics specific to Part A and Part B of Component One, refer to page 10 of the RFA.

**23. Question:** Regarding the Experience and Organizational Capability section of Component 1 Parts A and B of the application, on page 27, is it necessary for organizations with existing Title X clinics to submit resumes and proposed responsibilities for all key staff? If so, are resumes for clerical workers and clinic nursing staff necessary, or just supervisors and directors?

**Answer:** As stated on page 27 of the RFA, all applicants should submit resumes for key staff such as program director, medical director, supervisor(s) and clinical staff.

### **Performance Measures**

**24. Question:** For performance measure # 12 (Attachment 2.5) does the term “screening” for STIs refer to actual testing or risk assessment questions to determine need for testing.

**Answer:** This refers to testing for STIs.

**25. Question:** Are the Performance Measurement worksheets in Attachment 2.5 part of the work plan that needs to be completed and returned?

**Answer:** Yes, the Performance Measures should be included as part of your application. Instructions are included in Attachment 2.5 page 3, Section b, Measure of Effectiveness. A fillable version of the Performance Measures document will be posted to the Department's Web site for use in completing the application.

**26. Question:** Current Family Planning Program data tables do not include the information needed to complete several Performance Measures. Should projections be made based on related information from the Ahlers tables?

**Answer:** Current contractors can obtain 2009 Performance Measure Reports from the Ahlers web site at <http://www.ahlerssoftware.com/>. Once you enter your password choose

“View Reports” in the left column then select your agency from the drop down menu and choose “performance measures” from the list of reports provided. These reports were developed for use as baseline data for completing the performance measures.

**27. Question:** For projections for Measures of Effectiveness in the work plan, should the actual percents provided by Ahlers for 2009 be used in all of the categories listed and then describe in the Objectives our projections for Year 1 or should we just review the Ahlers 2009 data and then put our projections for 2011 in the appropriate blanks?

**Answer:** Applicants should review the 2009 Performance Measure Reports listed on the Ahlers’ web site (see Q&A #26 above), and make 2011 projections based on their 2009 performance and other relevant factors.

**28. Question:** Regarding Outcome 2: Attachment 2.5, Performance Measure 7, females leaving with an effective method, should pregnant women, those who desire pregnancy or are not sexually active be excluded from the calculation?

**Answer:** Performance Measure 7 was calculated by excluding women who were pregnant, seeking pregnancy, and not sexually active.

**29. Question:** Can applicants modify the Performance Measures?

**Answer:** No.

**30. Question:** The Cancer Services indicators and performance measures include complete breast examination and pap smears. The denominator for those indicators is the number of women served by the agency. Since our entire population is age 21 or younger and those services are not recommended for this population, should the numbers of women we project to serve who will be age 21 at time of service be used in the calculations?

**Answer:** This question appears to refer to Performance Measures #14 and 15 in Attachment 2.5. As described in Attachment 2.5, the total number of women served by the agency is used as the denominator for calculating these measures. If appropriate, applicants can explain that their targets for these performance measures are low because these services are not recommended for the clients served.

**31. Question:** Our agency provides free walk-in pregnancy testing. For Performance Measure 8 and Performance Measure 13 in Attachment 2.5, negative pregnancy tests clients with an existing method are counseled about birth control and given information about contraceptive choices. Clients without a current method are encouraged to schedule an appointment with a clinician. Can Performance Measures 8 and 13 be changed to include subsequent visits in which birth control and HIV/STI screening are provided?

**Answer:** No. Applicants should consider strategies and activities to improve performance on these measures at the time of visit.

**32. Question:** Does Performance Measure 15, unduplicated female clients receiving cervical cancer screening at any visit, take into account ACOG’s pap spacing guidelines? On Attachment 1.1, under 2.a, it states “A complete physical exam for all initial clients should include the following: blood pressure evaluation, weight, height, examination of the thyroid, heart, lungs, extremities, breasts and abdomen, as well as a pelvic or bimanual pelvic, Pap test and, for individuals over 40, colo-rectal cancer screening.” However, it is not our agency’s policy to provide annual Pap tests because it doesn’t follow the ACOG recommended and accepted pap guidelines. Please clarify.

**Answer:** The numerator and denominator for each performance measure are specified in the Performance Measure tables within Attachment 2.5. Title X providers should provide

care that is consistent with current nationally recognized standards. Applicants following current nationally recognized standards or guidelines can include an explanation to that effect in their work plan as related to this performance measure.

**33. Question:** What is the Department of Health's position on condoms as an effective method of contraception? Many clients prefer a non-hormonal method (especially smokers over 35) and do not wish a long term method, such as an IUD. Data requested on patients leaving with an effective method does not include condoms.

**Answer:** This question appears to refer to Performance Measure #7 in Attachment 2.5. The effective methods listed for that Performance Measure are those identified as having the highest rate of effectiveness based on typical use. It is recognized that these methods may be contraindicated or not preferred by some clients.

**34. Question:** How do agencies that are not current Family Planning providers obtain Ahlers' data for the Performance Measures?

