

## **Request for Applications**

New York State Department of Health  
Center for Community Health  
Division of Family Health  
Bureau of Maternal and Child Health

### **COMPREHENSIVE FAMILY PLANNING & REPRODUCTIVE HEALTH CARE SERVICES**

**FAU# 0909151050**

<b>RFA Release Date:</b>	<b>September 14, 2010</b>
<b>Letter of Intent:</b>	<b>September 27, 2010</b>
<b>Registration Applicant Conference:</b>	<b>September 27, 2010</b>
<b>Questions Due:</b>	<b>September 27, 2010</b>
<b>Applicant Conference:</b>	<b>September 28, 2010</b>
<b>RFA Updates Posted on or about:</b>	<b>October 6, 2010</b>
<b>Applications Due:</b>	<b>October 20, 2010- 4:45 PM</b>

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**Please note, applicants will submit each of the listed documents above for each component for which the applicant is applying.**

**Separate applications need to be submitted for each component for which an applicant is applying.**

# I. INTRODUCTION

The New York State Department of Health is seeking applicants to provide comprehensive family planning and reproductive health care services to people with disabilities, low income, uninsured and underinsured women, men and adolescents in New York State.

## A. Mission

The mission of the New York State Comprehensive Family Planning and Reproductive Health Care Services Program (hereinafter known as the Family Planning Program) is to provide individuals with the information and means to exercise personal choice in determining the number and spacing of their children by ensuring access to affordable and high quality family planning services. Through a network of family planning provider agencies, the Family Planning Program strives to empower low income, uninsured and underinsured women and their families to avoid unintended pregnancy and improve birth spacing.

## B. Background

New York State's comprehensive family planning program is funded by a combination of federal and state funding, including federal Title X Family Planning funding authorized by the Family Planning Services and Population Research Act of 1970. New York's Family Planning Program offers accessible family planning services in accordance with New York State family planning standards, current professional practice standards and Title X guidelines. The program provides comprehensive reproductive health care to low income individuals with a focus on preventing unintended pregnancy.

Unintended pregnancy is a serious problem in New York State and in the nation with serious consequences from a public health, social, and economic perspective. According to 2006 PRAMS Survey Data, 35.9%<sup>1</sup> of new mothers in NYC, and 37.4%<sup>2</sup> of mothers in the rest of the state reported their pregnancies as unwanted or mistimed. These statistics place New York's rates of *intended* pregnancies below Healthy People 2010 intended pregnancy objective of 70% for women giving birth. Of New York women with unintended pregnancies who delivered live born infants, 67% reported that they were not using contraceptive methods when they became pregnant. Consistent with national data, significant health disparities exist in NYS with 62.7% of women under the age of 20; 59% of unmarried women; 60% of African American women; 59% of women receiving Medicaid benefits, and 46% of women with less than high school educations reporting that their pregnancies were unintended.<sup>3</sup>

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<sup>1</sup> NYC 2006 PRAMS Survey Data. Pregnancy Risk Assessment and Monitoring System (PRAMS) is administered by the Centers for Disease Control and is an ongoing state-specific surveillance system of maternal behaviors and experiences before pregnancy.

<sup>2</sup> NYS 2007 PRAMS survey data excludes NYC

<sup>3</sup> NYS 2007 PRAMS survey data excludes NYC.

Adolescent pregnancy is an area where considerable health disparities exist. Among African American and Hispanic teens in the 15-19 age group, pregnancy rates are double that of White teens. The White teen pregnancy rate was 42.9 per 1,000 white adolescents, less than half the rate for Black (104.2) and Hispanic (107.6) adolescents.<sup>4</sup>

The provision of comprehensive family planning services remains one of the most effective ways to prevent unintended pregnancies. To decrease unintended pregnancies, family planning programs increasingly need to focus their attention and resources upon those groups more likely to experience unintended pregnancies by increasing access to services and more effective methods of contraception. Effective family planning providers identify and address issues which create barriers to access to contraception by providing short waiting time for appointments; developing sliding fee schedules that promote access; providing assistance in enrolling clients in public health insurance programs; offering flexible and extended hours of operation; and, providing culturally competent care.

Family planning providers also need to identify and address personal belief systems that may negatively impact contraception use and misconceptions about contraception and their side effects. To reduce unintended pregnancies, providers need to develop counseling approaches for clients and partners that address barriers to contraceptive use. Delivery systems, counseling and other behavior change strategies should be responsive to the knowledge, attitudes, behaviors and cultures of groups at highest risk of unintended pregnancy.

### **Target Population, Communities and Services**

The target populations for comprehensive family planning and reproductive health care services are low income, uninsured or underinsured women, women of racial and ethnic minority groups, adolescents and men who are in need of family planning services. The New York State Family Planning Program is placing a priority on providing family planning and health education and prevention services, client counseling, and community education to low income women of all ages at highest risk of unintended pregnancies and poor birth outcomes as defined above. Consideration should be given to serving high need, underserved populations such as, adolescents, disconnected youth, including those in the foster care system, males, those involved in the criminal justice system, underserved immigrant populations, cultural or linguistic minorities, substance abusers and other traditionally underserved populations. Services should be accessible to individuals with disabilities.

This RFA will maintain the capacity to provide family planning services in defined existing service areas across the state called Family Planning Service Areas (FPSAs) through Component 1 Part A, as well as expand services in targeted high-need communities through Component 1 Part B.

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<sup>4</sup> NYSDOH Vital Statistics.

Applicants for Component 1 will apply to provide comprehensive family planning and reproductive health services throughout New York State. Applicants are expected to design programs to give priority to providing services to residents in targeted ZIP codes and rural communities with few other family planning resources.

For **Part A** of Component 1, a list of FPSAs is provided in **Attachment 2.1a**, FPSAs are comprised of counties, groups of counties, and/or specific ZIP codes. Within FPSAs for which ZIP codes are not specified, applicants are encouraged to locate clinics in areas accessible to clients located in high need target ZIP codes identified in **Attachment 2.1b**.

For **Part B** of Component 1, a list of high risk underserved ZIP codes is provided in **Attachment 2.2**, to expand the provision of family planning services in the highest need areas that are currently underserved across the state

Additional detail about Component 1, Parts A and B, is provided in the next section below.

### **C. Description of Program**

The New York State Department of Health, Bureau of Maternal and Child Health is issuing this Request for Applications (RFA) to announce the availability of funds for the provision of comprehensive family planning services. Subject to the availability of funds, it is anticipated that approximately, **\$54 million** may be allocated for awards made as a result of this RFA. These funds are renewable annually for a five year period contingent upon satisfactory performance, availability of funding and approval of annual work plans and budgets. The initial contract period is anticipated to be January 1, 2011 through December 31, 2011.

**This RFA is organized as follows:**

#### **COMPONENT 1 - COMPREHENSIVE FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES**

Under Component 1, approximately **\$53.9 million** is available to fund a variety of core and enhancement services statewide, including specific activities and services as outlined below for Parts A, B and C.

Family planning services supported through Component 1 Parts A and B need to be in accordance with Section II B.2. below and with Attachment 1.1. This includes funding for the following:

#### **Part A - Required (Core) Family Planning Services**

Within Component 1 Part A, a subtotal of approximately \$43.9 million in funding will be available to support up to 51 awards for **Comprehensive Family Planning and**

## **Reproductive Health Care Services within defined Family Planning Service Areas (FSPAs.)**

### **Part B - Targeted Expansion to High-Need Underserved Geographic Areas**

Within Component 1 Part B, a subtotal of approximately **\$1.2 million** will be available to support targeted expansion of Comprehensive Family Planning and Reproductive Health care Services to support new services at clinics located within specific high-need, underserved ZIP codes, as defined in **Attachment 2.2** of the RFA referred to as “Part B ZIP codes”. The purpose of Part B is to expand the provision of family planning services to the highest need areas that are currently underserved across the state. It is anticipated that approximately four awards will be made under Part B, with consideration for statewide geographical distribution.

### **Part C - Enhanced Services**

Within Component 1 Part C, a subtotal of approximately \$8.8 million is available to support a variety of enhancement activities outlined below. Applicants must apply for core funding under Part A and/or Part B in order to request additional funding for any of the enhanced services under Part C, and only applicants that are selected to receive funding under Part A or Part B of Component 1 are eligible to receive additional funds under Part C.

#### **1) Enhanced Services to High-Risk and Underserved Populations**

Within Component 1, Part C, Subpart 1, approximately \$1.09 million is available to fund awards to support a variety of special projects to enhance services for specific high-risk and underserved populations, as described briefly below.

a) Within Component 1, Part C, Subpart 1(a), approximately \$480,000 is available to fund up to four regional awards, at up to \$120,000 each, to achieve statewide increases in Family Planning Benefit Program (FPBP) enrollment. Awards will support the provision of training and technical assistance to family planning providers in each region to increase access to family planning services to special high needs populations, such as adolescents and young uninsured women and men, by developing initiatives to facilitate increased enrollment in public health insurance programs, with a specific focus on increasing access to the FPBP.

b) Within Component 1, Part C, Subpart 1(b), approximately \$560,000 is available to support approximately five awards to provide expanded or enhanced services to specific high-risk, underserved populations identified by applicants. Services to incarcerated populations have been designated as a priority for this category, with at least two awards designated for projects to serve this population. Applicants may propose to serve incarcerated populations, or another identified high-need underserved population, but not both. Applicants proposing to serve incarcerated populations may request up to a maximum of \$25,000. Applicants proposing to serve other identified high-need underserved populations may request up to a maximum of \$170,000. The amount of

funding needs to be commensurate with the scope of the project proposed.

c) Within Component 1, Part C, Subpart 1(c), approximately **\$50,000** is available to support one award to design and implement a project to assess and enhance the capacity of Family Planning Providers to competently serve culturally and linguistically diverse populations, such as immigrant women and racial and ethnic minorities, utilizing the National Standards for Culturally and Linguistically Appropriate Services in Healthcare (CLAS) issued by the U.S. Department of Health and Human Services' Office of Minority Health.

## **2) Infertility Prevention Project**

Within Component 1, Part C, Subpart 2, approximately \$327,000 is available to support funding for up to 15 providers to participate in the **Infertility Prevention Project**. Through this project, the NYSDOH Family Planning Program receives annual funding from the Centers for Disease Control and Prevention (CDC) for reporting of Chlamydia screening within family planning programs through participation in the Region II Infertility Prevention Data Reporting Project. Programs that meet criteria defined in **Attachment 1.4** may apply for this funding.

## **3) Related Family Planning Services**

Within Component 1, Part C, Subpart 3, a subtotal of approximately **\$7.4** million will be distributed to successful applicants for the provision of Emergency Contraception, HPV vaccinations, and HIV Rapid Testing services. Unless otherwise noted below, all successful grantees under Part A and B of Component 1 will receive a proportionate share of these funds.

- a) **Emergency Contraception** - Approximately \$2.156 million in Emergency Contraception funding will be awarded to conduct outreach and education activities, and to purchase and provide emergency contraception to clients at no cost. Awards will be made to all grantees selected to receive awards under Part A or B of Component 1.
- b) **HPV Vaccination Services** - Approximately \$4.7 million in funding will be allocated to support HPV vaccines. Awards will be made to all grantees selected to receive awards under Part A or B of Component 1 that agree to provide vaccinations to eligible clients.
- c) **HIV Rapid Testing Services** - Approximately \$550,000 is available to support HIV Rapid Testing. Awards will be made to all grantees selected to receive awards under Part A or B of Component 1, except those that receive separate federal funds for this purpose.

## **COMPONENT TWO –STATEWIDE EDUCATION AND TRAINING FOR HIGHER LEVEL INFERTILITY SERVICES**

Under Component 2, approximately \$155,000 is available to support one award to an organization to serve as a statewide resource for infertility information and public education. The successful applicant will address infertility issues through a variety of education and outreach activities and make up-to-date technical and referral information on infertility available to family planning providers statewide.

## **COMPONENT THREE- CENTER OF EXCELLENCE FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES**

Under Component 3, approximately \$250,000 is available to support one award to an organization to serve as a statewide Comprehensive Family Planning and Reproductive Health Care Services Center of Excellence (COE) to provide technical assistance and training and serve as a clearinghouse for resources and best practices to improve the quality of the family planning program in NYS.

**Applicants do not have to apply for all components and may apply for either Component 1, 2 or 3.** However, as noted above, within Component 1, applicants must apply for core funding under Part A and/or Part B in order to request additional funding for any of the enhanced services under Part C.

**Applicants need to submit separate applications for each component (i.e. Component 1, 2 and/or 3) for which they are applying. Note that Component 1 includes three parts (Parts A, B and C). These Parts A, B and C are included within the single application for Component 1.**

**Additional detail about requirements for each of the three RFA components is provided in sections II, III and IV below, respectively.**

## **II. COMPONENT 1 : COMPREHENSIVE FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES**

### **A. Component 1 - Who May Apply**

#### **Component 1 Minimum Eligibility Requirements**

**Governmental and not-for-profit providers are eligible to apply for funding, if they meet the criteria below:**

- Medical care facilities certified through Article 28 of the Public Health Law, including Article 28 facilities with grant funding under Section 330 of the Public Health Act, are eligible to apply for family planning funding.

**Note: Applications from facilities/entities that do not meet this minimum requirement will not be reviewed.**

### **Component 1 Preferred Eligibility Requirements**

Preference will be given to applicants who:

- Demonstrate expertise in the administration of a comprehensive family planning and reproductive health program, including compliance with federal Title X guidelines.
- Demonstrate an effective plan to target services to residents of high need ZIP code areas and/or rural areas to ensure the provision of services to high need populations in communities with few other family planning resources.
- Demonstrate the ability to meet reproductive health needs of the low income, uninsured and underinsured population in the proposed service area, including conducting education and outreach with the priority populations.
- Demonstrate the ability to engage low income, racial/ethnic minority groups or special populations with an understanding of the health disparities or risk factors experienced by the target population.
- Demonstrate the ability to build relationships and collaborate with other community organizations and health care providers to address reproductive health issues in the community.

## **B. Component 1 - Scope of Work and Program Requirements**

**1. To provide services under the New York State Family Planning Program contract, the applicant's operating certificate should include the provision of family planning services by the start date of the contract.** If the applicant's operating certificate requires amendment to allow for the provision of family planning services, the CEO of the applicant agency, or his/her authorized designee, must sign Attachment 2.4b, Attestation of Commitment to include Family Planning on Operating Certificate. This signature indicates a commitment agreeing to aggressively pursue this requirement. If a successful applicant, despite due diligence, fails to obtain the addition of family planning to the operating certificate by the contract start date, the Department may reduce the award amount to that contractor to account for startup delays. **Applicants** who do not have the family planning designation on the facility operating certificate and **who fail to submit an Attachment 2.4b form, or who fail to obtain an appropriate signature on Attachment 2.4b will be disqualified.**

**2. Expected Activities and Services for all applicants applying under**

## Component 1 – Part A and/or B.

The sections a – e below summarize the expected services for all Family Planning programs. Refer to Attachment 1.1 for a complete description of the expected elements.

- a. **Address disparities in health outcomes experienced by people with disabilities, members of low income populations, racial and ethnic minority groups, and other groups at high risk for unintended pregnancy.** Successful applicants will be expected to engage individuals of low income, racial/ethnic minority groups, people with disabilities and adolescents to understand the particular health disparities or risk factors experienced by these groups, and implement strategies and activities to reduce or eliminate the disparities. This includes assuring services be developed and culturally sensitive to meet the needs of Lesbian, Gay, Bisexual and Transgender (LGBT) individuals which includes persons with same sex partners but who do not necessarily identify as gay or lesbian. LGBT individuals may have different reproductive health care needs and goals than heterosexual women and men. Applicants will be expected to monitor their progress in serving these populations with outcome measures included in annual work plans that will be utilized to measure progress in achieving program goals and objectives.
- b. **Applicants will be expected to demonstrate that they have board members who are representative of the populations they serve** to assist with designing services that consider the geographic, cultural, and economic barriers that affect access to services for the target population.
- c. **Provide outreach, education and counseling services** including: community information and public education related to various aspects of reproductive health; methods to attract and maintain new clients, with special emphasis on high risk populations that include racial, ethnic and sexual minorities and persons with disabilities. Incorporate best practices or evidence based approaches, where feasible, for outreach and education to reach adolescents including the use of technology, the use of approaches that meet young people's developmental needs, and the use of a positive, holistic approach to education and clinical services. Individual client education and counseling services and promotion of client enrollment and participation in public insurance programs should also be an educational focus.

- d. Provide high quality comprehensive family planning and reproductive health care services to low income adolescents and adults in compliance with New York State Family Planning, Title X guidelines and current nationally recognized standards of care.** Agencies funded by this RFA must provide clinical, informational, educational, and referral services to all clients. Applicants will offer a broad range of acceptable and effective medically approved family planning methods and services either on site or by referral. Funded programs must ensure the availability and encourage the use of the most effective FDA-approved contraceptive methods for the clients **in accordance with Title X guidelines**, including non-directive counseling for pregnant clients. Funded programs must also comply with New York State requirements for certification under Article 28 of New York State Public Health Law. Note that in some areas, the Title X guidelines are more comprehensive than Article 28 requirements for family planning services.