**Answer:** Applicants that are not current providers will have to provide their own data needed to complete the performance measures from their own information systems.

**35. Question:** What do Program Performance/Evaluation and Continuous Quality Improvement (CQI) mean?

**Answer:** Program Performance/Evaluation refers to the evaluation of the effectiveness of program strategies and activities to ensure program is performing as intended and program goals are met. Continuous Quality Improvement, as described in Attachment 1.1, Section 3, refers to systematic reviews of the agency's performance in critical areas that are essential to developing and maintaining a quality program that addresses the needs of clients. This may include ongoing medical audits, tracking systems for referrals; review of individual clinician's performance and medical protocols, etc.

**36. Question:** What is meant by the Family Involvement Policy? Is it the same as Parental Involvement?

**Answer:** Family Involvement is more inclusive and would include parents, guardians, foster parents, etc.

**37. Question:** In the Component 1 Parts A and B work plan, can I state "currently compliant" in the Completed By section, since we are already a funded clinic, or do I write the work plan as if we are a brand new clinic?

**Answer:** If the applicant is continuing the same activities, the applicant can state 1/1/11 as the completed by date and add a notation that activities are continuing from the prior grant cycle. If the applicant is proposing new activities to modify or improve their performance, applicants should complete new dates in this section.

**38. Question:** For Component 1 part A and B, Statement of Need, (d) the reference "other providers offering family planning and reproductive health services" does this refer to all providers, public or private, even if they do not treat uninsured/low income patients.

**Answer:** Yes.

## **Questions Specific to Component 1 Part A**

**39. Question:** Can we conduct outreach to high-risk areas listed in Attachment 2.1a and 2.1b without locating additional clinic(s) in these areas? What is considered "accessible" to populations with the highest need? (RFA p.10 paragraph 3)

**Answer:** This question appears to refer to applications for funding under Part A of Component 1. As stated on page 10 of the RFA, in order to request funding under Part A to serve a given FPSA, applicants must propose to physically locate one or more clinical sites within each of the defined geographical units for that FPSA, as listed in Attachment 2.1a. In the case that a FPSA includes a county or counties for which no specific ZIP codes are listed in Attachment 2.1a, applicants are encouraged to locate clinics in geographic area(s) within those counties that are accessible to populations with the highest need for family planning services. The list of ZIP codes in Attachment 2.1b is provided as a resource to assist applicants in identifying specific areas with high need for family planning services. In this context, there is no specific definition of "accessible" as it would vary depending on many factors including the community and population to be served. All providers are strongly encouraged to conduct outreach to high-risk areas, including ZIP codes beyond the ZIP code in which a clinic is physically located.

**40. Question:** Regarding Core Family Planning Services in Component 1, Part A: The RFA appears to be silent on the topic of the use of subcontractors to perform any aspect of the required clinical activities. Can an Article 28 certificate holder subcontract with other parties to perform some of the obligated activities under this contract? If yes, what would the minimum qualifications be of the subcontractor?

**Answer:** The purpose of this RFA is to support the provision of comprehensive family planning and reproductive health care services in accordance with Federal Title X Guidelines. With DOH approval, in limited circumstances, subcontracting may be allowed. Any subcontractor would have to meet the minimum standards established for the provision of services, including certifications if providing clinical services, and an acceptable budget and work plan would have to be submitted as part of the application and the contract package.

**41. Question:** For Component 1, should applicants submit one cover sheet for the FPSA where the clinic is located, or one for each FPSA where outreach activities are planned?

**Answer:** The coversheet indicates the FPSA where the clinic(s) will be physically located. Note that if you are applying for more than one FPSA, you will need to submit one coversheet for each FPSA.

**42. Question:** Attachment 2.4a states "For each proposed clinic site enter each site in one of the boxes below...Client volume at each site." Do you mean the total client volume of all clients per site or the total client volume of patients to be served at each site?

**Answer:** When entering clinic information, applicants should enter the total proposed number of clients to be served at each site. The total for all sites added together should equal or exceed the Minimum Client Volume listed for the FPSA in Attachment 2.1a.

**43. Question:** We are currently funded under this grant to provide family planning services in a FPSA that is listed in Attachment 2.1a. We are planning to provide services in this FPSA, as well as begin providing family planning services at a new location which is listed in Attachment 2.1b, but not Attachment 2.2. As an existing family planning provider, would we be able to include this new site within our Component 1, Part A application or would this

request to fund a new site fall under Component 1, Part B even though the zip code has not been identified on Attachment 2.2?

**Answer:** You may include clinics in additional locations other than those listed in a FPSA within your Part A application. However, no additional Part A funding may be requested for such sites. Applicants applying for funding to support a new clinic under Component 1, Part B must locate the clinic in a zip code listed in Attachment 2.2.

**44. Question:** Since we serve a special population (individuals with developmental disabilities) our projected client volume will not be as high as the client volumes listed for each FPSA we plan to serve. Is this acceptable?