Title X guidelines and Program Instruction Series from the Department of Health and Human Services, Office of Population Affairs (OPA), are available at:

[http://www.hhs.gov/opa/familyplanning/toolsdocs/2001\\_ofp\\_guidelines.pdf](http://www.hhs.gov/opa/familyplanning/toolsdocs/2001_ofp_guidelines.pdf)

[http://www.hhs.gov/opa/familyplanning/toolsdocs/opa09\\_01.pdf.pdf](http://www.hhs.gov/opa/familyplanning/toolsdocs/opa09_01.pdf.pdf)

Screening, testing and treatment for Sexually Transmitted Infections (STIs), HIV counseling and testing, and breast and cervical cancer screening should be provided in accordance with nationally recognized standards of care, recommendations, and/or practice standards. Preconception counseling should be provided for clients who may desire pregnancy in the future. (See Attachment 1.1 for specific requirements)

In addition, funding is provided for services and expenses to promote and expand access to Emergency Contraception (EC) for reproductive aged women. It is expected that all providers will offer EC to eligible clients as funding allows. Applicants will refer to Attachment 1.6 for guidance on EC funding requirements.

The above services should be provided free of charge to clients with incomes below 100% of the Federal Poverty Level (FPL) and on a sliding fee scale for clients with incomes between 101% and 250% of the FPL.

- e. Maintain a continuous quality improvement system.** A continuous quality improvement (CQI) system must be in place for funded programs to provide ongoing evaluation of project personnel and services.

### **Additional Elements: Part A**

Applicants requesting funding under Component 1, Part A, will propose to provide comprehensive family planning and reproductive health care services, as defined in 2(a)-(e) above, in one or more of **51 defined Family Planning Service Areas (FPSAs)**. A list of these defined FPSAs is provided in **Attachment 2.1a**.

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

For example, if a FPSA includes three counties, with a minimum client volume of 5,000 for the FPSA, then the applicant must propose at least one clinic in each of those three counties and to serve a combined total of 5,000 or more clients across all clinic sites within the three counties. Similarly, if a FPSA includes two specific ZIP codes, with a minimum client volume of 1,500, then the applicant must propose to locate at least one clinic site in each of the two ZIP codes, and to serve a combined total of 1,500 or more clients across all clinic sites within the the two ZIP codes.

For FPSAs, or counties within FPSAs, for which 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.

Awards will support direct core services and other program requirements. Both current and potential new providers are eligible to apply for Part A funding.

### **Additional Elements: Part B**

Applicants requesting funding under Component 1, Part B, will propose to provide comprehensive family planning and reproductive health care services, as defined in 2(a)-(e) above, at **clinical sites located within specific targeted high need underserved ZIP codes** (as defined in **Attachment 2.2**). These “Part B” target ZIP codes have populations at high risk for unintended pregnancy and poor birth outcomes and are currently unserved or underserved by the NYS Family Planning Program.

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**), and the applicant must project to serve a minimum of 1,000 clients annually at that clinic site.

Both current and potential new providers are eligible to apply for Part B funding. However, clinics that are currently operated by DOH-funded Family Planning providers can not be included in a request for Part B funding (funding to support continued provision of services in existing service areas is covered under Part A). 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.

### 3. Part C Enhanced Services

Applicants who apply for funding Under Part A and/or Part B of Component 1 may also request additional funding to support various enhancement activities under Part C of Component 1, as outlined below under subparts 1, 2 and 3.

Applicants must apply for core funding under Part A and/or Part B in order to request additional funding for any of the enhanced services under Part C, and only applicants that are selected to receive funding under Part A or Part B of Component 1 are eligible to receive additional funds under Part C.

Part C projects are intended to enhance and supplement the comprehensive family planning services supported through Parts A and B of Component 1. **Applicants who wish to participate in the enhanced initiatives outlined in Component 1, Part C, Subparts 1-3 should indicate their interest in the Coversheet of the application (Attachment 2.4a) complete relevant attachments described in Section V. Application Content, B. Component 1- Part C- Enhanced Services.,**

1. Within Component 1, Part C, Subpart 1, approximately \$1.09 million is available to fund a variety of enhancement awards to: increase enrollment in the Family Planning Benefit Program; expand/enhance family planning services to serve specific identified high risk, underserved populations; and to enhance the capacity of family planning providers to serve immigrant women and racial and ethnic minorities.
  - a. **Increasing access to family planning services through enrollment in public insurance programs with a focus upon increasing access to the Family Planning Benefit Program.** Applicants requesting funding under Component 1, Part C, Subpart 1(a) will conduct a variety of activities to increase access to family planning services to special high needs populations, such as adolescents and young uninsured women and men within their region (regions are identified in the table below), by developing initiatives to facilitate increased enrollment in public health insurance programs, specifically the Family Planning Benefit Program (FPBP).  
The goals of this project include achieving measurable increases in FPBP enrollment and increasing access and maximizing third party reimbursement

statewide. In their respective regions, successful agencies will be responsible for: assessing Family Planning providers' ability to maximize third party reimbursement; identifying barriers and gaps, including agency infrastructure (i.e. staffing and policies); providing tailored training and technical assistance (TA) to Family Planning programs to achieve project goals and to track outcomes for quality improvement and alter interventions in response to outcome data. Evaluation measures for successful applicants and for Family Planning providers will be developed during this project. Funded projects will be required to have a full time coordinator who will be able to provide assistance to family planning providers in their region related to these issues.

<b>Region</b>	<b>Counties Served</b>
New York City	Bronx, Kings, New York, Orange, Putnam Queens, Richmond, Rockland, and Westchester
Long Island	Nassau and Suffolk
Capital/Central	Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Sullivan, Ulster, Warren, and Washington
Western	Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chenango, Chemung, Cortland, Delaware, Erie, Genesee, Livingston, Monroe, Niagara, Onondaga, Ontario, Orleans, Otsego, Oswego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates

**b. Enhanced services to special high-risk and underserved populations.** Applicants requesting funding under Component 1, Part C, Subpart 1(b) will propose projects that provide expanded or **enhanced services to specific high-risk, underserved populations** identified by applicants. Services to incarcerated populations have been designated as a priority for this category, with at least two awards designated for projects to serve this population. Remaining funds will support projects to serve other high-risk underserved populations identified by successful applicants.

Successful applicants will:

- Identify special populations in need of enhanced services, such as males, populations involved with the criminal justice system, disconnected youth, including those in the foster care system, individuals with disabilities, immigrant communities, rural communities or other segments of the population who are not usually targeted for outreach or programmatic efforts;

- Develop a specialized family planning program designed to serve the special populations identified; and,
- Tailor the program to the particular needs of the special population, for example, include activities such as on-site recruitment at prisons, treatment facilities or residential housing; activities such as hiring bilingual or multilingual staff or specialized outreach workers; and, provide special and/or extended hours to accommodate special population's schedules.

**c. Strengthening Cultural Competency among Family Planning Providers**

Applicants requesting funding under Component 1, Part C, Subpart 1(c) will propose a project to assess and enhance the capacity of family planning providers to serve diverse populations, such as immigrant women and racial and ethnic minorities, in **culturally and linguistically competent ways**. The successful applicant will assess, train and provide technical assistance to providers statewide in developing policies and procedures which meet the needs of an increasingly diverse patient population.

Applicants should demonstrate at least three years experience providing training for Title X funded family planning providers; expertise in establishing best practices for providing culturally competent reproductive health care services in Title X funded family planning clinics; and utilization of National Standards for Culturally and Linguistically Appropriate Services in Healthcare (CLAS) issued by the U.S. Department of Health and Human Services' Office of Minority Health.

The goals of the project are:

1. Develop user-friendly assessment methods to help family planning providers evaluate the needs of an increasingly diverse patient population.
2. Increase the capacity of family planning providers to deliver culturally and linguistically competent care.
3. Share the assessment methods and best practice models for serving populations such as immigrant women, and racial and ethnic minorities in culturally and linguistically appropriate ways with all family planning providers.

**2. Participation in the Infertility Prevention Project**

The NYSDOH Family Planning Program receives annual funding from the Centers for Disease Control and Prevention (CDC) for reporting results of Chlamydia screening for

selected family planning clinic sites through participation in the Region II Infertility Prevention Data Reporting Project. As a condition of this funding, the NYSDOH Family Planning Program is required to submit data containing core elements to the Region II data contractor for transmission to CDC. Data reports are due electronically on a quarterly basis. Approximately **\$327,000** in additional funding is available to fund up to fifteen eligible applicants who are qualified to participate in this project.

**Attachment 1.4** of this RFA outlines the criteria for participation in the Infertility Prevention Project, which is Component 1, Part C, Subpart 2 of this RFA. Refer to Attachment 1.4 for complete details. In summary, criteria are as follows:

- Agencies are in adherence with Region II and CDC screening criteria, which require testing of all women under age 26 attending the clinic for an initial or annual visit, as well as screening of older women with risk factors (e.g., those who have a new sex partner and those with multiple sex partners).
- A minimum annual volume of 2,500 tests across all participating clinic sites.
- A minimum prevalence rate of 3% among eligible clients tested.
- Geographic representation of NYS Bureau of Maternal and Child Health-funded family planning agencies
- Ability to provide electronic data on all tests performed annually and meet all other reporting deliverables listed in Attachment 1.4.

Applicants who wish to participate in this initiative should refer to **Attachment 1.4** for further information.

### **3. Related Family Planning Services**

Within Component 1, Part C, Subpart 3, additional funding totaling approximately **\$7.4 million** will be distributed to successful applicants for the provision of Emergency Contraception, HPV vaccinations, and HIV Rapid Testing services. **Unless otherwise noted below, all successful grantees under Part A and/or B of Component 1 will receive a proportionate share of these funds.**

**a. Emergency Contraception – Approximately \$2.156 million** in Emergency Contraception funding will be utilized by family planning providers to conduct outreach and education activities to increase awareness of, and access to the appropriate use of emergency contraception, and to purchase and provide emergency contraception to clients at no cost.

**b. HPV Vaccination– Approximately \$4.7 million** in funding will be allocated for HPV vaccine to be distributed to clinical providers that agree to provide vaccinations to eligible clients. Applicants that wish to provide HPV vaccinations should indicate this by checking Additional Funding, Purchase of HPV Vaccination in Attachment 2.4a. Up to approximately 25% of this funding, may be used to support expenses for appropriate storage of the vaccine, and for education to promote awareness of the availability of the

vaccine. Further HPV funding guidance is provided in Attachment 1.5.

**c. HIV Testing – Approximately \$550,000** in HIV Rapid Testing funds will be available to successful applicants that provide clinical reproductive health services and do not receive federal funds for this purpose. These funds are restricted to the purchase of HIV Rapid Testing kits.

#### **4. Performance**

If funded, the applicant agrees to participate in the New York State Family Planning Program quality improvement activities. The Department anticipates drawing on the expertise of New York State's funded family planning providers in the selection and development of performance measures. The Department will make use of data reported to the New York State Family Planning Program to compare providers to their peers using statewide data and other quality benchmarks. Performance measures may be changed and modified over time as the Department and providers employ new approaches. Funded programs will be required to submit an outcome measure based annual work plan that will be utilized to identify Quality Improvement/Quality Assurance (QI/QA) goals for funded projects. The Department may reduce or eliminate funding for providers who continue to demonstrate poor performance.

#### **5. Reporting Requirements**

If funded, the applicant organization agrees to participate in the Family Planning Program Data Management and Information System and submit all reports required by the Bureau of Maternal and Child Health on a timely basis. (See Attachment 1.1 for a detailed list of current program requirements.)

### **C. Component 1 - Selection and Award Methodologies**

#### **Part A - Core Family Planning Services – Maintaining Current Service Capacity**

Within Component 1, Part A, a subtotal of approximately \$43.9 million in funding will be available to support **Comprehensive Family Planning and Reproductive Health Care Services** within defined Family Planning Service Areas (FPSAs). Part A awardees will be selected and funding will be allocated using the following process:

- Applications will be reviewed and rated using a scoring tool comprised of standardized criteria reflecting all necessary items as described in the RFA. If an applicant applies for funding under both Parts A and B, a separate score will be assigned for Part A and B.
- For each FPSA defined in Attachment 2.1a, all eligible applicants proposing to serve that FPSA will be identified and ranked in order from highest to lowest score.

- The highest scoring applicant that proposes to provide services to each FPSA in accordance with the requirements specified in section B, page 7 of this RFA will be awarded funding for that FPSA.
- An applicant may propose to serve more than one FPSA. A single application will be reviewed for each applicant. The resulting Part A score will be considered separately for each FPSA. Therefore, an applicant that proposes to serve more than one FPSA may not be selected to receive funding for all of them. (*For example*, a provider may have the highest score for one FPSA, and thus be selected to receive funding for that FPSA, but the same score may not be the highest score for another FPSA).
- As noted in Attachment 2.1a, a maximum award has been established for each FPSA. Applicants may request up to the maximum award established for each FPSA they propose to serve.
- If an applicant is 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% to account for administrative efficiencies. (*For example*, if an applicant is selected to receive an award for two FPSAs, one with a maximum award of \$100,000 and the second with a maximum award of \$200,000, the maximum award for that applicant will be \$270,000  $(\$100,000 + \$200,000) \times (0.90)$ .)
- Successful applicants' proposed budgets will be reviewed and any unallowable expenses will be removed, including costs for which other funding sources are available. The resulting award will be the allowable amount requested, or the maximum award established for that FPSA (or combination of FPSAs), whichever is lower.

**Note:**

- Applicants requesting funding under Part A may also request funding to establish new family planning clinical sites within one or more specific high-need, underserved ZIP codes under Part B of Component 1 (see below). In some instances, ZIP codes contained in Part B may also be part of a defined FPSA in Part A. An applicant can request funding to support a clinic located in a specific ZIP code under Part A or Part B, but not both.
- It is recognized that needs for services in some areas may change over the course of the 5-year funding cycle due to shifts in client demographics, health systems, or other factors. With DOH approval, providers awarded funding under Parts A and/or B of this RFA may propose to make changes to their program, which may include closing, relocating and/or consolidating clinic locations to meet changing needs of service areas.

**Part B: Targeted Expansion to High-Need Underserved Geographic Areas**

Within Component 1 Part B, a subtotal of approximately **\$1.2 million** will be available to support expansion of comprehensive family planning and reproductive health care services

to targeted high-need, underserved ZIP codes, defined in Attachment 2.2 of the RFA. The purpose of Part B is to expand the provision of family planning services to the highest need areas of the state that are currently underserved.

In order to receive funding under Part B, a new clinic must be physically located within the Part B target ZIP code, and the applicant must project to serve a minimum of 1,000 clients annually at that site.

Awardees will be selected and funding will be allocated under Part B using the following methodologies:

- Applications for Component 1 Part A and B funding will be reviewed and scored. If an applicant applies for funding under both Parts A and B, a separate score will be assigned for Part A and B.
- Applications will be sorted into two groups: **New York City** (defined as any of the 5 counties/ boroughs comprising New York City) and **outside of New York City** (defined as all other NYS counties). Within each of these groups, applications will be ranked in order from highest to lowest score.
- Awards will then be made as follows:
  - To the highest-scoring applicant that proposes to locate clinic(s) within one or more Part B ZIP codes outside of New York City.
  - To the highest-scoring applicant that proposes to locate clinic(s) within one or more Part B ZIP codes in New York City.

Awards will continue alternating in this order until all Part B funding has been awarded, except that in order to assure geographical distribution the number of Part B awards will not exceed 2 in the following 8 counties: Bronx, Kings, New York, Queens, Erie, Monroe, Onondaga, and Westchester, and will not exceed 1 per county in the rest of the state.

- Successful applicants' proposed budgets will be reviewed and any unallowable expenses will be removed, including costs for which other funding sources are available.
- The resulting award for Part B will be the allowable amount requested, or \$300,000, whichever is lower.

Note that providers currently funded through the NYS Family Planning Program to provide services at clinics located within this subset of ZIP codes (defined in Attachment 2.2) may include those clinics in their funding request under Part A, but may not request additional funding for those existing funded clinics under Part B.

New applicants (i.e., applicants that are not currently funded through the NYS Family Planning Program) may propose to locate family planning services within one or more of these Part B ZIP codes, and currently-funded applicants may propose to locate new clinics within one or more of these Part B ZIP codes.

Applicants may propose to provide clinical family planning services outside of the FPSAs designated in Part A or the ZIP codes designated in Part B. No additional funding will be provided for the provision of core family planning services at these additional clinic sites under this RFA, except as defined for special enhancement services under Part C of Component 1 of this RFA. However, with DOH approval, providers awarded funding under Part A and/or B of this RFA will have the flexibility to utilize that funding to support the provision of comprehensive family planning services at additional locations, if the services at those site(s) otherwise are determined by DOH to meet current Title X guideline for comprehensive family planning and reproductive health services, as defined in Attachment 1.1 of this RFA.

### **Part C: Enhanced Services**

Within Component 1, Part C additional funding totaling approximately **\$8.8 million** is available to support a variety of enhancement activities outlined below. Applicants must apply for core funding under Part A or Part B in order to request additional funding for any of the enhanced services under Part C, and only applicants that are selected for funding under Part A or Part B of Component 1 are eligible to receive additional funds under Part C.

#### **1. Enhanced Services to High Risk and Underserved Populations:**

Within Component 1 Part C Subpart 1, approximately **\$1.09 million** is available to fund a variety of enhancement awards to: increase enrollment in the Family Planning Benefit Program; expand/enhance family planning services to serve specific identified high risk, underserved populations; and to enhance the capacity of family planning providers to serve immigrant women and racial and ethnic minorities.

a) Of this amount, approximately **\$480,000** is available to fund up to four regional awards at up to **\$120,000** each to achieve statewide increases in **Family Planning Benefit Program (FPBP) enrollment**.