**Answer:** Refer to page 10 of the RFA. The projected combined client volume from all proposed clinic site(s) within that FPSA must be greater than or equal to the Minimum Client Volume established for that FPSA in Attachment 2.1a. In order to receive funding for a FPSA under Part A, applicants must meet all the criteria described on page 10 of the RFA.

**45. Question:** Our clients come from all over New York City but the FPSA we are applying to serve only includes one zip code. Does this mean we can only serve clients from that one zip code?

**Answer:** No, the zip code(s) for FPSAs in Attachment 2.1a represent the physical location of the clinic(s) and do not imply a restriction of the applicant's catchment area.

**46. Question:** Our agency has clinics in a number of different FPSAs. Is it possible to construct a FPSA of our own?

**Answer:** No, applicants requesting funding under Component 1 Part A must propose to serve one of the FPSAs designated in Attachment 2.1a., in accordance with the criteria defined on page 10 of the RFA.

**47. Question:** How do I determine which Monroe county FPSA our clinic is in? Several are listed in Attachment 2.1a.

**Answer:** It is the applicant's decision for which FPSA to request funding. This may be based on factors such as the specific location of the proposed clinic sites and the minimum client volume specified for a FPSA.

**48. Question:** There are 2 FPSAs with maximum awards of \$250,000 (FPSA Code 1-7 and 1-8). How do I know which one to apply for?

**Answer:** Please refer to Q&A# 47 above.

**49. Question:** Does the applicant need to operate a health clinic in each of the counties in the defined FPSA or can the program refer clients to clinical services operated by another organization?

**Answer:** Refer to page 10 of the RFA. In order to request funding under Part A to serve a given FPSA, applicants must propose to locate one or more clinics within each of the defined geographical units (i.e. county or ZIP code) of that FPSA.

**50. Question:** Is there any flexibility in the FPSA maximum award amount for a family planning program where FPSA client numbers are expected to increase above the minimum, due to new location, potential of more clients/patients to be seen, and/or multi-county presence?

**Answer:** The maximum award for each FPSA is listed in Attachment 2.1a.

**51. Question:** Does the minimum client volume reflect unduplicated clients or visits for each FPSA?

**Answer:** Minimum client volume reflects the number of unduplicated clients.

**52. Question:** When reviewing Attachment 2.1a there is one FPSA within Region 1 (1-4) where we would need to serve a minimum of 2,500 clients and ask for a maximum award of \$500,000. Currently, two family planning contractors serve that area. Can both agencies request to serve half of that service area?

**Answer:** It is not clear from your question what type of proposal you are contemplating. In order to request funding for a specific FPSA, the applicant must meet all criteria stated on page 10 of the RFA. You cannot propose to serve only a portion of a defined FPSA. If your question relates to sub-contracting, please refer to Q&A #40 above.

**53. Question:** If an applicant applies to serve FPSA 4-1 Westchester for \$100,000 and FPSA 4-7 Multicounty for \$3,900,000, then the combined possible award is \$3,600,000 (\$100,000 + \$3,900,000 x .90), which seems to heavily penalize the organization for taking on a FPSA with low client volume. Is that what you intend? If a reduction for administrative efficiencies is required, why not reduce the region with the lower client volume 10% rather than the combined amount, so as to encourage organizations to serve low volume areas? Thus, in the example above, the possible award would be \$3,990,000 ((\$100,000 x .90) + \$3,900,000). Kindly advise.

**Answer:** Refer to the RFA page 16 fourth bullet. You are correct that for the example you have cited (FPSAs 4-1 and 4-7) the maximum total award would be \$3,600,000.

**54. Question:** On the Component 1 Coversheet, Attachment 2.4a, do we list county or zip codes for the FPSA Designation?

**Answer:** Applicants should list the FPSA designation, which is listed in the first column of Attachment 2.1a under the heading FPSA Code. For example, if proposing to serve Allegany County, the applicant would list 1-1 in the designation space.

**55. Question:** We are applying to serve a FPSA that is defined as a county, with no specific zip codes listed. How do we determine where to locate a clinic?

**Answer:** As stated on page 10 of the RFA, for FPSAs where no specific ZIP codes are listed, applicants are strongly encouraged to locate clinics in geographic area(s) within the FPSA that are accessible to populations with highest need for family planning services. A list of high need target ZIP codes is provided in Attachment 2.1b to assist applicants in identifying areas across the state with a high need for family planning services.

### **Component 1 Part B**

**56. Question:** Regarding Component 1 Part B, Pages 10 and 11, Additional Elements: Part B, which states: "proposed new clinics, or existing clinics that do not currently meet Title X requirements but agree to expand their services to include Title X Family Planning requirements, may be included in requests for funding under Part B". Does this statement refer to the physical structure or the clinic operation? While we currently operate a Title X clinic in an eligible ZIP code, the clinic location is transitioning. Due to a fire, our clinic that is located in a ZIP code listed in Attachment 2.2 is in a temporary location and will soon be forced to relocate. Would we be eligible for funding under Component 1 Part B?

**Answer:** These criteria for Part B refer to the physical location of the clinic site where clinical services are provided. Please note that as stated on page 11 of the RFA, clinics that are currently operated by DOH-funded Family Planning providers can not be included in a request for Part B funding. New applicants may request Part B funding for clinics physically located in Part B zip codes listed in Attachment 2.2.

- 57. Question:** Under Part B - Targeted Expansion to High-Need Underserved Geographic Areas, can we apply to serve a zip code that is already being served by one of our clinics?  
**Answer:** Clinics that are currently operated by DOH-funded family planning providers cannot be included in a request for Part B funding. Under Part B, currently funded providers may request funding to locate a proposed new clinic in Part B zip codes.
- 58. Question:** We have identified a high visibility site immediately adjacent (virtually across the street) from where two of the underserved population zip codes intersect. Would DOH entertain approval of such a site which is immediately contiguous with two or more identified zip codes, even though the proposed site would be technically outside the zip code?"  
**Answer:** If this question is referring to Part B of Component 1, the answer is no. As stated on page 10 of the RFA, in order to receive funding under Part B, a clinic must be physically located within a Part B ZIP code listed in Attachment 2.2.
- 59. Question:** Can currently funded applicants apply for Component 1 Part B?  
**Answer:** Refer to page 11 of the RFA. Currently funded providers are eligible to apply for Part B funding. Clinics currently supported by Family Planning grant funds cannot be included in a request for Part B funding. Proposed new clinic may be included in requests for funding under Part B.

### **Component 1 Part C – Enhanced Services**

- 60. Question:** Are separate narratives expected for Component 1, Part C, Subparts 1a, 1b, etc.?  
**Answer:** Yes. Refer to Attachment 2.10, 2.11 and 2.12 for a description of what to include in your application for these Subparts.
- 61. Question:** Component 1 - Part C - Enhanced Services guidance for completing Part C Subpart 1(a), 6. Budget on page 33 of the RFA states "include the projected cost per client and cost per visit." How would we provide this information for the Family Planning Benefit Program since the activities are primarily education and outreach to get clients to enroll in the program and clients don't enroll with the coordinator of this program?  
**Answer:** For Component 1, Part C, Subpart 1a applicants do not have to include a projected cost per client and cost per visit.
- 62. Question:** Attachment 2.8, Budget Instructions for Component 1, are applicant funds required to receive a FPBP award and is there a sustainability requirement for this program?  
**Answer:** No.
- 63. Question:** May an organization apply for Infertility Prevention Project (IPP) funds if they are already receiving such funds through another funder? Under this scenario, the additional funds would support sites or additional testing in excess of what current funding supports.  
**Answer:** Yes. However, an applicant receiving IPP funds through this RFA and from another funder cannot report the same records to both funders. Furthermore, IPP funds received through this grant should not supplant funds that are currently provided by another source.

**64. Question:** Regarding IPP funds, the RFA notes the need to have a minimum test volume of 2,500 in year 1. Are there age restrictions on the patients whose tests can be included in the minimum number of tests?

**Answer:** Refer to Attachment 1.4 for the eligibility criteria, which include women under age 26 and older women with a risk factor(s).

**65. Question:** Where can we get statistics on current FPBP enrollment to come up with a performance measure for the work plan that contributes to the initiative to increase enrollment as noted on page 4 of the RFA for Component 1 Part C Subpart 1a?

**Answer:** The statistics for FPBP enrollment, by region as defined on page 12 of the RFA, is as follows:

<b>Region</b>	<b>Number Clients Enrolled in FPBP</b>
NYC	5495
Long Island	2003
Capital/Central	8115
Western	13349

**66. Question:** Is the target population in Component 1, Part C, Subpart 1(b) a subpopulation of Component 1, Part A or do we need to increase the number above and beyond what we are reaching in Component 1, Part A?

**Answer:** This depends upon the population you are targeting and the nature of the project proposed. Note that if you are proposing a project under Part C Subpart 1(b) to serve a specific high-need population that is already served under Part A or B, you need to clearly describe how the Part C project will support distinct, enhanced services and activities that are not duplicative of those core clinical services expected under Parts A and B.

**67. Question:** Can we apply for Enhancement Part C Subpart 1(b) if we are already a Title X clinic?

**Answer:** Yes, refer to pages 4 and 11 of the RFA.

**68. Question:** Regarding Enhanced Services to High-Risk and Underserved Populations in Component 1, Part C, Subpart 1(b), can applicants make more than one proposal, focused on different non-incarcerated, high risk/underserved populations or do all targeted populations need to be included in one proposal?

**Answer:** As stated on page 19 of the RFA, applicants may propose to serve incarcerated populations, or another identified high-need underserved population, but not both. Only one application per applicant can be submitted for Part C Subpart 1(b). If you propose to serve more than one non-incarcerated high-need population, all such populations may be described within a single application for this Subpart.

**69. Question:** On page 12 of the RFA it states, “funded projects will be required to have a FPBP full time coordinator.” Is it acceptable to have two individuals share this position, i.e.

two full-time employees whose partial hours spent on FPBP duties when combined are the equivalent of a full-time FPBP Coordinator?