- Awards will be made to the highest scoring application in each of the following regions: Western, Central/Capital District, New York City and Long Island. See Table on page 12 for a description of the regions.
- Applicants may request up to \$120,000 for these activities. The award will be the allowable amount requested, or \$120,000, whichever is lower.

b) Approximately **\$560,000** is available to support awards to provide expanded or **enhanced services to specific high-risk, underserved populations** identified by applicants. Services to incarcerated populations has been designated as a priority for this category, with at least two awards designated for projects to serve this

population. Remaining funds will support projects to serve other high-risk underserved populations identified by successful applicants.

- Awards will be made to the two highest scoring applications proposing to serve the designated population of incarcerated individuals. Additional awards will be made to the next highest scoring applicants proposing to serve other identified high need populations, until available funding allocated for this category is exhausted. Applicants may propose to serve incarcerated populations, or another identified high-need underserved population, but not both.
- Applicants proposing to serve incarcerated populations may request up to a maximum of **\$25,000**. Applicants proposing to serve other identified high-need underserved populations may request up to a maximum of **\$170,000**. The amount of funding needs to be commensurate with the scope of the project proposed. The award will be the allowable amount requested, or the maximum level of funding noted above, whichever is lower.

c) Approximately **\$50,000** will be awarded to **one** (1) applicant to design a project to assess and **enhance the capacity of Family Planning Providers** to serve populations, such as immigrant women, and racial and ethnic minorities in culturally and linguistically competent ways.

- One award will be made to the highest scoring application.
- Applicants may request up to \$50,000 for these activities. The award will be the allowable amount requested, or \$50,000, whichever is lower.

**Note:** If there are no applications for this project, the Department reserves the right to reallocate un-awarded funds to another part of this RFA.

## **2. Infertility Prevention Project**

Within Component 1 Part C Subpart 2, an estimated **\$327,200** in funding will be allocated for the provision of **Infertility Prevention Project** data to successful applicants that provide clinical services and meet established criteria. Awards will be made to grantees selected to receive awards under Part A or B of this Component and that also meet the following criteria:

- Agencies are in adherence with Region II and CDC screening criteria, which require testing of all women under age 26 attending the clinic for an initial or annual visit, as well as screening of older women with risk factors (e.g., those who have a new sex partner and those with multiple sex partners).
- A minimum annual volume of 2,500 tests across all participating clinics
- A minimum prevalence rate of 3% among eligible clients tested
- Geographic representation of NYS Bureau of Maternal and Child Health-funded family planning agencies

- Ability to provide electronic data on all tests performed annually and meet all other reporting deliverables listed in Attachment 1.4

Funding is available to support up to **fifteen** providers for participation in this project. Funding available for this purpose will be distributed proportionately among eligible providers based on the projected number of Chlamydia test records each agency expects to submit to the Department. Should the total number of selected applicants that successfully meet these eligibility criteria exceed the amount of funding available, funding will be awarded to those providers with the highest projected number of annual Chlamydia tests to be submitted, except that the following minimum geographic distribution needs to be achieved:

(refer to RFA Attachment 2.1a for definition of regions)

Region	Minimum Number of Projects
1	3
2	2
3	2
4	3
5	3

Should the number of eligible applicants within a region fall short of the designated minimum number of projects, then funding will be awarded to the next highest volume eligible applicant, regardless of region.

**Note:** if the number of eligible applicants statewide is less than ten, the Department reserves the right to withhold a portion of the available funding for this project, to be distributed through a separate mechanism, to be determined and approved outside of this RFA.

### 3. Related Family Planning Services

Within Component 1 Part C Subpart 3, additional funding totaling approximately **\$7.4 million** will be distributed to successful applicants for the provision of Emergency Contraception, HPV vaccinations, and HIV Rapid Testing services. Unless otherwise noted below, all successful grantees under Part A and B of Component One will receive a proportionate share of these funds.

- a) **Emergency Contraception** - Approximately \$2.156 million in Emergency Contraception funding will be awarded to conduct outreach and education activities, and to purchase and provide emergency contraception to clients at no cost. Awards will be made to all grantees selected to receive awards under Part A or B of Component 1. Funding available for this purpose will be distributed among providers using a formula based on client volume.

b) **HPV Vaccination Services** - Approximately \$4.7 million in funding will be allocated to support HPV vaccines. Awards will be made to all grantees selected to receive awards under Part A or B of Component 1 that agree to provide vaccinations to eligible clients as indicated on the RFA Application Cover Sheet, Attachment 2.4a. Funding available for this purpose will be distributed to clinical providers as follows: Twenty-five percent (25%) of this funding will be distributed evenly to participating clinical providers, and the remaining amount will be allocated proportionally based on the number of clients eligible to receive the vaccine (19-26 year olds) who are otherwise uninsured

c) **HIV Rapid Testing Services** - Approximately \$550,000 is available to support HIV Rapid Testing. Awards will be made to all grantees selected to receive awards under Part A or B of Component 1, except those that receive separate federal funds for this purpose. Funding available for this purpose will be distributed proportionally based on the number of clients served by each provider.

### **III. COMPONENT 2: STATEWIDE EDUCATION AND TRAINING FOR HIGHER LEVEL INFERTILITY SERVICES**

#### **A. Component 2 - Who May Apply**

**Note:** Applicants may apply for Component 2 regardless of whether they have applied for funding under Component 1 or Component 3.

#### **Minimum Eligibility Requirements**

- A governmental agency or not for profit provider.

#### **Preferred Eligibility Requirements**

- A minimum of five years experience in the provision of Level I<sup>5</sup> and Level II<sup>6</sup> Infertility education, training, technical assistance and resources.
- Demonstrated connection to community resources and collaboration with networks to facilitate meeting the needs of those seeking infertility services.

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<sup>5</sup> Level I services include initial infertility interview, education, physical examination, counseling and appropriate referral.

<sup>6</sup> Level II services include such testing as semen analysis, assessment of ovulatory function and postcoital testing.

## **B. Component 2 - Scope of Work & Program Requirements**

The Funded Applicant will:

- Provide statewide education, training, resources, and technical assistance services to Family Planning providers, other healthcare professionals and individuals.
- Develop a strong statewide network which supports increased access to higher level infertility services to low income women and men.
- Meet all required reporting requirements and provide documentation to DOH as requested. This includes: Quarterly Narrative Reports, an Annual Report, and all other reports required by the awarded contract.
- Maintain a continuous quality improvement system. A continuous quality improvement (CQI) system must be in place to provide ongoing evaluation of project personnel and services.

## **C. Component 2 - Selection and Award Methodologies**

Approximately \$155,000 will be available to fund one provider who will serve as a statewide resource for infertility information and public education, training and technical assistance.

**Note:** the dollar amounts stated are based on current availability of funding, including the level of funding proposed for this program in the SFY10 Executive Budget. Amounts are subject to change depending on subsequent state or federal budget increases or reductions.

The applicant will address infertility issues as described under Section III B, Scope of Work & Program Requirements, above. The selected applicant will provide education, training and technical assistance on Level I and Level II infertility services and linkage and provide referral information on the more sophisticated and complex Level III services.

Applications will be reviewed and scored using a scoring tool comprised of standardized criteria reflecting necessary items as described in the RFA and ranked in descending order by score. One award will be made to the highest scoring application. The successful applicant's proposed budget will be reviewed and any non-allowable expenses will be removed as needed, including any costs for which other funding sources are available. The award will be \$150,000 or the amount requested, whichever is lower.

## **IV. COMPONENT 3: STATEWIDE CENTER OF EXCELLENCE (COE) FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES**

### **A. Component 3 - Who May Apply**

**Note:** Applicants may apply for Component 3 regardless of whether they have applied for funding under Component 1 or Component 2.

#### **Minimum Eligibility Requirements**

Applications will be accepted from incorporated, not-for-profit New York State based organizations, academic and research institutions, and teaching hospitals/medical centers.

#### **Preferred Eligibility Requirements**

Preference will be given to eligible agencies with experience in:

- Providing education and training in family planning and reproductive health care services in accordance with Title X and New York State requirements.
- Providing technical assistance to family planning providers to improve clinic functioning, services and business practices.
- Developing written guidance, procedures and/or manuals for use in clinical services.
- Convening a diverse group of providers and stakeholders to build competencies and promote quality services.
- Providing assistance to agencies in cultural competency and engaging hard-to-reach individuals in health care services.
- Developing and maintenance of web sites.

Preference will also be given to those applicants with substantial linkages with other state and national organizations and individuals with content specific knowledge relevant to comprehensive family planning and reproductive health care services.

### **B. Component 3 - Scope of Work and Program Requirements**

One statewide Center of Excellence (COE) for the Family Planning and Reproductive Health Care Program will be funded to promote a standard of excellence in the statewide network of family planning agencies in accordance with Title X, New York State law and regulations and current professional standards of practice.

The COE applicant should be distinguished by a high level of clinical expertise and leadership in the field of education and family planning services. It is expected that the COE will be an active partner with the Department and family planning agencies funded across the state in the development of a comprehensive system of family planning services

that provides high quality, reproductive health care, engages the target, hard-to-reach population and maximizes all funding streams to promote program sustainability.

Currently, the Department provides funding to a network of 53 family planning agencies at approximately 200 clinic sites. These agencies are comprised of a range of Article 28 providers such as county health departments, hospitals, clinics, and Planned Parenthood agencies and vary in size and populations served. It is anticipated that, starting January 1, 2011, contracts for the provision of clinical services will be funded under Component 1 of this RFA. Providers funded under Component 1 may have significant expertise and experience in the field of family planning and reproductive health services, and others may be new to the program. In order to maintain a quality system across New York State, it will be imperative for the Department to ensure that services are delivered in a consistent, high quality manner, and that family planning agencies have the ability to obtain information and technical assistance when necessary. Establishing a COE will provide the Department with the opportunity to access state and national resources to better ensure a high quality system of family planning services in New York State.

The funded COE will:

- Work with the Department and selected providers to develop performance measures that can be uniformly used to assess provider performance. This may include obtaining information regarding national and other state performance measures and programs that are used to evaluate family planning services;
- Work with the Department and selected providers to develop standardized guidance documents for the programs and update guidance on a periodic basis, including the following:
  - Administrative manual outlining the administrative requirements of the program;
  - Clinical Services manual that provides standard clinical guidance on the provision of clinic services and procedures in accordance with current standard of professional practice; and,
  - Outreach and health education manual that provides standard practice and recommendation for outreach and health education that are based upon evidence or best practice.
- Provide information to the Department and to the field related to best practices in other states, emerging research findings and how they translate into practice, contraceptive and standard of practice changes, outreach to engage high risk, uninsured individuals, ongoing needs assessment in order that providers understand the needs of the community served and adapt their services to meet those needs, emerging clinical issues, and other priority areas as agreed to by the Department;
- Provide education and training to providers on selected topics; training can be provided through electronic means such as webinars;
- Develop and maintain a web site that can be accessed by all providers for new and emerging guidance and information;

- Provide consultation, training and technical assistance for new family planning providers or those providers experiencing staff turnover or experiencing performance problems;
- Assist the Department and programs in developing information on program sustainability, successful business/practice management, and maximizing funding streams, including assessing and addressing the impact of health care reform on family planning/reproductive health service delivery;
- Facilitate ad-hoc workgroups, meetings or teleconferences to share information and develop common guidance as needed and requested by the Department; and,
- Review new and emerging federal policies that may impact New York's family planning program.

The COE will support a full time coordinator who is accessible to the Department, including via e-mail, with overall responsibility of all project activities.

### **C. Component 3 – Selection and Award Methodology**

Approximately \$250,000 will be available to fund one statewide COE to act as the focal point for research, information and guidance to ensure quality family planning and reproductive health care services are provided in accordance with current standards of practice and Title X guidelines. Applications will be reviewed and scored using a scoring tool comprised of standardized criteria reflecting all items as described in the RFA and ranked by score. One award will be made to the highest scoring application.

**Note:** the dollar amounts stated are based on current availability of funding, including the level of funding proposed for this program in the SFY10 Executive Budget. Amounts are subject to change depending on subsequent state or federal budget increases or reductions.

Each applicant's proposed budget will be reviewed, scored and ranked by score with one award made to the highest scoring application. Any non-allowable expenses will be removed as needed, including any costs for which other funding sources are available. The award will be \$250,000 or the amount requested, whichever is lower.

## **V. APPLICATION CONTENT**

Completed applications should include the following sections in the following order. All sections in the application should be labeled to correspond to the numbers presented below. Be specific and complete in your responses. Do not leave any element blank. If appropriate, indicate if the element is not relevant to your agency or application. Please refer to the Grant Application Checklist for each component (Attachments 2.3, 3.1 and 4.1).

**All Component 1 applications need to include the following:**

**1. Cover letter**

**2. Cover sheet**

Attachment **2.4a** should be the coversheet of the application. The cover sheet will be signed by your agency's chief executive officer and affirm the agency's commitment to implementing the proposed program, including assurances that staff will be qualified, appropriately trained, and that the provider will have available sufficient in-house resources. Indicate the amount of funding you are requesting. The cover sheet will not count toward the page limit. Please indicate clearly on the cover sheet which of the RFA Parts and sub-parts for which you are requesting funding.

For Part A applications, include the number of the FPSA(s) for which funding is requested, the specific location of each proposed clinic site within each FPSA (including address with ZIP code and county), the total project client volume for each proposed clinic site and resulting total projected client volume for the FPSA, and the total funding requested for provision of services in that FPSA.

For Part B applications, include the specific location of each proposed clinic site (including address with ZIP code and county), the total project client volume for each proposed clinic site, and the total funding requested under Part B.

**3. Executive Summary — LIMIT 2 Pages —**

Give a brief overview of the services you plan to provide, including a description of the purpose of the program, the target population(s) and estimated numbers to be served in the first year, the FPSA and/or ZIP codes to be served (if requesting funding under Part A), and the needs/barriers to accessing services. If you intend to seek Part B funding to target a ZIP code that is currently underserved or unserved, identify the targeted ZIP code from Attachment 2.2 and briefly describe your plan to provide services in that ZIP code. If you are seeking funding for any of the enhancement services under Part C, briefly describe the proposed service(s), including target populations.

The cover letter, cover sheet and executive summary are not scored, but are essential pieces of your Component 1 application.

**A. Component 1- Parts A and B- Comprehensive Family Planning and Reproductive Health**

Applicants requesting funding under Component 1 Part A and/or B should include the following sections 1-6 listed below. Separate narratives for Parts A and B are **not** required. A single narrative submission will be reviewed for Parts A and B together. A maximum total of 100 points is available for Parts A and B. The distribution of points differs between Parts

A and B, reflecting the different emphasis of those parts. Therefore a separate score will be assigned for Part A and B, respectively.

**1. Experience and Organizational Capability — LIMIT 6 Pages —**

**Part A: Maximum 30 points**

**Part B: Maximum 20 points**

- a. Describe your agency in general, and in particular, your experience and ability to provide quality comprehensive family planning services in accordance with the requirements outlined in Attachment 1.1.
- b. Describe the organizational structure and the relationship between the governing board, program director, and staff. An organizational chart needs to be provided as an attachment. Provide the names, titles, resumes and proposed responsibilities of key staff such as the program director, medical director, supervisor(s), and clinical staff. Describe how key staff contributes to the success of this project.
- c. Describe the respective roles of the board, project director, and staff in the program operations, and in relationship to the budget planning process and in evaluation of agency goals and objectives. Applicants will be expected to demonstrate that they have board members who are representative of the populations they serve to assist with designing services that consider the geographic, cultural, and economic barriers that affect access to services for the target population.
- d. Describe the ability of your organization to meet the needs of low income, racial/ethnic minorities and to address the health disparities experienced by these populations. Describe how your geographic location, staff and services meet the needs of populations most in need in the communities your agency serves.

**2. Statement of Need — LIMIT 6 Pages —**

**Part A: Maximum 15 points**

**Part B: Maximum 25 points**

- a. Provide a demographic description of the service area you propose to serve, if you are applying for funding under Part A, clearly indicate the FPSA(s) you propose to serve, including any specific ZIP code(s) within the selected FPSA. If you are applying for funding under Part B, clearly indicate the Part B ZIP code(s) targeted. Describe the population and relevant statistics indicative of needs within the target community. Describe the method by which you determined the need in the target area, and identify high risk populations to be served and services to be delivered.
- b. Describe number of clients served annually and your agency's current family planning population, including demographics, racial/ethnic configuration, location,

socio-economic status, insurance status, etc. If not a current provider, project numbers of clients realistically expected to be served and a timeline for start up.

- c. Describe the problems that women, men and adolescents you propose to serve experience in accessing family planning services. Describe the needs of the low income and racial/ethnic minority group(s) you propose to serve, elaborating on the particular health disparities or risk factors experienced by the group targeted.
- d. Identify other providers offering family planning and reproductive health services in your target area and describe how your programming will address needs that are not met by these existing providers. Include existing services, community resources and potential community partners in the target area, and how you propose to work collaboratively with these groups to better meet the needs of the targeted population.