**Answer:** This would be at the discretion of the funded agency.

**70. Question:** In reviewing page 4 of the RFA, should we apply for expansion services for a Mobile Unit under Part B – Targeted Expansion to High-Need Underserved Geographic Areas or under Component 1, Part C, Subpart 1(b) to expand to high risk populations? My sense would be the latter, given that our mobile unit targets underserved people (homeless, etc) rather than a specific geographic community.

**Answer:** This question appears to be describing a strategy (a mobile unit) for reaching specific high-need, underserved populations, which is consistent with Component 1, Part C, Subpart 1(b). Component 1, Part B is more appropriate for a fixed clinical site that is physically located within a specific target ZIP code as listed in Attachment 2.2.

**71. Question:** Component 1 Part C 3, Pages 14-15 Related Family Planning Services, states "unless otherwise noted below, all successful grantees under Part A and/or B of Component 1 will receive a proportionate share of these funds." Will additional funding for these resources be provided in addition to the base funding awarded for Component 1 Parts A and/or B?

**Answer:** Yes. Refer to page 5 of the RFA, 3) Related Family Planning Services for the funding details for Part C, including these specific subparts.

**72. Question:** Do migrant seasonal farm workers qualify as an allowable population under Component 1, Part C, Subpart 1c?

**Answer:** No, Component 1, Part C, Subpart 1c is a project to assess and enhance the capacity of family planning providers to serve diverse populations in culturally and linguistically competent ways. Migrant seasonal farm workers may be an appropriate population for a proposal under Part C, Subpart 1(b), enhanced services for specific high-risk, underserved populations.

**73. Question:** Under Component 1, Part C-Subpart 3, Related Family Planning Services, how do we obtain enhanced funds for HPV Vaccine, EC and HIV Rapid Tests award?

**Answer:** As stated on page 20-21 of the RFA, funding for EC, HPV Vaccine and HIV Rapid Testing will be distributed among eligible funded providers based on established formulas. For HPV vaccine, you need to indicate on the Cover Sheet (Attachment 2.4a) your agency's acceptance of the vaccine. For EC and HIV, you do not need to do anything else to receive enhancement funds, as all eligible awardees will be included in the distributions.

**74. Question:** If awarded a grant under Component 1, Part A, can the awardees decline funding for emergency contraceptives under Component 1, Part C, Subpart 3?

**Answer:** All eligible awardees will automatically be included in the distribution for EC funding. As stated in Attachment 1.1 2b family planning providers should provide access to emergency contraception (EC) in a manner consistent with FDA regulations.

**75. Question:** Should HIV/EC narrative be included in the general program narrative?

**Answer:** Applicants seeking funding for any of the enhancement services under Part C Subpart 3 should briefly describe the proposed services, including target population in the Executive Summary section of their Component 1 application, as described on page 26 of the RFA. No additional narrative description is expected for Part C Subparts 3a, 3b or 3c.

**76. Question:** What is the requirement in the collecting of names in the distribution of free EC? Does this apply to the distribution of EC at outreach events and/or if EC is provided on a walk-in basis to individuals who are not regular clients?

**Answer:** Refer to Attachment 1.6, 5 and 7. It is necessary to keep a record of the recipients, who receive EC with this funding. EC should be distributed in confidential secure settings with appropriate interaction between staff and clients.

**77. Question:** Is EC to be provided at no charge to clients whose incomes are within 200% of the Federal Poverty Level (FPL), per attachment 1.1, or 100% FPL, per the introduction in the RFA?

**Answer: If awarded funding,** EC purchased with grant funds under Component 1 Part C Subpart 3 must be provided free to all clients. The reference on page 9 of the RFA is the sliding fee scale required under Title X, which requires services to be provided free of charge to clients with incomes below 100% of the FPL. Attachment 1.1 includes additional NYSDOH program policy, which states that Emergency Contraception should be provided free of charge to clients at 200% of poverty or below as funding allows.

**78. Question:** Attachment 1.6 – *EC Award Guidance*: In this guidance document it appears that we will only be able to provide free emergency contraception to those patients aged 17 & older. What about our younger clients?

**Answer:** EC may be provided to younger clients. A prescription is required for individuals under 17 according to FDA guidelines.

**79. Question:** On Attachment 2.4a, Subpart 3, applicants are asked to indicate whether we “Accept HPV funding” or “Decline HPV funding.” If we do not currently provide HPV vaccinations at our health centers, but we are planning to implement this service within the next two years, would it still be possible to receive this funding at some point during a future grant period? How should we indicate this on Attachment 2.4a?

**Answer:** This is a proposal for a 5-year project period. You can indicate that you will accept HPV funding on Attachment 2.4a. Funding will be distributed annually to clinical providers that agree to provide vaccinations to eligible clients. If you are selected to receive an award, this can be addressed in your contract budget.