### **3. Project Narrative — LIMIT 10 Pages —**

***Part A: Maximum 20 points***

***Part B: Maximum 20 points***

#### **Project Narrative summarizes goals and objective developed in Work Plan Worksheets (Attachment 2.5)**

- a. Briefly describe the program design including location of clinical service sites, the proposed staffing, anticipated outcomes, the rationale behind the location, the types of outreach to be utilized, and a description of a plan to address health disparities. Please include the amount requested to fund proposed clinic site, the proposed staffing and anticipated outcomes. In addition, for Part A, include the FPSA you propose to serve and for Part B, include the ZIP code you propose to serve.
- b. Describe how your program design, service delivery model, staffing, counseling, education, community outreach activities and other program features will address all identified family planning program requirements (attachment 1.1) including the provision of EC and HIV counseling and testing and HIV rapid testing, and if applicable, the provision of HPV vaccine and the participation in the Infertility Prevention Project, and how they will be used to accomplish the goals and objectives in the work plan you have developed.
- c. Describe how your agency seeks to eliminate/reduce the health disparities experienced by low income, racial/ethnic minority group(s) in the target community.
- d. Describe how you will assure that your agency will obtain reimbursement for family planning services from other payers such as Medicaid, Medicaid managed care plans, Family Health Plus, Child Health Plus, Family Planning Benefit Program,

Family Planning Extension Program, other third party payer or federal/state programs. Include a description of a plan to assist with enrollment in public insurance programs, such as MOUs with local social service districts for the Family Planning Benefit Program, and with enrollment in other public insurance programs. List your current contracts with Medicaid, Family Health Plus, and Child Health Plus health plans.

- e. As part of this application, applicants need to submit completed attachment **Administrative Documents for Clinical Services** (Attachment 2.6) to document ability to provide comprehensive clinical services.

Attachment 2.6 details the administrative forms related to the service delivery of Title X and New York State Family Planning Services and should be submitted as part of your application. Agencies who are awarded grant funds will subsequently be required to submit these administrative forms in Attachment 2.6 annually as part of their reapplication.

In addition, applicants should complete and submit Attachment 2.7 with their application. This attachment includes an Attestation and checklist of required Policy and Procedure forms and documents related to the service delivery of Title X and New York State Family Planning Services. Funded applicants will need to ensure that these policy and procedure documents are available to the Department for review upon request and during site monitoring visits. Applicants may be asked to submit Policies and Procedures to the Department during the grant award process or prior to implementation of the contract cycle. Agencies who are awarded grant funds will subsequently be required annually, as part of their reapplication, to certify that policies and procedures continue to be current.

#### **4. Work Plan Worksheets —12 PAGE LIMIT—**

**Part A: Maximum 10 points**

**Part B: Maximum 10 points**

Complete the attached work plan worksheets in accordance with the instructions and template in Attachment 2.5. The work plan work sheets should describe the objectives and activities necessary to meet the program goals in year one of the grant (January 1, 2011 – December 31, 2011). **Please note that successful applicants may be asked to modify work plans prior to initiation of the contract to address issues identified during the review process.**

#### **5. Program Performance/Evaluation — LIMIT 2 Pages —**

**Part A: Maximum 5 points**

**Part B: Maximum 5 points**

- a. Describe your current program performance evaluation process. Describe where program performance/evaluation falls within your organization, and who is responsible for performance/evaluation, and their qualifications to oversee an evaluation/program performance.
- b. Describe the means by which you determine, on an ongoing basis, if your methods of service delivery are effective, including if you are serving your target population especially the population at highest risk of unintended pregnancies and STI/HIV infection.
- c. Describe how data is utilized to account for outcomes experienced by racial/ethnic minorities and the extent to which the project successfully reaches such individuals.
- d. Describe how the outcome of your ongoing evaluation and state performance measures will be used to evaluate the program approved service delivery.

**6. Budget — LIMIT 2 Pages —**

***Part A: Maximum 20 points***

***Part B: Maximum 20 points***

Provide a budget narrative describing the overall cost effectiveness of the proposed program, including reasonableness or price based upon anticipated grant funds. Include the projected cost per client and cost per visit.

Budget forms need to be completed by each applicant (Attachment **2.9**). The budget forms do not count toward the page limit for this section. Read all instructions provided (Attachment **2.8**) and complete the entire set of forms.

Applicants need to submit a 12 month annualized budget assuming a January 1, 2011 start date. Funding for capital improvements is not allowable. The Department may modify the proposed first year budget based upon negotiations with the contractor to accommodate implementation requirements and start up delays associated with establishment of a new clinic in high risk unserved or underserved ZIP codes.

All costs will 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. This funding may not supplant funds from other sources that are supporting current activities or existing staff. Funds can only be used to expand existing activities pursuant to this RFA, or continue existing activities and retain staff currently funded by NYSDOH Family Planning grant dollars.

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, Grant Contract (Standard), Appendix A-

1 (Agency Specific Clauses for All Department of Health Contracts), (3)(a) Administrative Rules and Audits.

In providing family planning and reproductive health services, applicants agree to seek reimbursement from other funding sources first before using New York State family planning program funds. Other funding sources include: Medicaid, Medicaid managed care plans, Family Health Plus, Child Health Plus, Family Planning Benefit Program, Family Planning Extension Program, and other third party payer or federal/state programs. In the budget narrative, applicants will include all projected revenue generated by public insurance programs, and other state, local or federal grant sources (including any federal funding, e.g. direct Title X funds or Section 330 grants) not requested in this application. Private foundation grants should also be included. Grant funding awarded under this RFA may not be used to support services for which other funding sources are available. Applicants will describe how revenue and other funding sources will be used to offset the cost of this program. In determining award amounts for successful applicants, each applicant's proposed budget will be reviewed and any non-allowable expenses will be removed as needed, including any costs for which other funding sources are available.

Administrative costs should be in line item detail and should generally 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 will 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. Refer to Attachment 2.8, Family Planning Program Budget Instructions, for further information.

Indirect costs, applied as a percentage to the budget, will not be allowed. Indirect costs are those that have been incurred for common or joint projects that benefit more than one cost objective (grant, program, or project) and cannot be readily identified or assigned to a particular cost objective.

Ineligible budget items will be removed from the budget. The budget amount requested will be reduced to reflect the removal of the ineligible items.

## **B. Component 1- Part C- Enhanced Services**

Applicants requesting funding under Component 1 Part C need to submit additional responses as part of their Component 1 application for each of the respective subparts within Part C for which they are requesting funding, as follows:

- Applicants requesting funding under **Part C Subpart 1(a)** to support regional projects to increase enrollment in the Family Planning Benefit Program and other public health insurance programs need to complete and submit **Attachment 2.10**. Additional guidance for completion of Attachment 2.10 is provided below.
- Applicants requesting funding under **Part C Subpart 1(b)** to support provision of enhanced family planning services to specific high-need underserved populations need to complete and submit **Attachment 2.11**. Additional guidance for completion of Attachment 2.11 is provided below.
- Applicants requesting funding under **Part C Subpart 1(c)** to support a project to enhance the capacity of Family Planning Providers to serve culturally and linguistically diverse populations need to complete and submit **Attachment 2.12**. Additional guidance for completion of Attachment 2.12 is provided below.
- Applicants requesting funding under **Part C Subpart 2** to participate in the CDC Infertility Prevention Project need to complete and submit **Attachment 2.13**.
- Applicants requesting funding under **Part C Subpart 3** to support HPV vaccination services should indicate affirmatively on the [Attachment 2.4a, Component 1 Application Coversheet] that they are willing to provide those services. No other specific materials need to be included in the application to receive funding to support related family planning services, including emergency contraception, HPV vaccination services, and HIV rapid testing services. All successful grantees under Part A and/or B of Component One will receive a proportionate share of these funds.

Proposals for Part C Subparts 1(a), 1(b) and 1(c) will be reviewed and scored separately from Parts A and B. Only those applications from providers awarded funding under Component A and/or B will be reviewed.

**Guidance for completing Part C Subpart 1(a) - Regional projects to increase enrollment in the Family Planning Benefit Program:**

Please refer to the following guidance for completing Attachment 2.10. A maximum total of 50 points is available for Part C Subpart 1(a).

**1. Experience and Organizational Capability — LIMIT 1 Page — [Maximum: 10 points]**

Describe your agency's experience in developing programs and services related to increasing access to the Family Planning Benefit Program (FPBP). Please provide details on proposed programs and services. Include information regarding your organizational infrastructure and how this project will fit in. Include a supporting organizational chart, names, titles, resumes and responsibilities of key staff.

**2. Statement of Need — LIMIT 2 Pages — [Maximum: 10 points]**

Provide a clear description of the need to increase access to the FPBP among special high need populations, and how your project will work with family planning providers within your

region to achieve this. Describe the needs of special high need populations and the barriers they experience in accessing the healthcare system. Describe your plan to develop initiatives to facilitate increased enrollment in public health insurance programs, with a specific focus on increasing access to the FPBP. Describe the need for these initiatives among regional family planning providers, and their need for assessment and technical assistance in order to increase access to FPBP. Indicate what methods were utilized to determine the agencies' needs. Discuss existing services, community resources and potential community partners.

**3. Project Narrative — LIMIT 4 Pages — [Maximum : 10 points]**

**Project Narrative summarizes goals and objective developed in Work Plan Worksheets**

Briefly describe your plan to develop a project which will result in assisting family planning providers in your region with the tools to increase access to FPBP and other public health insurance programs, increase third party revenue and increase services to the uninsured population. Provide a detailed description of your plan. Include project goals and objectives, the proposed project outcomes and the staffing plan.

**4. Work Plan Worksheets — LIMIT 2 Pages — [Maximum: 5 points]**

Complete Attachment 2.10 work plan worksheet in accordance with instructions in Attachment 2.5. The work plan work sheets should describe the objectives and activities necessary to meet the program goals in year one of the grant (January 1, 2011 – December 31, 2011). **Please note that successful applicants may be asked to modify work plans prior to initiation of the contract to address issues identified during the review process.**

**5. Program Performance/Evaluation — LIMIT 1 Page — [Maximum: 5 points]**

Applicant will describe a quality improvement process to assess the effectiveness of project activities and how interventions will be developed in order to respond to outcomes.

**6. Budget — LIMIT 1 Page — [Maximum : 10 points]**

Provide a budget narrative describing the overall cost effectiveness of the proposed program, including reasonableness or price based upon anticipated grant funds. Include the projected cost per client and cost per visit.

In addition to submitting budget forms to provide comprehensive family planning services, applicants need to submit separate budget forms (Attachment 2.9) for enhanced funding related to this initiative [Part C, Subpart 1(a)]. Applicants will refer to budget instructions defined in Attachment 2.8. Applicants will label budget pages for the enhanced service for which they are applying [1(a)]. **Applicants need to submit a 12 month annualized budget assuming a January 1, 2011 start date.**

**Guidance for completing Part C Subpart 1(b) – Expansion Services for High-risk and**

## **Underserved Populations:**

Please refer to the following guidance for completing Attachment 2.11. A maximum total of 50 points is available for Part C Subpart 1(b).

### **1. Experience and Organizational Capability — LIMIT 1 Page — [Maximum: 10 points]**

Describe your agency's experience in developing programs and services related to developing enhancement services for high-risk and underserved populations. Please provide details on these programs and services, and identify the population(s) served. Include information regarding your organizational infrastructure and how the proposed program will fit in. Include a supporting organizational chart, names, titles, resumes and responsibilities of key staff.

### **2. Statement of Need — LIMIT 2 Pages — [Maximum: 10 points]**

Applicant will identify the high-risk, underserved population to be served, and provide a clear description of the needs of the identified population. The statement of need should convey an understanding of the high-risk, underserved population, including considerations for designing services to engage and serve the specific population. Indicate what methods were utilized to determine the need for proposed enhancement services. Discuss existing services, community resources and potential community partners. Describe how you will collaborate with these groups.

### **3. Project Narrative — LIMIT 4 Pages — [Maximum : 10 points]**

**Project Narrative summarizes goals and objective developed in Work Plan Worksheets**

Briefly describe your plan to provide the enhanced services to the proposed population. Include project goals and objectives, the proposed project outcomes, including the numbers of clients served and the staffing plan. Please include the population to be served, the rationale behind serving this population, the type of services and outreach to be utilized.

### **4. Workplan Worksheets — LIMIT 2 Pages— [Maximum: 5 points]**

Complete Attachment 2.11 work plan worksheet in accordance with the instructions in Attachment 2.5. The work plan work sheets should describe the objectives and activities necessary to meet the program goals in year one of the grant (January 1, 2011 – December 31, 2011). **Please note that successful applicants may be asked to modify work plans prior to initiation of the contract to address issues identified during the review process.**

### **5. Program Performance/Evaluation — LIMIT 1 Page — [Maximum: 5 points]**

Applicant will describe a quality improvement process to assess the effectiveness of project activities and how interventions will be developed in order to respond to outcomes.

**6. Budget — LIMIT 1 Page — [Maximum : 10 points]**

Provide a budget narrative describing the overall cost effectiveness of the proposed program, including reasonableness or price based upon anticipated grant funds. Include the projected cost per client and cost per visit.

In addition to submitting budget forms to provide comprehensive family planning services, applicants need to submit separate budget forms (Attachment 2.9) for enhanced funding related to this initiative [Part C, Subpart 1(b)]. Applicants will refer to budget instructions defined in Attachment 2.8. Applicants will label budget pages for the enhanced service for which they are applying [1(b)]. **Applicants need to submit a 12 month annualized budget assuming a January 1, 2011 start date.**

**Guidance for completing Part C Subpart 1(c) – Strengthening Cultural Competency of Family Planning Providers:**

Please refer to the following guidance for completing Attachment 2.12. A maximum total of 50 points is available for Part C Subpart 1(c).

**1. Experience and Organizational Capability — LIMIT 1 Page — [Maximum: 10 points]**

Describe your agency's experience in developing a project to assess and enhance the capacity of Family Planning Providers to serve diverse populations, such as immigrant women and racial ethnic minorities in culturally competent ways. Please provide details on these programs and services. Include information regarding your organizational infrastructure and how the proposed enhancement service will fit in. Include a supporting organizational chart, names, titles, resumes and responsibilities of key staff.

**2. Statement of Need — LIMIT 2 Pages — [Maximum: 10 points]**

Provide a clear description of the need for training and technical assistance within family planning settings throughout New York State with regard to serving diverse populations, such as immigrant women and racial and ethnic minorities, in culturally and linguistically competent ways. Describe the barriers and challenges family planning providers experience when serving diverse populations. Indicate what methods were utilized to determine the need for proposed services.

**3. Project Narrative — LIMIT 4 Pages — [Maximum : 10 points]**

**Project Narrative summarizes goals and objective developed in Work Plan Worksheets**

Briefly describe your plan to provide to increase the capacity of Family Planning Providers to deliver culturally and linguistically competent services. Describe project staffing; the type of education, training and technical assistance to be provided; and, best practice models to be utilized. Include all project goals and objectives.

**4. Workplan Worksheets — LIMIT 2 Pages — [Maximum: 5 points]**

Complete Attachment 2.12 work plan worksheet following the instructions and template in Attachment 2.5. The work plan work sheets should describe the objectives and activities necessary to meet the program goals in year one of the grant (January 1, 2011 – December 31, 2011). **Please note that successful applicants may be asked to modify work plans prior to initiation of the contract to address issues identified during the review process.**

**5. Program Performance/Evaluation — LIMIT 1 Page — [Maximum: 5 points]**

Applicant will describe a quality improvement process to assess the effectiveness of project activities and how interventions will be developed in order to respond to outcomes.

**6. Budget — LIMIT 1 Page — [Maximum : 10 points]**

Provide a budget narrative describing the overall cost effectiveness of the proposed program, including reasonableness or price based upon anticipated grant funds. Include the projected cost per client and cost per visit.

In addition to submitting budget forms to provide comprehensive family planning services, applicants need to submit separate budget forms (Attachment 2.9) for enhanced funding related to this initiative [Part C, Subpart 1(c)]. Applicants will refer to budget instructions defined in Attachment 2.8. Applicants will label budget pages for the enhanced service for which they are applying [1(c)]. **Applicants need to submit a 12 month annualized budget assuming a January 1, 2011 start date.**

**C. Component 2-Statewide Education and Training for Infertility Services**

**1. Cover Sheet**

A form is provided to serve as the cover page for the application (Attachment 3.2). All requested information should be supplied on this form. Applicants should also complete the Statement of Assurances (Attachment 3.3) and include it as part of your application.

**2. Executive Summary — LIMIT 2 Pages — [0 points]**

Summarize the program you propose for Statewide Education and Training for Infertility Services for the Family Planning and Reproductive Health Care Program. Based on the information as outlined in Section III of this RFA, describe the intent of the initiative, the scope of activities, and anticipated outcomes.

**3. Experience and Organizational Capability — LIMIT 2 Pages — [Maximum: 30 points]**

Describe your agency's expertise and experience in providing Infertility training, education and resource information. Describe your agency's experience in providing outreach and education relating to infertility to Family Planning providers and to the community. Include qualifications and training of staff that will have responsibility for implementing activities for this project. Provide an organizational chart which clearly identifies staff assigned to this project and the reporting relationships for this project. Describe your agency's information technology capabilities relating to this work scope.

**4. Statement of Need — LIMIT 3 Pages — [Maximum: 15 points]**

- a. Provide a clear description of the infertility issues that face women and men in New York State. The statement of need should convey an understanding of the issue, as well as the clinical and training needs related to infertility of Family Planning providers. Include a description of the resources and services to be provided to Family Planning providers.
  
- b. Describe existing services and community resources related to infertility and reproductive health in New York State; gaps in services; how you will work collaboratively with existing groups; and, how your services will fill unmet needs. Describe how you determined the need for services you propose to provide.

**5. Project Narrative — LIMIT 6 Pages — [Maximum : 20 points]**

Describe the proposed program and services, types of education, training and technical assistance to be offered and estimated numbers of education, training and technical assistance sessions to be provided. Describe the program design and methods to be used and anticipated outcomes. Describe the outreach plan to promote your services.

**6. Work Plan Worksheets — LIMIT 6 Pages — [Maximum: 10 points]**

In addition to the project narrative, complete the attached work plan worksheets (Attachment 3.4), which provide specific details about how you plan to accomplish each objective through specific activities. The completed worksheets form the proposed comprehensive work plan, which will be used for year one of the contract. Using the attached work plan format, list the specific activities, timeframes, responsible parties and evaluation to be implemented in year one of the grant (January 1 – December 31, 2011) to meet the stated goals and encompass the activity requirements.

**7. Program Evaluation — LIMIT 3 Pages — [Maximum : 5 points]**

Each applicant is expected to evaluate the effectiveness of their activities and programs. Applicants will describe how they will monitor progress on this project, including such details as tracking/contact forms, and information on type and frequency of requests for training. Identify who is organizationally responsible for program evaluation and quality assurance, their role in these activities and the qualification of the proposed individual(s).

**8. Budget — LIMIT 1 Page — [Maximum : 20 points]**

Provide a budget narrative describing the overall cost of the proposed program, including reasonableness of price based upon anticipated grant funds. Include any revenue to be generated, and demonstrate how that will be used to offset the cost of this special initiative.

Budget forms need to be completed by each applicant (Attachment 3.6). The budget forms do not count towards the page limit for this section. Read all instructions provided (Attachment 3.5) and complete the entire set of forms.

Administrative costs should be in line item detail and should generally 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. Using the instructions provided (Attachment 3.5) complete the budget forms for this component (Attachment 3.6). The budget forms do not count toward the page limit for this section. Applicants need to submit a 12 month annualized budget assuming a January 1, 2011 start date.

Indirect costs, applied as a percentage to the budget, will not be allowed. Indirect costs are those that have been incurred for common or joint projects that benefit more than one cost objective (grant, program, or project) and cannot be readily identified or assigned to a particular cost objective.

Ineligible budget items will be removed from the budget before the budget is scored. The budget amount requested will be reduced to reflect the removal of the ineligible items.

## **D. Component 3-Statewide Center of Excellence for Family Planning and Reproductive Health Services**

### **1. Cover Sheet**

A form is provided to serve as the cover page for the application (Attachment 4.2). All requested information should be supplied on this form.

### **2. Executive Summary — LIMIT 2 Pages — [0 points]**

Summarize the proposed COE for the Family Planning and Reproductive Health Care Program. Based on the information as outlined in Section II of this RFA, describe the intent of the initiative, the scope of activities, and anticipated outcomes.

### **3. Statement of Need — LIMIT 3 Pages — [Maximum: 15 points]**

Describe the need for the services provided through the COE based on the information contained in this RFA and the following questions:

- Describe the major issues and challenges in the provision of family planning services in New York State.
- Based on major issues and challenges and available data, describe opportunities to improve the system through services and support offered by the COE.
- Identify unique needs for hard to reach populations that would benefit from family planning services in New York State.

**4. Experience and Organizational Capacity — LIMIT 3 Pages — [Maximum: 25 points]**

Describe how your organization can best fulfill the objectives of this RFA. Consider responses to the following questions in developing your response.

- Describe your organization’s mission and services and how the proposed COE will be integrated within the organization.
- Describe your agency’s experience in:
  - Education, training and technical assistance related to family planning and reproductive health care services in accordance with Title X and New York State requirements.
  - On-site evaluation and technical assistance to family planning providers to improve clinic functioning and services.
  - Development of written guidance, procedures and/or manuals for use in clinical services. Collaborating with organizations that provide family planning services.
  - Providing assistance to agencies in cultural competency and engaging hard-to-reach individuals in health care services.
  - Development and maintenance of web sites.
  - Establishing linkages with state and national organizations and individuals with expertise in comprehensive family planning and reproductive health care services.
  - Working with, or contracting with, state or federal agencies.

**Note: It is expected that there will be a full time designated COE coordinator who is accessible to the Department, including via e-mail.** Indicate who this will be and include a resume and/or a duties description if the position is currently vacant. Include resumes of key project staff as well. **This information is not included in the page limit.**

**Provide information in this section if subcontracting or consulting is proposed to achieve project deliverables.**

Applications will be evaluated based on how the COE will be integrated within the applicant organization, evidence of experience, capacity, expertise, appropriateness of the coordinator’s qualifications and proposed duties description.

**5. Project Narrative — LIMIT 6 Pages— [Maximum : 20 points]**

The project narrative summarizes goals and objectives developed in the work plan worksheets in Attachment 4.3. All applicants will provide information on plans to achieve the COE activities as described in this RFA in a brief narrative outlining program activities.

All objectives should be written using the SMART method of writing objectives as described below.

## **6. Work Plan Worksheets — LIMIT 6 Pages — [Maximum : 10 points]**

In addition to the project narrative, complete the attached work plan worksheets (Attachment 4.3), which provide specific details about how you plan to accomplish each objective through specific activities. The completed worksheets form the proposed comprehensive work plan, which will be used for year one of the contract. Using the attached work plan format, list the specific activities, timeframes, responsible parties and evaluation to be implemented in year one of the grant (January 1 – December 31, 2011) to meet the stated goals and objectives.

**OBJECTIVE:** An objective is a specific, measurable condition that needs to be attained in order to accomplish a particular program goal. You can have multiple desired objectives for one goal. A simple acronym used to create useful objectives is called **SMART objectives**. SMART stands for:

- Specific – Objectives should specify what they want to achieve.
- Measurable – You should be able to measure whether you are meeting the objectives or not.
- Achievable - Are the objectives you set, achievable and attainable?
- Realistic – Can you realistically achieve the objectives with the resources you have?
- Time – When do you want to achieve the set objectives?

Provide measurable program objectives and activities for accomplishing each objective during the grant period by using Work Plan format. The narrative section should fully explain all aspects of the program and activities you are proposing to implement for each objective. Consider the following questions in development of the project Work Plan and narrative.

- Describe how the COE will ensure and support the Department and family planning programs in enhancing the quality of family planning programs.
- Describe how the COE will work with the Department and selected providers to develop standardized guidance documents for the programs and update guidance on a periodic basis, including, but not limited to, the following:
  - Administrative manual outlining the administrative requirements of the program;
  - Clinical Services manual that provides standard clinical guidance on the provision of clinic services and procedures in accordance with current standard of professional practice; and,
  - Outreach and health education manual that provides standard practice and recommendation for outreach and health education that are based upon evidence or best practice.
- Describe how the COE will provide information to the Department and to the field related

to best practices in other states, emerging research findings and how they translate into practice, contraceptive and standard of practice changes, outreach to engage high risk, uninsured individuals, ongoing needs assessment in order that providers understand the needs of the community served and adapt their services to meet those needs, and other priority areas as agreed to by the Department;

- Describe how COE will provide education and training to providers on selected topics, including how education and training needs will be assessed; training can be provided through electronic means such as webinars;
- Describe the expertise available to provide technical assistance, and the types of frequency of technical assistance that can be provided, including on issues such as identifying community needs, strategies to engage hard-to-reach populations, including culturally diverse populations, maximizing funding streams, providing services in accordance with current standard of professional practice, among others.
- Describe how the applicant will assist the Department and programs in developing information on program sustainability, successful business/practice management, and maximizing funding streams, including assessing and addressing the impact of health care reform on family planning/reproductive health service delivery;
- Describe how onsite technical assistance will be provided to new providers or to providers experience performance problems or staff turnover.
- Develop and maintain a web site that can be accessed by all providers for new and emerging guidance and information;
- Describe how the COE will facilitate the development of performance measures and any state and national resources that will be accessed to accomplish this activity.
- Describe how the clearinghouse of materials, research, guidance, etc., will be obtained by the COE and how the COE web site will be developed and maintained.
- Describe how the COE will evaluate their program performance on an ongoing basis. It is expected that the COE will attend up to two in-person meetings with the Department staff in Albany and potentially one meeting of all family planning providers in Albany annually.

#### **7. Budget and Budget Justification— LIMIT 2 Pages [Maximum : 20 points]**

Provide a budget narrative describing the overall cost effectiveness of the proposed program, including reasonableness of price based upon anticipated grant funds.

Budget forms need to be completed by each applicant (Attachment **4.5**). The budget forms do not count towards the page limit for this section. Read all instructions provided (Attachment **4.4**) and complete the entire set of forms.

Applicants need to submit a 12 month annualized budget assuming a January 1, 2011 start date. Funding for capital improvements is not allowable. The Department may modify the proposed first year budget based upon negotiations with the contractor to accommodate implementation requirements and start up delays.

All costs will be related to the COE activities; be consistent with the scope of services; and, be reasonable and cost effective. This funding may only be used for activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities, and allocation of personnel costs to grant funds needs to be proportionate across revenue streams.

Administrative costs should be in line item detail and should generally 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. Refer to Attachment 4.4, Family Planning Program Budget Instructions, for further information.

Indirect costs, applied as a percentage to the budget, will not be allowed. Indirect costs are those that have been incurred for common or joint projects that benefit more than one cost objective (grant, program, or project) and cannot be readily identified or assigned to a particular cost objective.

Ineligible budget items will be removed from the budget before the budget is scored. The budget amount requested will be reduced to reflect the removal of the ineligible items. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure.

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

#### **8. Program Evaluation — LIMIT 2 Pages — [Maximum : 10 points]**

Each applicant is expected to evaluate the effectiveness of their activities. These evaluation plans (which should be included in the Work Plan submitted as described in the Program Activities section above, should describe the strategy and methods to evaluate ongoing activities and methods to improve COE performance based on this evaluation process.

## **VI. ADMINISTRATIVE REQUIREMENTS**

### **A. Issuing Agency**

This Request for Applications (RFA) is issued by the NYS Department of Health, Center for Community Health, Division of Family Health, Bureau of Maternal and Child Health. The Department is responsible for the requirements specified herein and for the evaluation of

all applications. This RFA has been posted on the Department of Health's public website at: <http://www.nyhealth.gov/funding/>. Questions and answers, as well as any updates, will be posted on or about the date identified on the cover sheet of this RFA.

## **B. Letter of Interest**

The submission of a Letter of Interest (Attachment **5.1**) is encouraged, but not mandatory. The Letter of Interest should be received by date posted on the cover sheet of this RFA, at the address shown in paragraph C below in order to automatically receive responses to written questions (including those questions raised at the applicant conference), official applicant conference minutes, and any updates/modifications to this RFA. Failure to submit a Letter of Interest will not preclude the submission of an application.

## **C. Question and Answer Phase and Applicant Conference**

All substantive questions are to be submitted in writing to:

Deborah Joralemon, Family Planning Program  
Bureau of Maternal and Child Health  
Empire State Plaza, Corning Tower Building  
Room 1805, Albany, New York 12237-0657  
[fprfa@health.state.ny.us](mailto:fprfa@health.state.ny.us)

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application. Questions specific to the content and substance of the application will be addressed and answered at the applicant conference in a Q&A document that will be posted on the NYSDOH public website at: <http://www.nyhealth.gov/funding/>.

An Applicant Conference will be held for this project. This conference will be held via teleconference on the date posted on the cover sheet of this RFA. The Department requests that potential applicants register for the conference call by returning the attached form "Registration for Applicant Conference" (Attachment **5.2**) by the date posted on the cover sheet of this RFA. This will help the Department know the involved audience and ensure the availability of sufficient telephone lines for participants.

## **D. How to File an Application**

Applications must be received at the following address by the date and time posted on the cover sheet of this RFA. Late applications will not be accepted.

Ms. Deborah Joralemon  
Family Planning Program

Bureau of Maternal and Child Health  
NYS Department of Health  
Empire State Plaza, Corning Tower, Room 1805  
Albany, NY 12237 – 0621

It is the applicant's responsibility to see that applications are complete and delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by an official carrier (e.g., U.S. Post Office, Federal Express, UPS etc.) may be considered only at the Department of Health's discretion.

Applicants need to submit **one** original, signed application and **six (6)** copies. The original should be in a binder, with all copies appropriately stapled or bound. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. Applications will not be accepted via fax or e-mail.

#### **E. The Department of Health Reserves the Right to**

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.

11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

## **F. Term of Contract**

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

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, contingent on provider performance and availability of funds.

## **G. Payment & Reporting Requirements of Grant Awardees**

1. The State (NYS Department of Health) may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 25 percent.
2. The grant contractor will be required to submit quarterly invoices and required reports of expenditures to the State's designated payment office:

Fiscal Unit, Division of Family Health  
NYS Department of Health  
ESP, Corning Tower, Room# 878  
Albany, NY 12237-0657

Grant contractors shall provide complete and accurate billing vouchers to the Department's designated payment office in order to receive payment. Billing vouchers submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [epunit@osc.state.ny.us](mailto:epunit@osc.state.ny.us) or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Reimbursement of expenses will be made on a quarterly basis. Contractors are required to voucher on a quarterly basis, with vouchers due 45 days after the end of the quarter (May 15, August 15, November 15, and February 15).

**3.** Successful applicants will be required to submit periodic reports as detailed in Attachment 1.1, Expected Program Activities & Services and Evaluation and Reporting Requirements.

## **H. Vendor Responsibility Questionnaire**

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire (Attachment 5.5). To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at [helpdesk@osc.state.ny.us](mailto:helpdesk@osc.state.ny.us). Vendors opting to file a paper questionnaire can obtain the

appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. Applicants should also complete and submit the Vendor Responsibility Attestation (Attachment 5.4).

## I. General Specifications

1. By signing the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section VI.C.) should be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
  - c. If, in the judgment of the Department of Health, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State

Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

## J. Appendices

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A - Standard Clauses for All New York State Contracts

APPENDIX A-1 Agency Specific Clauses

APPENDIX A-2 Program Specific Clauses

APPENDIX B - Budget

APPENDIX C - Payment and Reporting Schedule

APPENDIX D - Work plan

APPENDIX G - Notifications

APPENDIX H - Federal Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement

APPENDIX E - Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR

- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

**NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application.**

**These documents will be requested as a part of the contracting process should you receive an award.**

## **VII. COMPLETING THE APPLICATION**

### **A. Application Format**

Applicants who fail to submit a separate application for each component will be disqualified in the prescreening process, and the application will not be reviewed. All applications should conform to the format prescribed for each component. Points may be deducted from applications which deviate from the prescribed format. All forms need to be completed, including all budget items and the sources and amounts of anticipated program related revenues. A 12 pt type (UNLESS OTHERWISE NOTED) with 1" margins should be used and pages should be consecutively numbered. Application information should be submitted in the order identified on the Application Checklists.

Applications SHOULD NOT exceed the page limit for each section as listed below. The program work plan worksheets will be submitted as an accompaniment to the project narrative. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

**Component 1**  
**Comprehensive Family Planning and Reproductive Health Services**

**Component 1 Parts A and B**

		<b><u>Maximum Score</u></b>	
		<b><u>Part A</u></b>	<b><u>Part B</u></b>
1. Executive Summary	(2 pages)	0 points	0 points
2. Experience and Organizational Capability	(6 pages)	30 points	20 points
3. Statement of Need	(6 pages)	15 points	25 points
4. Project Narrative	(10 pages)	20 points	20 points
5. Work Plan Work Sheets	(12 pages)	10 points	10 points
6. Program Evaluation	(2 pages)	5 points	5 points
7. Proposed Budget Justification and Budget Pages	(2 pages) (No page limit)	<u>20 points</u>	<u>20 points</u>
<b>Total Possible Points:</b>		<b>100 points</b>	<b>100 points</b>

**Component 1 Part C**

**Subpart 1(a):**

		<b><u>Maximum Score</u></b>
1. Experience and Organizational Capability	(1 page)	10 points
2. Statement of Need	(2 pages)	10 points
3. Project Narrative	(4 pages)	10 points
4. Work Plan Work Sheets	(2 pages)	5 points
5. Program Evaluation	(1 page)	5 points
6. Proposed Budget Justification and Budget Pages	(1 pages) (No page limit)	<u>10 points</u>
<b>Total Possible Points:</b>		<b>50 points</b>

**Subpart 1(b):**

1. Experience and Organizational Capability	(1 page)	10 points
2. Statement of Need	(2 pages)	10 points
3. Project Narrative	(4 pages)	10 points
4. Work Plan Work Sheets	(2 pages)	5 points
5. Program Evaluation	(1 page)	5 points
6. Proposed Budget Justification and Budget Pages	(1 pages) (No page limit)	<u>10 points</u>
<b>Total Possible Points:</b>		<b>50 points</b>

**Subpart 1(c):**

1. Experience and Organizational Capability	(1 page)	10 points
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2. Statement of Need	(2 pages)	10 points
3. Project Narrative	(4 pages)	10 points
4. Work Plan Work Sheets	(2 pages)	5 points
5. Program Evaluation	(1 page)	5 points
6. Proposed Budget Justification and Budget Pages	(1 pages) (No page limit)	<u>10 points</u>
<b>Total Possible Points:</b>		<b>50 points</b>

**Component 2**  
**Statewide Education and Training for Infertility Services**

<b><u>Component 2</u></b>		<b><u>Maximum Score</u></b>
1. Executive Summary	(2 pages)	0 points
2. Experience and Organizational Capability	(2 pages)	30 points
3. Statement of Need	(3 pages)	15 points
4. Project Narrative	(6 pages)	20 points
5. Work Plan Work Sheets	(6 pages)	10 points
6. Program Evaluation	(3 pages)	5 points
7. Proposed Budget Justification and Budget Pages	(1 page) (No page limit)	<u>20 points</u>
<b>Total Possible Points:</b>		<b>100 points</b>

**Component 3**  
**Statewide Center for Excellence for Family Planning and Reproductive Health Services**

<b><u>Component 3</u></b>		<b><u>Maximum Score</u></b>
1. Executive Summary	(2 pages)	0 points
2. Statement of Need	(3 pages)	15 points
3. Experience and Organizational Capability	(3 pages)	25 points
4. Project Narrative	(6 pages)	20 points
5. Work plan Worksheets	(6 pages)	10 points
6. Proposed Budget Justification and Budget Pages	(2 page) (No page limit)	20 points
7. Program Evaluation	(2 pages)	<u>10 points</u>
<b>Total Possible Points:</b>		<b>100 points</b>

Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA.