**80. Question:** Why isn't Part C Subpart 3 – Related Family Planning Services on the check list in Attachment 2.3?

**Answer:** It is not included on the checklist because there are no documents to return for Part C Subpart 3.

**81. Question:** Regarding HPV Vaccination Services in of Component 1, part C, Subpart 3(b), providing HPV vaccinations to minors has been a challenge due to the need for parental consent. Successfully getting teens to accept the vaccination series requires unique outreach strategies that engage young people in getting parental consent and/or bringing a parent with them for the service. How much of the funding can be used for this aspect of the work?

**Answer:** Up to 25% of the HPV funding may be used to support education to promote awareness of the availability of the vaccine.

**82. Question:** We have funding for Integration of HIV/AIDS Testing and Prevention Services in Title X FP Projects for three years beginning 7/1/10. This is classified this as Special Projects in our contract and separate budget forms are submitted. How should the cost of our Title X HIV Integration project be integrated in the Component 1 Part A application when

we request funding for Component 1, Part C, Subpart 3 (EC, HPV and HIV Testing) to cover medical supplies in our competitive application?

**Answer:** The HIV/AIDS Testing and Prevention Services funding you are describing is separate federal funding awarded by the federal Office of Population Affairs, and is separate from this RFA. Note that as stated on page 15 of this RFA, HIV Rapid Testing funds will be available to successful applicants that provide clinical reproductive health services and do not otherwise receive federal funds for this purpose. Because you are receiving separate federal funding from OPA for this purpose, you will not be eligible to receive HIV rapid testing funds through this RFA.

**83. Question:** We have a significant population of men with HPV that would like to receive Gardasil. Now that it has been FDA approved, can we use our supply of vaccine on men as well as women? Our Medical Director has approved its use for males.

**Answer:** At this time HPV vaccine purchased through this funding should be for women only. This policy is currently under review and may be revised in the future.

### **Component 3: Center of Excellence**

**84. Question:** In what way is the Center for Excellence meant to stand apart from the activities coordinated and services provided by the federally funded Title X Regional Family Planning Training Center?

**Answer:** Please refer to pages 23-24 of the RFA for a description of the Scope of Work and Program Requirements for the Center of Excellence.

### **General Budget Questions**

**85. Question:** Are the maximum awards listed in the RFA for 1 year or 5 years?

**Answer:** The award amounts are per year.

**86. Question:** Is there a cost per visit over or under which we should not go?

**Answer:** No.

**87. Question:** Can funds to support the cost of grant writing be requested through this program?

**Answer:** No.

**88. Question:** There is no Request for a Financial Plan Summary and the usual B4-a,b,c forms are missing. There also isn't a section for outreach and education supplies/materials. Should these expenses be included under "other"?

**Answer:** The forms you are referring to are only used in contract renewals. For the RFA, use Source of Applicant Funds form to provide information on other sources of funding. Regarding Outreach/Educational Materials, the budget category for Education and Outreach was removed from the budget pages. Applicants should include expenses such as advertising, promotional materials, incentives, etc. under Other Supplies and materials.

**89. Question:** Is there a specific form for Attachment 3.5?

**Answer:** No, Attachment 3.5 is the budget instructions for the budget forms contained in Attachment 3.6.

**90. Question:** Is the budget portion of the application also due on 10/20/10.

**Answer:** Yes.

**91. Question:** Page 30, 6. Budget, first paragraph, “Include the projected cost per client and cost per visit,” does this refer to the project cost per client and cost per visit *per clinic site* or for all clinic sites for the entire agency?

**Answer:** The cost per client should be calculated for the agency’s entire Family Planning Program.

**92. Question:** Please elaborate on the 10% NYS administrative allocation, as per the budget requirements.

**Answer:** Administrative costs should be in line item detail and generally should not exceed 10% of the amount requested from the state under the RFA. Lump sum administrative costs or rates will not be considered. If administrative costs exceed 10%, they should be substantially justified in order to be considered as potentially acceptable and fundable. Inclusion of administrative costs above 10% that are not substantially justified may result in reduction in points allotted to the budget section of the RFA. The Department may require a reduction in administrative costs for funded applicants if costs are not justified.

**93. Question:** Can you give some examples of items that would be considered fundable above and beyond the 10% administrative support fees maximum threshold?

**Answer:** Applicants that request to go over the 10% administrative cap should justify why these administrative positions and the percent of time on project are necessary and clearly demonstrate they are essential to the operation of the FP program. Inclusion of administrative costs above 10% that are not substantially justified may result in reduction in points allotted to the budget section of the RFA. The Department may require a reduction in administrative costs for funded applicants if costs are not justified.

**94. Question:** Is there any guidance of examples of items that would not be fundable in this grant?

**Answer:** As stated in the RFA, all costs need to be related to the provision of family planning and reproductive health services; be consistent with the scope of services; and be reasonable and cost effective. Grant funding may not supplant funds from other sources that are supporting current activities or existing staff. Grant funding awarded under this RFA may not be used to support services for which other funding is available, including revenue from public and commercial insurance, and other state, local or federal grant sources including direct Title X funds or Section 330 grants.