## **B. Review and Award Process**

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the New York State Department of Health, Division of Family Health\Bureau of Maternal and Child Health. Applications submitted after the due date, or whose applicant agencies do not meet eligibility requirements will not be reviewed. Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

Applications will be reviewed using an objective rating system reflective of the required items specified for each section. The review process may be followed by a quality assurance review to ensure that all review standards were uniformly applied and that requirements for geographic coverage of the state were met. Panels convened by the Bureau of Maternal and Child Health will conduct reviews of applications from eligible agencies. The reviewers will consider the clarity of the application and responsiveness to the RFA based upon the above scoring in making the final selection. Once the selection is made, the contract negotiation process may include a site visit to the selected agency and will include a contract negotiation discussion/meeting for final plan acceptance.

If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above (or explain how).

Following the award of grant(s) from this RFA, applicants may request a debriefing from the New York State Department of Health, Division of Family Health\Bureau of Maternal and Child Health no later than three months from the date of the award(s) announcement. This debriefing will be limited to the positive and negative aspects of the subject application. In the event that unsuccessful applicants wish to protest awards, please follow the procedures established by the New York State Comptroller found at: [www.osc.state.ny.us](http://www.osc.state.ny.us).

## **VIII. ATTACHMENTS**

### **Section I**

- Attachment 1.1: Core Program Activities & Services and Evaluation & Reporting Requirements
- Attachment 1.2: Client Visit Record (CVR) Form
- Attachment 1.3: Cancer Services Program Guidelines
- Attachment 1.4: Infertility Prevention Project
- Attachment 1.5: HPV Award Guidance
- Attachment 1.6: Emergency Contraception Award Guidance

### **Section II**

### **Attachments for Component 1**

- Attachment 2.1a: Component 1 Family Planning Service Areas (FPSAs)

- Attachment 2.1b: Component 1 Part A Target ZIP Codes
- Attachment 2.2: Component 1 Part B Unserved/Underserved High Risk ZIP Codes
- Attachment 2.3: Component 1 Application Checklist
- Attachment 2.4a: Component 1 Application Coversheet
- Attachment 2.4b: Component 1 Attestation of Commitment
- Attachment 2.5: Component 1 Work Plan Worksheets
- Attachment 2.6: Component 1 Administrative Documents for Clinical Services
- Attachment 2.7: Component 1 Certification of Policies and Procedures
- Attachment 2.8: Component 1 Budget Instructions
- Attachment 2.9: Component 1 Budget Forms
- Attachment 2.10: Component 1 Part C Subpart 1(a)
- Attachment 2.11: Component 1 Part C Subpart 1(b)
- Attachment 2.12: Component 1 Part C Subpart 1(c)
- Attachment 2.13: Component 1 Part C Subpart 2

**Section III**

**Attachments for Component 2**

- Attachment 3.1: Component 2 Application Checklist
- Attachment 3.2: Component 2 Application Coversheet
- Attachment 3.3: Component 2 Statement of Assurances
- Attachment 3.4: Component 2 Work Plan Worksheets
- Attachment 3.5: Component 2 Budget Instructions
- Attachment 3.6: Component 2 Budget Forms

**Section IV**

**Attachments for Component 3**

- Attachment 4.1: Component 3 Application Checklist
- Attachment 4.2: Component 3 Application Coversheet
- Attachment 4.3: Component 3 Work Plan Worksheets
- Attachment 4.4: Component 3 Budget Instructions
- Attachment 4.5: Component 3 Budget Forms

**Section V**

**General Attachments (Components 1, 2 and 3)**

- Attachment 5.1: Letter of Intent to Submit Application Form
- Attachment 5.2: Registration for Applicant Conference
- Attachment 5.3: Standard Grant Contract with Appendices
- Attachment 5.4: Vendor Responsibility Attestation
- Attachment 5.5: Vendor Responsibility Questionnaire

**Please note, applicants will submit each of the documents listed above for each component for which the applicant is applying**

## **Attachment 1.1**

## Attachment 1.1

### Core Program Activities and Services

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 proposed program unless otherwise specified. Failure to specifically describe the proposed means of providing a specific activity/service will reduce the application's rating score, and therefore the fundability of the application, but will in no way release applicants from meeting all program requirements.

#### 1. Outreach, Education and Counseling Services

##### a. Community Information and Public Education

In order to sensitize the public about local needs to address the prevention of unintended pregnancy, sexually transmitted infections and HIV/AIDS, all providers are required to provide community outreach, education and counseling services. Community education can be directed toward local health and community-based organizations and schools. Specific community outreach and education should be directed to historically underserved populations, including adolescents, racial/ethnic minorities, individuals involved with the criminal justice system, disconnected youth, including those in the foster care system, low income individuals and males to improve their access to services. Community education efforts should be based on an assessment of the needs in the community and should be evaluated on an ongoing basis. To facilitate community awareness of and demand for family planning services, projects will establish and implement planned activities to make their services known in the community. To ensure that family planning educational materials used by each agency are consistent with community education standards and are culturally appropriate, providers will establish an Educational Materials Advisory Committee.

##### b. Attract and Maintain New Clients with Special Emphasis on High Risk Populations that include Racial/Ethnic Minorities.

All providers should actively seek to engage and keep these populations as active clients. Providers can use a variety of methods including:

- Actively promoting access to family planning and reproductive health services;
- Developing a fee schedule that removes financial barriers for low income women and adolescents;
- Increasing outreach to women, men and adolescents not likely to seek services, including racial/ethnic minorities, individuals involved with the criminal justice system, disconnected youth, including those in the foster care system, low income individuals and males;
- Enhancing efforts to engage pregnancy test clients in ongoing family planning

- services;
- Expanding service capacity to make service sites more accessible to populations in need, including expanding hours of operation, for example, by operating evening and weekend clinics and accommodating clients as needed (open access);
  - Promoting teen clinic services to ensure that adolescents access primary and preventive health care services by designating one or two clinic sessions per week as teen clinics. Service plans should ensure confidentiality and include activities to inform teens of the availability of such services;
  - Partnering with public health providers and other community-based organizations that have related interests and that work with similar populations; and,
  - Increasing male involvement/responsibility in family planning through community outreach and education efforts, with particular emphasis on low income adolescent males.

**c. Client Education and Counseling Services**

Providers are required to ensure that all clients receive appropriate counseling and education, in order for them to make informed decisions about their reproductive futures and promote healthy lifestyles, with particular focus on adolescents.

- Education services provide clients with the information needed to make educated decisions about the use of specific methods of contraception and sexually transmitted infection prevention. Providers should consistently encourage the use of more effective contraceptive methods.
- Appropriate counseling and referral services should be offered to clients as indicated regarding future planned pregnancies, management of a current pregnancy, and other individual concerns. Issues such as substance abuse, sexual abuse, domestic violence/intimate partner violence, genetic issues, nutrition, and sexual concerns should be addressed. Preconception counseling should be provided if a client's history indicates a desired pregnancy in the future. Adolescents seeking services must be assured that, if requested, counseling services will be confidential. However, consistent with Title X Guidelines, programs should encourage family participation in the decision of minors seeking family planning services. All minors should be provided with counseling on how to resist attempts of coercion to engage in sexual activity.

**d . Promote Client Enrollment and Participation in Public Health Insurance Programs.**

Providers should assist eligible patients with enrollment in Public Health Insurance programs that include Medicaid (Medicaid managed care), Family Health Plus, Family Planning Benefit Program and Family Planning Extension Program.

- The Family Planning Benefit Program (FPBP) covers the full range of reproductive health services. It is available to New York State individuals of childbearing age with net incomes at or below 200% of the federal poverty level who are not otherwise eligible for full Medicaid insurance coverage.
- The Medicaid Family Planning Extension Program (FPEP) authorizes an additional 24 months of extended Medicaid coverage for family planning services for women who were previously pregnant while on Medicaid, but subsequently lost Medicaid coverage when the pregnancy ended.

In particular, providers should facilitate eligible client enrollment in FPBP and FPEP, the two expanded Medicaid family planning programs for individuals who are not otherwise eligible for the full coverage public health insurance programs (Medicaid, Medicaid managed care, and Family Health Plus). Applicants must indicate their willingness to provide outreach and education services, and assist clients with enrollment into the expanded Medicaid initiatives. Agencies should secure a Memorandum of Understanding (MOU) with local Social Services districts so they can assist clients with applications for the FPBP. If clients are undocumented or otherwise ineligible, but have had a qualifying pregnancy, they should be enrolled in the FPEP. Further information on the Family Planning Benefit Program may be obtained by going to the Department's web site at [www.nyhealth.gov](http://www.nyhealth.gov).

Providers should ensure that family planning program staff and clients are familiar with ways of accessing family planning services in health plans, including the free access policy of Medicaid managed care, which allows individuals enrolled in Medicaid managed care plans to receive family planning and reproductive health services from any qualified Medicaid provider, without prior authorization, regardless of whether the provider participates in the client's health plan.

## **2. Clinical Services**

Applicants will submit a clinic services schedule as part of this RFA. Applicants will work with the NYSDOH's Office of Health System Management to ensure that they have complied with the Certificate of Need process and acquired the required Operating Certificate which includes family planning. Applicants will take into account that the process may be lengthy and will plan an appropriate timeline.

Please refer to the following website for an overview of the process:

[http://www.health.state.ny.us/facilities/cons/more\\_information/index.htm#introduction](http://www.health.state.ny.us/facilities/cons/more_information/index.htm#introduction)

If funded, the applicant will simultaneously inform the Bureau of Maternal and Child Health and the Office of Health Systems Management in writing of any planned changes to clinic site locations. This includes any plan to move or close an existing

clinic, as well as plans to open a new clinic site. The Department of Health must concur with any changes to the clinic schedule.

**a. Comprehensive Medical History, Physical Assessment and Laboratory Testing, and Special Counseling**

Providers will ensure that clients have timely access to medical care that is adequate in both quality and capacity to promote and protect clients' reproductive health.

To provide services of high quality, in compliance with Title X Guidelines, providers, in consultation with agency medical directors, should develop written clinical protocols that are consistent with the most current nationally recognized standards of care. These protocols should be reviewed on a regular basis, and modified as needed. Clinical protocols should reflect the current recommendations for practice or standards of care established by health agencies or professional organizations. A complete physical examination for all initial clients and annual revisits 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.

Below are links to the Office of Population Affairs website. The first link is the Title X Guidelines issued in January, 2001. The second link is the Program Instruction Series titled, Clinical Services in Title X Family Planning Clinics-Consistency with Current Practice Recommendations.

[http://www.hhs.gov/opa/familyplanning/toolsdocs/2001\\_ofp\\_guidelines.pdf](http://www.hhs.gov/opa/familyplanning/toolsdocs/2001_ofp_guidelines.pdf)

[http://www.hhs.gov/opa/familyplanning/toolsdocs/opa09\\_01.pdf.pdf](http://www.hhs.gov/opa/familyplanning/toolsdocs/opa09_01.pdf.pdf)

For male clients, examination should also include palpation of the prostate, and instructions in self-examination of the testes. Male services will be consistent with the Guidelines for Male Sexual and Reproductive Health Services published by the Region II Male Involvement Advisory Committee in 2009.

<http://www.cicatelli.org/TitleX/downloadable/GuidelilnesForMaleSexualReproductiveHealthServices.pdf>

All clients should receive appropriate referrals for primary care and follow-up services.

Family Planning Programs should collaborate with the regional Cancer Services Program (CSP) Partnerships, through which breast and cervical cancer screening are provided. The Breast and Cervical Cancer Prevention and Treatment Act of 2000 gave New York State the ability to provide Medicaid coverage for the treatment of breast or cervical cancer to individuals previously not eligible under Medicaid. This program provides full Medicaid benefits to eligible uninsured women age 40 and older and men

over 50 years of age. In addition, the program provides follow up screening and treatment for breast cancer for women under 40, who are at high risk as defined by the CSP guidelines (Attachment 1.3). The Applicant will submit a letter of agreement between applicant and their local CSP.

Clients should be offered appropriate counseling services in accordance with Title X Guidelines. Such services are described in Section 1.c of this attachment.

**b. Provision of family planning services**

Providers will ensure that a full range of Food and Drug Administration (FDA) approved contraceptive methods are available to family planning clients including oral contraceptives, insertion/removal of implants (Implanon) and intrauterine devices (IUD), direct provision of injectable contraceptives (such as Depo-Provera), barrier contraceptive methods, and contraceptive patches and rings. Contraceptive counseling and instructions regarding contraceptive methods of choice must also be provided. Family planning providers must provide access to Emergency Contraception (EC) in a timely manner, and in accordance with current FDA guidelines. Information on access to Emergency Contraception after hours must also be made available to clients. Emergency Contraception should be provided free of charge to clients at 200% of poverty or below as funding allows. Natural family planning and Level I infertility services will be provided at the request of the client. Level I infertility services include initial infertility interview, education, physical examination, counseling and appropriate referral. The applicant will provide copies of referral/linkage agreements with other family planning agencies for any comprehensive family planning services (i.e. insertion of IUD/Implanon) not provided by the applicant.

**c. Pregnancy Testing and Counseling**

To ensure that clients have access to pregnancy diagnosis and comprehensive pregnancy counseling services, pregnant women will be offered complete information and counseling regarding their pregnancies. Those requesting information on options for the management of unintended pregnancies should be given thorough, unbiased, non-directive counseling on prenatal care and delivery, foster care or adoption and pregnancy termination. Referral to comprehensive prenatal care providers should be made as needed. Clients found not to be pregnant should be given information about the availability of contraceptive services, an interim contraceptive method, and should be offered the next available appointment for family planning services. Clients will be assured that the counseling sessions are confidential. It is recommended that HIV counseling and testing and Sexually Transmitted Infection (STI) screening be provided to all pregnancy test clients. It is also recommended that negative pregnancy test clients receive information about and a supply of EC.

**d. Adolescent Services**

All adolescents will receive age-appropriate information and confidential services. Fees for services must be established in accordance with Title X Guidelines/OPA

Instruction Series OPA 97-1 and 08-1 which can be found at:

<http://www.hhs.gov/opa/familyplanning/toolsdocs/opa97-1.pdf>

<http://www.hhs.gov/opa/familyplanning/toolsdocs/opa08-1.pdf>

This guidance states that if the minor is un-emancipated, and confidentiality of services is not a concern, the family's income must be considered in determining the charge for services. When a minor requests confidential services, without the involvement of a principal family member, charges for services must be based on the minor's income. Title X funded projects may not require written consent of parents or guardians for the provision of services to minors. Adolescents seeking contraceptive services will be informed about all methods of contraception. Abstinence, as well as contraceptive and safer sex options to reduce risks for STI/HIV and pregnancy, should be discussed with all adolescents. Best practices for outreach and education to reach adolescents should be incorporated, including the use of technology, the use of multi-level ecological approaches that meet young people's developmental needs, and the use of a positive, holistic approach to education and clinical services.

**e. HIV Counseling and Testing Services for Initial and Annual Visits**

At a minimum, all clients will be given information on preventing HIV infection, including the use of barrier methods and be given a clinical recommendation for HIV testing at both the initial and annual visits. HIV counseling and testing should be integrated into the routine course of providing family planning and reproductive health care services, and it is recommended that HIV counseling and testing be provided to all pregnancy test clients. An explanation of the benefits of HIV testing should be provided, and providers will document efforts to provide HIV post-test counseling to all clients receiving HIV testing, particularly those who are HIV positive. Applicants will also have linkages with HIV providers to ensure that HIV-infected clients are able to obtain needed services. Programs will provide HIV counseling and testing at no charge for uninsured clients up to 200% of the federal poverty level. Programs will comply with NYS HIV Reporting and Partner Notification Regulations.

The NYSDOH established the HIV Primary Care Medicaid Program with the goal of ensuring early identification and access to quality care for persons with HIV infection. Family Planning Providers who are enrolled in the HIV Primary Care Medicaid Program will have access to reimbursement for the following visits:

1. HIV Testing
2. HIV Counseling without Testing
3. HIV Counseling (Positive)
4. Initial/Annual Comprehensive HIV Medical Evaluation, and
5. HIV Monitoring

A detailed description of this program is available at:

<http://www.health.state.ny.us/diseases/aids/testing/primarycaremedicaid/section1.htm>

**f. Sexually Transmitted Infection Screening and Treatment**

Providers are required to screen all clients for sexually transmitted infections. This includes testing and treatment for STIs as outlined in Part 23 of Title 10 NYCRR, as well as diagnosis and treatment of herpes and HPV, located at:

<http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm>

Comprehensive guidelines for the treatment of persons who have sexually transmitted infections are available at the Center for Disease Control (CDC) website.

<http://www.cdc.gov/std/treatment/2006/clinical.htm>

The clinical prevention guidance includes information about STI/HIV prevention counseling, prevention methods, partner management, and reporting and confidentiality.

Providers screening clients for sexually transmitted infections must submit specimens to an approved laboratory, for examination. New York State Public Health law requires that all pertinent information be provided with the specimen; including: patients' name, date of birth, sex, address, county of residence, type and source of specimen, date collected, providers name, address and telephone number.

The guidelines for Title X clinics also state that all women age 25 and under should be tested for Chlamydia at initial and annual family planning visits. Testing is also appropriate for older women with risk factors (new or multiple partners, past STI history, inconsistent or no condom use, etc.). Programs will provide Chlamydia testing at no charge for uninsured clients up to 200% of the federal poverty level. Treatment for individuals will be available on-site, and treatment for partners infected with sexually transmitted infections may be available on-site or by prompt referral to a local health department (LHD), health care facility or health care practitioner for services not available on-site.

Reporting of suspected or confirmed sexually transmitted infections is mandated under the New York State Sanitary Code (10NYCRR 2.10). Local and regional public health representatives are charged with STI case investigation and partner services. Confidential case reports of clients infected with Chlamydia, gonorrhea or syphilis are reported to local health jurisdictions and these staff, referred to as disease intervention specialists (DIS), are responsible for verifying the diagnosis and confirming treatment through contact with the client's health care provider. Family Planning providers are encouraged to work with DIS who will contact their office to conduct these disease intervention activities. DIS are also trained to conduct confidential partner services and are a resource to Title X providers for locating and referring the sexual partners of infected clients for diagnosis and treatment.

**g. Follow-up of Referrals**

Title X Guidelines are explicit regarding requirements related to follow-up on referrals as follows:

“Agencies will have written policies/procedures for follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings. These policies must be sensitive to clients’ concerns about confidentiality and privacy. For services determined to be necessary, but which are beyond the scope of the project, clients will be referred to other providers for care. When a client is referred for non-family planning or emergency clinical care, agencies will:

- make arrangements for the provision of pertinent client information to the referral provider. Agencies will obtain clients’ consent for such arrangements, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality;
- advise clients on their responsibilities in complying with the referrals; and
- counsel clients on the importance of such referral and the agreed upon methods of follow-up.

Efforts may be made to aid clients in identifying potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care. Agencies will maintain a current list and routinely update this resource listing of health care providers, Federally Qualified Health Centers (FQHC), local health and human services departments, hospitals, voluntary agencies and health services projects supported by other agencies and health services projects supported by other Federal programs to be used for referral purposes. Whenever possible, clients should be given a choice of providers from which to select.

Agencies should provide counseling on the importance of medical follow-up and provide written referral information to clients for common referrals including referrals for primary health care. Agencies should also have special follow-up procedures for individuals with abnormal physical examination or laboratory test results, such as abnormal pap tests, breast exams and hypertension. Agencies should:

- use a triplicate form that includes client consent and provides referral information to clients, the family planning agencies and the referral providers. The referral providers return one copy of the referral forms indicating that follow-up care has been provided and that information is entered on the clients’ medical records;
- have a client call-back system; and,
- have data systems which provide information regarding problems requiring follow-up, HIV rapid testing, referrals for primary care, and Pap results with ASC or HSIL results or higher.

## **h. Ancillary Services**

All family planning providers are required to have the following ancillary services available, and these should be addressed in the work plan:

- 1) Pharmaceuticals – Providers must ensure that oral and other contraceptives as well as other medications are safe, accessible, available and affordable to clients and that prescription and non-prescription drugs and devices are stocked, stored and provided to clients in a safe and accountable manner. Each family planning provider awarded grant funds will maintain an adequate supply and variety of drugs and devices to effectively manage the contraceptive needs of its clients.
- 2) Providers should enroll in the 340B purchasing program, the 340B Prime Vendor Program and/or the Region IX Drug Purchasing Cooperative to take advantage of discounted pricing for pharmaceuticals and supplies. Information about these programs can be found at:

<http://www.hrsa.gov/opa/introduction.htm>

<https://www.340bpvp.com/public/>

<http://www.fcppp.org/>

- 3) Laboratories – It is the responsibility of each funded family planning provider to ensure that laboratory services are accessible, available, affordable, and of high quality. In 1995, in recognition of the fact that New York State's laboratory regulations were found to be equal to or more stringent than those implementing the federal Clinical Laboratory Improvement Amendments 1988 (CLIA), the New York State DOH was granted exempt status from federal regulations. All facilities which conduct laboratory tests within NYS (except physician's offices) are under the regulatory oversight of the NYSDOH- Clinical Laboratory Evaluation Program (CLEP). Family Planning Programs are required to comply with Federal and NYS regulations and oversight activities and may be required to contract with specific laboratories for certain tests, with adequate advance notice from DOH. Advances in laboratory testing should be considered when determining which tests to use for Chlamydia, HIV testing, and other tests. Pregnancy testing will be provided on-site.

The New York State Department of Health supports the use of rapid tests in medical settings in order to increase access to early HIV diagnosis and for treatment and prevention services. A licensed Article 28 facility that wishes to provide HIV rapid testing must either hold a clinical laboratory permit in the category of HIV testing or be registered with the Department of Health as a limited service laboratory. The link below provides guidance to Article 28 facilities.

<http://www.health.state.ny.us/diseases/aids/testing/rapid/article28guidance.htm>

Questions and additional information on permit requirements may be directed to CLEP at (518) 485-5378 or by e-mail to [CLEP@health.state.ny.us](mailto:CLEP@health.state.ny.us). Application forms can be obtained by visiting the CLEP web site at: <http://www.wadsworth.org/labcert/lep/lep.html> and clicking on the "Permit Application Materials" link. Forms can be submitted electronically, faxed or by mail to:

*Clinical Laboratory Evaluation Program  
NYSDOH Wadsworth Center  
Empire State Plaza  
P.O. Box 509  
Albany, NY 12201-0509*

Permitted laboratories should refer to their PFI and CLIA numbers when contacting CLEP.

The following laboratory procedures must be provided to clients if required in the provision of a contraceptive method, and may be provided for the maintenance of health status and/or diagnostic purposes, either on-site or by referral:

- Anemia assessment
- Gonorrhea and Chlamydia test
- Vaginal wet mount
- Diabetes testing
- Cholesterol and lipids
- Hepatitis B testing
- Syphilis serology (VDRL, RPR)
- Rubella titer
- Urinalysis
- HIV testing

**i. Sliding Fee Scale (Patient Cost Share Schedule)**

Title X guidelines stipulate that a schedule of discounts must be developed and implemented with sufficient proportional increments so inability to pay is never a barrier to service.

A schedule of discounts is required for individuals with family incomes between 101% and 250% of the federal poverty level (FPL).

1. Fees will be waived for individuals, with family incomes above this 250% FPL, who, as determined by the service site director, are unable for good cause to pay for family planning services;
2. Clients at or below 100% of the federal poverty level will not be charged;
3. Charges for services are based on a cost analysis of all services provided by the project;
4. Clients will not be denied project services or be subjected to any variation in

- quality of services because of inability to pay;
5. Clients cannot be requested to provide donations;
  6. Individual eligibility for a discount will be documented in the client record;
  7. When providing confidential services to minors, eligibility for discounts will be based on their income, unless they are un-emancipated and have no concerns about confidentiality of services.

Sliding fee scales must be in compliance with Federal regulations, and be developed to provide access to services by low income individuals. Applicant's proposed sliding fee scale cannot present a barrier to low income individuals accessing family planning services.

Fees for services must be established in accordance with Title X Guidelines/OPA Instruction Series OPA 97-1 and 08-1 which can be found at:

<http://www.hhs.gov/opa/familyplanning/toolsdocs/opa97-1.pdf>

[http://www.hhs.gov/opa/familyplanning/toolsdocs/2001\\_ofp\\_guidelines\\_complete.pdf](http://www.hhs.gov/opa/familyplanning/toolsdocs/2001_ofp_guidelines_complete.pdf)

<http://www.hhs.gov/opa/familyplanning/toolsdocs/opa08-1.pdf>

#### **j. Consent Forms**

Providers will ensure that clients are provided with informed consent for all family planning services. Informed consent under Title X includes "an explanation of all procedures, and a general consent covering examination and treatment and, where applicable, a method-specific informed consent form."

### **3. Continuous Quality Improvement**

A continuous quality improvement (CQI) system must be in place that provides for ongoing evaluation of project personnel and services. The system should include:

- An established set of clinical, administrative and programmatic standards and policies and procedures by which conformity will be maintained;
- A tracking system to identify clients in need of follow-up or continuing care;
- Ongoing medical record audits to determine conformity with agency protocols. It is recommended that 10-15% of the family planning records be audited on an annual basis. However, an appropriate number of family planning records for review should be determined by each agency based on the number of clients served by the agency and the scope of services. Describe record sampling methodology and frequency, including the review of all records of clients with adverse outcomes. Include information on the content of medical record audits, personnel responsible for conducting and reviewing audit results, and the process for correcting identified deficiencies.
- Peer review procedures to evaluate individual clinician performance to provide feedback to providers and to initiate corrective action when deficiencies are

- noted;
- Periodic review of medical protocols to insure maintenance of current standards of care;
  - Ongoing and systematic documentation of quality improvement activities;
  - Patient complaint review process;
  - Patient satisfaction surveys and methodology for developing surveys;
  - Corrective action and follow-up of problems;
  - Confidentiality of medical records; and,
  - A mechanism for consumer involvement.

**Committees:** The following committees serve important functions for continuous quality improvement and are required by DOH. The agency's plan for CQI should be described in detail, including the committee structure, membership, frequency of meetings and functions. The committees may be merged or re-designed with justification and appropriate membership however agendas and meeting minutes specific to each committee's purpose must be maintained. Briefly describe how the following committees would be developed, who they would be comprised of and how they will function:

- **Educational Materials Advisory Committee:** required by Title X, is an advisory committee of five to nine members who are broadly representative of the community that must review and approve all informational and educational materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purpose of Title X. The committee must meet at least annually but may meet more frequently, if needed.
- **Patient Care Review Committee:** includes health care professionals representing all clinical services and has the responsibility of assessing the quality of clinical care. Meeting frequency: 2-4 times per year.
- **Program Review Committee:** consists of consumers, health care delivery staff and administrative staff; meets quarterly to review program quality.
- **Patient Consumer Advisory Committee:** consists wholly of consumers who meet on a regular basis to share concerns with program administration. Committee must meet at least annually but may meet more frequently if needed.

#### **4. Health Disparities**

Providers should identify the needs of people with disabilities, low income and racial/ethnic minority and sexual minority group(s) they propose to serve. The application should address particular health disparities or risk factors experienced by these groups. Providers are expected to describe approaches to bridge barriers to communication and understanding that stem from racial, ethnic, cultural, linguistic, and sexual orientation differences. This includes assuring services be developed and

culturally sensitive to meet the needs of LGBT individuals which includes persons with same sex partners but who do not necessarily identify as gay or lesbian, specifically women who have sex with women since LGBT individuals may have different reproductive health care needs and goals than heterosexual women. Interpersonal and organizational interventions and strategies should be employed to facilitate the achievement of clinical and public health family planning goals when those differences come into play. Providers should include individual and community level outreach strategies, as well as delivery model changes to attract and maintain members of these groups as active clinic participants. Some examples of appropriate expenses to support this effort include the use of family planning funds to ensure cultural sensitivity, to translate materials to appropriate languages, and/or employ medical interpreters. Providers must ensure capacity to effectively provide services within the context of cultural beliefs, behaviors, language and needs presented by the client populations within providers' geographic service area. Applicants will be expected to monitor their progress in serving these populations with outcome measure based annual work plan that will be utilized to measure progress in achieving program goals and objectives.

#### **5. Family Planning Service Areas and Targeted ZIP Codes**

Providers are also required to design their programs to give priority to providing services to low income residents in target ZIP code areas. Part A applicants that proposed to serve a FPSA that does not list a specific zip code in Attachment 2.1a should refer to Attachment 2.1b for a list of targeted high need zip code. Preference will be given to applicants serving target ZIP codes, as well as to applicants proposing to serve underserved rural communities Part B applicants that propose to open a new clinic should refer to the ZIP codes listed in Attachment 2.2, which are a subset of those listed in Attachment 2.1b, and are currently unserved or underserved by the NYS Family Planning Program. The department may determine that it is appropriate to fund a provider(s) serving lower risk areas to ensure service geographic availability.

#### **6. Evaluation and Reporting Requirements**

Each applicant is expected to evaluate the effectiveness of their activities and programs. Clinical program effectiveness will be improved through ongoing quality improvement activities, as specified in the section above. Other activities, such as outreach to target areas and underserved populations, education, and referral, should be evaluated on an ongoing basis to ensure that objectives are reached on an annual basis. These evaluation plans should include individuals responsible for the evaluation, data to be collected, methods for analyzing the data, and the use of the data for improvement of activities. Specific information should be given on each of the following topics of evaluation: referrals, outreach efforts and client education.

The Bureau of Maternal and Child Health collects and analyzes data to provide a quantitative basis for program monitoring, planning, development and resource allocation and to ensure that populations in need are served. In addition, the U.S.

Department of Health and Human Services (DHHS), the federal granting agency for Title X funds, requires a systematic reporting system capable of yielding comprehensive information for DHHS program evaluation activities.

To accomplish these ends, each applicant funded under Component 1 must participate in the Family Planning Program Data Management and Information System. Each agency will collect and submit client-specific data on the services provided to each family planning client making a family planning/reproductive health visit. The Clinic Visit Record (CVR, Attachment 1.2) serves as a tool for collecting data on client demographics and medical, counseling and other services provided to clients as necessary to understand the dynamics of quality, comprehensive reproductive health care. The CVR contains the data elements that must be reported by programs.

Characteristics of the population served and the full spectrum of services provided should be fully and accurately portrayed in the Client Visit Record (CVR) data submitted. Specific information should be given regarding processes the applicant will employ to ensure that 1) required CVR data are submitted in a timely, thorough, and accurate manner, and updated and/or corrected as needed; 2) additional data are collected and reports provided as required for state and federal reporting purposes; and 3) data processing, management, quality improvement, and other data system reports are used to monitor the quality of data submitted as well as services provided by the applicant agency.

Applicants funded through Component 1 of this RFA will submit data electronically on a monthly basis to the DOH data processing vendor, Ahler's and Associates or its successor vendor. Each agency is responsible for submitting quality data which meet program requirements for accuracy and completeness. Agencies may collect their data using Ahler's CVR Plus or any other third party software, but are required to submit data in a manner consistent with the CVR format. The electronic file layout and system edits for agencies using in-house or other third party software are available from Ahler's and Associates. Agencies using third party software will describe capabilities within their data system to identify updated or corrected records and the mechanism by which these updates will be submitted to the data vendor. Agencies using third party software also will be able to meet the deadlines for implementing changes relevant to any mandated CVR updates.

All funded agencies will have internet access and electronic mail capability to communicate with DOH. The Bureau of Maternal and Child Health will periodically share communications via e-mail using Microsoft Office products; MS Word, MS Excel, MS Access and MS PowerPoint. In addition, internet capability is necessary access standard management reports, and to utilize data uploading and downloading features available through Ahler's web site using password-secured internet access. Quality Improvement Reports (QIRs) are also available on Ahler's web site and give providers

information on key quality indicators. The reports compare an agency's performance with the statewide averages on demographic and service utilization measures, and are intended to provide the Bureau of Maternal and Child Health and family planning programs with data to assist in program monitoring, evaluation and improvement.

Providers are also required to be compliant with the Federal Health Insurance Portability and Accountability Act (HIPAA), which was signed into law in 1996. The primary intent of HIPAA is to provide better access to health insurance, limit fraud and abuse, and reduce administrative costs.

Several reports are required by the Bureau of Maternal and Child Health on an annual basis unless otherwise noted, as follows:

- Annual Reapplication Package – including work plan implementation worksheets, budget and administrative section – October
- Health Educator's Report – January
- Annual Program Report – January
- Family Planning Annual Report- federal report information – December 15
- There may be additional reports required for data or program issues that are requested of individual contractors as needed by the Bureau of Maternal and Child Health or the Office of Population Affairs, Department of Health & Human Services.
- Agencies are required to notify the BMCH in writing in advance of any significant changes in staffing or changes in clinic schedules. In addition, agencies are required to simultaneously notify the OHSM and the BMCH in writing in advance of any new site openings or closings, or changes in clinic schedules which impact service delivery or decrease accessibility of services. Such proposals require a DOH review and approval process, and require adequate time to be factored into the process. Agencies are also required to notify the BMCH of changes in laboratory use and software problems affecting conformance with data submission requirements.