**95. Question:** Can funding be used for electronic health records?

**Answer:** Substantial costs associated with purchase and start up of electronic health records (EHR) systems cannot be supported on this grant. Some reasonable cost associated with maintenance of systems and steps to assure integration of EHR and Ahlers systems may be allowable. All costs need to be related to the provision of family planning and reproductive health services; be consistent with the scope of services; and, be reasonable and cost effective.

**96. Question:** Are part time staff be considered as per diem? Should per diem staff be included under Personal Services or Contractual in OTPS in the budget?

**Answer:** Part time staff who receive fringe benefits are not considered per diem, and thus should be included under Personal Services along with their fringe benefit rate. Staff that do not receive fringe benefits should be included under contractual.

**97. Question:** Can more than the maximum amount be requested in the budget?

**Answer:** No, as stated in the RFA, applicants may request up to the maximum award established for the respective RFA component(s), part(s) or sub-part(s) for which they are applying. The only exception to this rule is if an applicant is requesting Part A funding for more than one FPSA (refer to Q&A #96 below). Note that the total budget for your program may exceed the maximum RFA award if there are in-kind or other applicant funds to support the program. However, your requested funding through this RFA may not exceed the maximum awards stated in the RFA.

**98. Question:** We are applying to serve more than one FPSA under Part A. Because we do not know if we will be selected to be funded for both FPSAs, we do not know whether the 10% discount to the maximum awards will be applied. Can we therefore request the maximum award from Attachment 2.1a for each FPSA?

**Answer:** Yes. In your application you may request up to the maximum award established for each FPSA you propose to serve. However, as stated on page 16 of the RFA, if you are selected to receive an award for more than one FPSA, the respective maximum awards for those FPSAs will be combined and then discounted by 10%.

**99. Question:** Regarding the Guidance for completing Part C Subpart 1(a), 6. Budget on page 33 of the RFA, is the requirement for the 1 page budget narrative the same as the narrative requested in the budget pages?

**Answer:** No, the narrative for the budget pages refers to a description or justification of the costs requested. The budget narrative referred to on page 33 of the RFA should describe the overall cost effectiveness of the proposed program.

**100. Question:** Regarding the Guidance for completing Part C Subpart 1(a), 6. Budget on page 33 of the RFA, the budget pages don't have a place to explain what personnel are listed on the grant and why. Should this be in the 1 page budget narrative?

**Answer:** Component 1 Part C budget pages can be found in Attachment 2.9 of the RFA. Personnel would be entered on Form B2a and supporting documentation regarding staff would be included in the one page budget narrative.

**101. Question:** How should we develop a cost allocation methodology for this grant?

**Answer:** As stated in the RFA on page 30, successful applicants will develop a cost allocation methodology for compliance with grant requirements regarding administration and allowable costs, using the principles applicable to your organization as outlined in Attachment 5.3.

## **Attachments**

**102. Question:** Do we need to complete Financial Backup and Equipment Inventory budget forms as part of the application?

**Answer:** No, these are forms that an applicant receiving funding would complete as part of their contractual requirements.

**103. Question:** Attachment 2.7 of the RFA includes a list of required policies and procedures. Do we need to complete this list and include it in our application?

**Answer:** Applicants need to include the Attestation in Attachment 2.7 but do not have to complete the list or provide copies of policies and procedures. These are documents that funded applicants will need to have available for review upon request.

- 104. Question:** Are Attachment 5.4 the Vendor Responsibility Attestation and 5.5 the Vendor Responsibility Questionnaire required for all Components?  
**Answer:** Yes, Attachment 5.4 and 5.5 should be returned for all Components. Attachment 5.5 can be submitted online or as a hard copy. If Attachment 5.5 is completed online, do not submit it as a hard copy but indicate on Attachment 5.4 that an on-line Vendor Responsibility Questionnaire has been created.
- 105. Question:** Is Attachment 5.3, the NYS Standard Grant Contract, specific to Component 3?  
**Answer:** Attachment 5.3, is the NYS Standard Grant Contract, which applies to all components and is provided for informational purposes only.
- 106. Question:** Are all the Appendices applicable to Component 1?  
**Answer:** It is not clear what is you mean by "Appendices". If the question refers to "Attachments", the answer is no. Refer to the revised Attachment 2.3 for a list of the documents that applicants applying for Component 1 should return. In addition see the answer to Q&A #104 below.
- 107. Question:** Pages ii and 53 include statements indicating "applicants will submit each of the listed documents above for each component for which the applicant is applying." All of these attachments are not listed on Attachment 2.3, the Application Checklist and some are instructions or forms. Which documents need to be returned if they are not listed on the checklist Attachment 2.3?  
**Answer:** As noted under Modifications to the RFA above, Attachments 2.3 (for Component 1), 3.1 (for Component 2) and 4.1 (for Component 3) have been corrected to include missing items. Corrected versions of these documents are posted on the DOH Web site. Please refer to these corrected versions for a list of the documents that need to be returned as part of the application.
- 108. Question:** Is any part of Attachment 5.3, the NYS Standard Grant Contract, such as Appendix D, required to be completed and returned in the application package?  
**Answer:** Attachment 5.3 does not need to be returned in the application. It is included for informational purposes only. Appendix D is a sample standardized work plan that applicants awarded funding will be required to return.
- 109. Question:** Work plan Outcome #1, Performance Measure 4 asks for unduplicated clients residing in high risk zip code areas, and references Attachment 2.1. Is this Attachment 2.1a or 2.1b?  
**Answer:** This is Attachment 2.1b.
- 110. Question:** Attachment 1.2 of the RFA is a New York State Family Planning Encounter Form. Are we required to submit the CVR that our agency currently uses? If so, where in the application should it go?  
**Answer:** Attachment 2.1 is for reference only. It shows the data elements that may be collected at each encounter and reported into the Family Planning Program Data Management System. Applicants do not need to submit the CVR their agency uses.

### **General/Miscellaneous Questions**

- 111. Question:** In the CAPPS RFA, the application is to be doubled space, but there is no guidance in the family planning grant.

**Answer:** Please refer to page 49 of the RFA for Application Format. Applicants should use single space formatting in completing their applications.

**112. Question:** The Contract Reporter announcement states applications are due at 4:30 pm but the RFA states 4:45 pm. Please clarify.

**Answer:** Applications are due by 4:45 pm on October 20, 2010.

**113. Question:** Are pages supposed to be consecutively numbered through the entire grant or just throughout each section?

**Answer:** Applications should be consecutively numbered within each of the following sections of your application: Component 1 Part A and B; Component 1, Part C, Subpart 1a-1c; Component 1, Part C, Subpart 2; Component 2; and Component 3.

**114. Question:** Is the RFA open to all Article 28 facilities in NYS? If so, will preference be given to existing family planning grantees?

**Answer:** Refer to the Minimum and Preferred Eligibility Requirements and the Selection and Award Methodology sections for each Component of the RFA.

**115. Question:** Can we refer to all the zip codes we serve or only the one where clinic is located?

**Answer:** Applicants can describe activities related to their entire catchment area.

**116. Question:** Can the Program Review and Consumer Advisory Committees be combined?

**Answer:** Yes. The functions and activities of the Patient Consumer Advisory Committee can be a subset of the Program Review Committee.

**117. Question:** Are letters of support required with the application? If so, how many are required and where should they be included in the attachments? Will applicants be penalized for including letters of support from our key community partners if they are not required?

**Answer:** Letters of support are not required. However, applicants will not be penalized if letters of support are included in the application.

**118. Question:** Work plan instructions state SMART objectives have been included for each goal and are listed on the work plan template.” Objectives are not listed in the work plan. Should applicants develop their own SMART objectives or will they be supplied?

**Answer:** Applicants should develop their own SMART objectives for each of the goals in the work plan.

**119. Question:** Experience and Organizational Capacity for all Components: Do the organizational chart and resumes of key staff count against the page limit or would they be considered attachments? How would key staff be defined?

**Answer:** Resumes and the organizational chart are attachments that would not be included in the specified page limit for each Component. Key staff include coordinators, clinicians, and health educators involved in program implementation.

**120. Question:** Can applicants be over and under on the section page limits if the total application limit is not exceeded?

**Answer:** No, applicants should not exceed the page limits established for each section of the application.

- 121. Question:** Can applicants describe something in one section and reference that description in another section?  
**Answer:** Applicants should refer to page 25 - 42 of the RFA and include the information requested in each section. Each section is scored based on the applicant's response to the information requested in each section.
- 122. Question:** Can you provide specific directions for delivery of documents in person?  
**Answer:** Applicants may come to the security desk at the Health Department located in the Corning Tower, Empire State Plaza. Request that security call 474-3368 for staff to get the application, please wait at the security desk until staff arrive to receive the applications from you. Applications must be delivered by 4:45 pm on October 20, 2010.
- 123. Question:** Can you speak to the binding requirements for applications.  
**Answer:** Refer to page 44 of the RFA. The applicant should submit one original and 6 copies of their application. The original should be in a three ring binder. Copies should be stapled or bound with a rubber band or a binder clip.
- 124. Question:** Do language interpreters need to be certified as medical interpreters under this program? Could these funds be used to support this certification for existing staff?  
**Answer:** There is not a certification requirement for language interpreters for the program.
- 125. Question:** Is there a predetermined schedule for grantee required reporting?  
**Answer:** Yes. A schedule for reporting will be provided to successful applicants as part of the contract.
- 126. Question:** Should applicants include "exhibits" such as marketing materials, education and curriculum descriptions, etc.?  
**Answer:** No.
- 127. Question:** When using Ahlers' data to complete the application what year should we use?  
**Answer:** Applicants that have Ahlers' data (i.e., those currently funded through the DOH Family Planning Program) should use 2009 data.
- 128. Question:** How is the Average Decile Rank on the Attachment 2.1b calculated?  
**Answer:** The Average decile rank is calculated as the average of the decile ranks for each of the nine indicators in the tables in Attachment 2.1b.