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

## Attachment 1.2

# NEW YORK FAMILY PLANNING ENCOUNTER FORM

**COMPLETE AT FIRST VISIT, UPDATE FOR CHANGES AND AT ANNUAL EXAM**

CLINIC NO. \_\_\_\_\_

CLIENT NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ - 19\_\_ SEX F M CONTACT STATUS \_\_\_\_\_

NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ PHONE \_\_\_\_\_ COUNTY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
MONTHLY INCOME \_\_\_\_\_ FAMILY SIZE \_\_\_\_\_

PREGNANCIES \_\_\_\_\_ BIRTHS \_\_\_\_\_ ANOTHER SOURCE OF HEALTHCARE Y N MEDICAID NO. \_\_\_\_\_ (optional)

**COMPLETE AT FIRST VISIT ONLY**

RACE (check all applicable)  1. White  2. Black / Afr. American  3. American Indian  4. Alaskan Native  5. Asian  6. Other  7. Pacific Islander / Hawaiian Native

STUDENT STATUS  
 Full Time  Part Time  No Highest Grade Completed \_\_\_\_\_

HISPANIC  Yes  No BILINGUAL STAFF / INTERPRETER NEEDED  Yes  No

**COMPLETE AT EACH VISIT**

3. VISIT DATE \_\_\_\_\_ - 20\_\_

8. PURPOSE OF VISIT (Check One)  
 1-Initial Medical Exam  2-Annual Medical Exam  3-Method Check/Maintenance  4-Counseling  5-Pregnancy Test  6-Medical Problem/Follow-up

5. ASSIGNED CHARGE CATEGORY (Check One)  
 01 - No Charge  02 - Title XIX (Medicaid)  03 - Title XIX (Medicaid Managed Care)  04 - Private Insurance  05 - Full Fee (100% of Scale)  06 - Partial Fee  07 - Other  08 - Title XIX (Medicaid 24 Mo. Ext.) and Last Preg. Ended  09 - Family Planning Benefit Program  10 - Family Planning Benefit Program

5A. IF PRIVATE INSURANCE, IS PRIMARY CARE COVERED?  
 Yes  No

9. CONTRACEPTIVE METHODS (Two May Be Coded)  
02 - Oral 18 - Vaginal Ring 19 - Sponge  
21 - Oral - Extend. Cycle 04 - Diaphragm 20 - Abstinence  
14 - Hormonal Inj. - 3 mo. 05- Condom 13 - Cervical cap  
16 - Hormonal Inj. - 1 mo. 06 - Spermicide 15. Female Condom  
11 - Implant 08 - NFP / FAM 01. Sterilization  
03 - IUD 09. Other  
17 - Hormonal Patch 10. None  
Prior to \_\_\_\_\_ After \_\_\_\_\_  
A. This Visit \_\_\_\_\_ B. This Visit \_\_\_\_\_

9C. IF NONE, GIVE REASON:  
 1 - Pregnancy  2 - Infertility  3 - Seeking Pregnancy  4 - Other Medical Reasons  5 - Relying on Female Method  6 - Other  7 - Not Sexually Active  8 - Vasectomy  9 - Condom  10 - Relying on Male Method:

10. REFERRED FOR NON-FAMILY PLANNING SERVICES (Check All Applicable)  
 1 - Pregnancy  2 - Sterilization  3 - Infertility  4 - Medical Problem/Follow-up  5 - CBE F/U  6 - Primary Care  9 - Other

11F. PROVIDER OF MEDICAL SERVICES (Check All Applicable)  
 1 - Physician  2 - PA / NP / CNM  3 - Other Clinician  4 - Non-Clinician

12B. PROVIDER OF COUNSELING SERVICES (Check All Applicable)  
 1 - Physician  2 - PA / NP / CNM  3 - Other Clinician  4 - Non-Clinician

VISIT CODES \_\_\_\_\_ OTHER INS. \_\_\_\_\_  
NEXT EXAM DATE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

11A. MEDICAL SERVICES PROVIDED (Check All Applicable)

Exam Procedures	Lab Services
<input type="checkbox"/> 01-Procedures 2 thru 10	<input type="checkbox"/> 11-Vaginitis Rx
<input type="checkbox"/> 02-Pap Smear	<input type="checkbox"/> 21-UTI Treatment
<input type="checkbox"/> 03-Blood Pressure	<input type="checkbox"/> 23-Method Initiation
<input type="checkbox"/> 04-Hgt./Wgt.	<input type="checkbox"/> 46-Method Cessation
<input type="checkbox"/> 05-Thyroid Palp.	<input type="checkbox"/> 27-Colposcopy
<input type="checkbox"/> 06-Heart/Lung Ausc.	<input type="checkbox"/> 47-Cryosurgery
<input type="checkbox"/> 07-Breast Exam	<input type="checkbox"/> 29-Postpartum Check
<input type="checkbox"/> 08-Abdominal Palp.	<input type="checkbox"/> 30-Other Medical
<input type="checkbox"/> 09-Extremities	<input type="checkbox"/> 48-Emergency Contraception
<input type="checkbox"/> 10-Bimanual Pelvic	<input type="checkbox"/> 49-HPV Vaccine
	<input type="checkbox"/> 31-Hgb / Hct
	<input type="checkbox"/> 32-Urine Dipstick
	<input type="checkbox"/> 33-Urinalysis
	<input type="checkbox"/> 34-Urine Culture
	<input type="checkbox"/> 35-Repeat Pap Smear
	<input type="checkbox"/> 38-Wet Mount/ Gram Stain
	<input type="checkbox"/> 40-Rubella Screen
	<input type="checkbox"/> 42-Sickle Cell Screen
	<input type="checkbox"/> 44-Other Lab

12A. COUNSELING SERVICES PROVIDED (Check All Applicable)

<input type="checkbox"/> 01-Contraceptive	<input type="checkbox"/> 06-WIC	<input type="checkbox"/> 12 - Breast Self Exam
<input type="checkbox"/> 02-Sterilization	<input type="checkbox"/> 09-STD	<input type="checkbox"/> 07 - Other
<input type="checkbox"/> 03-Infertility	<input type="checkbox"/> 10-Preconception	
<input type="checkbox"/> 04-Nutrition	<input type="checkbox"/> 11-Abstinence/ Abstinence Skills	
<input type="checkbox"/> 05-Pregnancy		

11B. PREGNANCY TEST  
 1 - Negative  2 - Positive  
IF POSITIVE, WAS PREGNANCY  
 1 - Desired Now  2 - Desired Sooner  3 - Desired Later  
 4 - Not Desired  5 - Unknown

11C. STD SERVICES (Check All Applicable)

<input type="checkbox"/> 01 - Gonorrhea Test	<input type="checkbox"/> 02 - Gonorrhea Treatment
<input type="checkbox"/> 03 - Syphilis Test	<input type="checkbox"/> 04 - Syphilis Treatment
<input type="checkbox"/> 05 - Herpes Diagnosis	<input type="checkbox"/> 06 - Herpes Treatment
<input type="checkbox"/> 07 - HPV Diagnosis	<input type="checkbox"/> 08 - HPV Treatment
<input type="checkbox"/> 09 - Chlamydia Test	<input type="checkbox"/> 10 - Chlamydia Treatment

11E. HIV COUNSELING AND TESTING

1. Pretest Counseling	<input type="checkbox"/> 1 - Yes	<input type="checkbox"/> 2 - No
2. HIV Test	<input type="checkbox"/> 1 - Yes	<input type="checkbox"/> 2 - No
3. HIV Test Result	<input type="checkbox"/> 1 - Positive	<input type="checkbox"/> 2 - Neg. /Inconcl.
4. Post Test Counseling	<input type="checkbox"/> 1 - Yes	<input type="checkbox"/> 2 - No

AGENCY USE					
Clinic		Project		State	
a.				d.	
b.				e.	
c.				f.	

## Attachment 1.3

## **Breast Cancer Screening for Women below the Age of 40 and Use of Magnetic Resonance Imaging in the NYS Cancer Services Program**

March 2009

This document provides the criteria by which women under age 40 will be eligible for breast cancer screening and/or diagnostic evaluation in the Cancer Services Program (CSP). It also provides the CSP policy regarding use of Magnetic Resonance Imaging (MRI) for breast cancer screening.

As per previous communications, beginning April 1, 2009, women under age 40 will no longer be eligible for breast cancer screening through the CSP, with the exception of women in that age group who are at high risk for breast cancer or with clinically significant findings for breast cancer. The CSP criteria and implementation of evaluation of high risk is consistent with the National Cancer Institute that recommends that women who are at higher than average risk for breast cancer talk with a health care provider about whether to have breast cancer screening before the age of 40.<sup>1</sup> The decision to screen for breast cancer should be based on an informed decision-making process between a woman and her clinician.

### **Evaluation**

There are multiple factors that determine a woman's risk for breast cancer, including, but not limited to, a personal and/or family history of breast, ovarian and other cancers, the age at which the person(s) was diagnosed with the particular cancer, or a history of chest irradiation for treatment of lymphoma during adolescence or young adulthood. These individuals are considered to have an "undetermined" risk for breast cancer and should be referred to an appropriate health care provider for a full risk assessment which can include an evaluation of the lifetime risk of breast cancer using one of several clinically recognized risk assessment tools.<sup>2,3</sup> Where appropriate (e.g. for women with strong family histories of breast, ovarian or other cancers), individuals can be referred for zero-based sliding fee scale genetic counseling for risk assessment ([http://www.nyhealth.gov/diseases/cancer/genetics/genetic\\_counselors.htm](http://www.nyhealth.gov/diseases/cancer/genetics/genetic_counselors.htm)). It is not the role of CSP partnership staff to provide clinical risk assessments.

Women younger than the age of 40 who meet CSP financial eligibility and present to a CSP partnership with a concern of being at high risk for breast cancer should undergo risk assessment by a NYS-licensed health care provider before being referred for breast cancer screening services. The CSP will reimburse for the appropriate breast cancer screening services (screening mammography and/or CBE) and any necessary CSP-reimbursable diagnostic services for individuals under the age of 40 when one or more

of the following criteria are met and screening has been recommended and documented by a NYS-licensed health care provider on a *Provider Attestation of Client Eligibility for Women less than 40 years of Age* form:

### **High Risk for Breast Cancer Criteria**

- A woman of any age is determined to have a 5-year risk of invasive breast cancer greater than or equal to 1.7%, or a woman age 35 or older with a lifetime risk greater than or equal to 20% (as determined by a clinically recognized risk assessment tool).<sup>2,3</sup>
- A woman is determined to have a known genetic predisposition for breast cancer by genetic testing (e.g. *BRCA 1* or *2* mutation)
- A woman has a personal history of breast cancer (and is not in active treatment)
- A woman has a personal history of receiving thoracic (chest) irradiation in her teens or 20s.

Please note that mammography may not always be indicated for women younger than age 35 who meet one or more of the high risk criteria on a risk assessment. Clinically accepted guidelines through the National Comprehensive Cancer Network (NCCN)<sup>4</sup> should be utilized when determining whether breast cancer screening is necessary in younger women. These high risk criteria have been adapted from those identified by the NCCN.<sup>4</sup> Providers are strongly encouraged to review these guidelines when determining risk for breast cancer.

### **Clinically Significant Findings Criteria**

Women younger than the age of 40 presenting with a self-reported symptom concerning breast cancer should undergo an evaluation with a NYS-licensed health care provider. The CSP will not reimburse for CBE in 18-39 year old individuals with self-reported symptoms. The CSP will reimburse for diagnostic evaluation of one or more of the following clinically significant findings after such a finding has been evaluated by a NYS-licensed health care provider who determines whether diagnostic evaluation is necessary and that provider documents the request on a *Provider Attestation of Client Eligibility for Women less than 40 Years of Age* form (see below). The following clinically significant findings have been identified by the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the NCCN<sup>4</sup>:

- Discrete, dominant mass in breast

- Spontaneous nipple discharge without a discrete, dominant mass in breast
- Asymmetric thickening or nodularity
- Skin or nipple changes

The following diagnostic services, where appropriate, are reimbursable through the CSP: diagnostic ultrasound, breast fluid cytology, diagnostic mammography and/or referral for surgical consultation and biopsy if necessary.

### **Reimbursement of Magnetic Resonance Imaging (MRI) as an Adjunct Screening Tool in Women at High Risk for Breast Cancer (women of all ages)**

The CSP acknowledges recent literature regarding the use of MRI as an adjunct screening tool in women at high risk for breast cancer.<sup>5</sup> The level of evidence for these recommendations, however, is based on nonrandomized screening trials, observational studies and expert opinion. In 2005, the NBCCEDP released a white paper on technologies for the early detection of breast cancer.<sup>6</sup> At that time it was recommended that MRI not be reimbursed as a screening examination for women of any age at either high or average risk for breast cancer. The rationale for this decision was based on concerns about program operations, accuracy, reproducibility and access. The NBCCEDP has not changed its position on this topic since that time.

Additionally, in 2007 a Hayes technology review looked at MRI for breast cancer screening in women at high risk.<sup>7</sup> Although moderate evidence was found to suggest that MRI was more sensitive than mammography for the detection of breast cancers, there was a lack of randomized trials found comparing mammography screening programs with programs that combine mammography with MRI. Based on this evidence, or lack thereof, the relative impact of MRI on the breast cancer mortality of high risk women is currently unknown. Therefore, the CSP does not reimburse for the use of MRI as an adjunct screening tool in women at high risk for breast cancer.

#### References:

1. National Cancer Institute (2006) Estimating Breast Cancer Risk: Questions and Answers. Accessed 12/23/08 at <http://www.cancer.gov/cancertopics/factsheet/estimating-breast-cancer-risk>
2. National Cancer Institute(NCI). Breast Cancer Risk Assessment Tool. <http://www.cancer.gov/bcrisktool/>  
 NCI CARE Model: BCRA Tool for African American Women (2007) <http://dceg.cancer.gov/tools/riskassessment/care>  
 Wolfson Institute of Preventive Medicine. IBIS Breast Cancer Risk Evaluation Tool <http://www.ems-trials.org/riskevaluator/>  
 University of Texas Southwestern Medical Center (2009) <http://www8.utsouthwestern.edu/utsw/cda/dept47829/files/65844.html>  
 BayesMendel Laboratory. BRCAPro (2009) <http://astor.som.jhmi.edu/BayesMendel/brcapro.html>  
 University of Cambridge, BOADICEA (2006) [http://www.srl.cam.ac.uk/genepi/boadicea/boadicea\\_home.html](http://www.srl.cam.ac.uk/genepi/boadicea/boadicea_home.html)

3. Saslow D. et al (2007). Online Supplemental Material to American Cancer Society Guidelines for Breast Screening with MRI as an Adjunct to Mammography. *CA: A Cancer Journal for Clinicians*: 57(2). Accessed 1/27/09 at <http://caonline.amcancersoc.org/cgi/data/57/2/75/DC1/1>
4. National Comprehensive Cancer Network, Inc. (2008) Practice Guidelines in Oncology: Breast Cancer Screening and Diagnosis. Accessed 12/14/08 at [http://www.nccn.org/professionals/physician\\_gls/PDF/breast-screening.pdf](http://www.nccn.org/professionals/physician_gls/PDF/breast-screening.pdf)
5. Saslow D. et al (2007). American Cancer Society Guidelines for Breast Screening with MRI as an Adjunct to Mammography. *CA: A Cancer Journal for Clinicians*: 57(2). Accessed 1/29/09 at <http://caonline.amcancersoc.org/cgi/reprint/57/2/75>
6. Management Solutions for Health, Inc. (2005). NBCCEDP Breast Cancer Expert Panel: White Paper on Technologies for the Early Detection of Breast Cancer. Accessed 1/29/09 at <http://www.hhs.state.ne.us/womenshealth/docs/BCEPWhitePaper.pdf>
7. Hayes (2007). Magnetic Resonance Imaging for Breast Cancer Screening in Women at High Risk. Hayes Directory. Available with access at [www.hayesinc.com](http://www.hayesinc.com)

Cancer Services Program Partnership  
**Provider Attestation of Client Eligibility for Women less than 40 Years  
of Age**

\_\_\_\_\_  
(Print name of provider and CSP designated site code)

And

\_\_\_\_\_  
(Print name of CSP Partnership)

Print Client Name: \_\_\_\_\_

CSP client #: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

High Risk for Breast Cancer

I have performed a clinically recognized risk assessment for the above named client and it is my clinical judgment that this client meets the criteria outlined in the New York State Department of Health Cancer Services Program (CSP) Operations Manual for breast cancer screening for high risk women less than 40 years of age.

OR

Clinically Significant Finding(s) for Breast Cancer

I have performed a clinical breast exam on the above named client and have determined that she meets the criteria outlined in the New York State Department of Health Cancer Services Program (CSP) Operations Manual for clinically significant finding(s) of breast cancer in women less than 40 years of age.

\_\_\_\_\_  
Provider Signature and Date

## Attachment 1.4

## **Attachment 1.4**

### **Region II Infertility Prevention Project**

The Family Planning Program receives annual funding from the Centers for Disease Control for Chlamydia screening within family planning programs through participation in the Region II Infertility Prevention Project. The purpose of this national initiative is to decrease the prevalence of Chlamydia infection, a leading cause of infertility. As a condition of this funding, the New York State Department of Health (DOH) is required to submit data containing core elements to the Region II data contractor for transmission to CDC. Data reports are due electronically on a quarterly basis. Approximately, \$327,196 in additional funding is available through this RFA to support up to fifteen eligible applicants who are qualified to participate in this initiative.

#### **The eligibility criteria for participation are:**

- Agencies are in adherence with Region II and CDC screening criteria, which require testing of all women under age 26 attending the clinic for an initial or annual visit, as well as screening of older women with risk factors (e.g., those who have a new sex partner and those with multiple sex partners).
- A minimum annual volume of 2,500 tests across all participating clinics
- A minimum prevalence rate of 3% among eligible clients tested
- Geographic representation of NYS Bureau of Maternal and Child Health-funded family planning agencies
- Ability to provide electronic data on all tests performed annually and meet all other reporting deliverables listed below

#### **The deliverables for the initiative are:**

- Submission of electronic data each quarter to the Family Planning data vendor within 30 days of the end of the calendar quarter to qualify for reimbursement
- Electronic data must continue to be submitted even if projected numbers of tests are exceeded prior to end of the reporting period. This will be monitored through reports, which will be prepared by the Family Planning data vendor, detailing quarterly data submissions.
- The data must contain all of the CDC Core Reporting elements (see table on following pages).
- Data submission must meet the following requirements:
  - Must be electronic, and in prescribed format
  - Must be for all tests done at the selected site, regardless of payer source
  - Data must meet minimum data quality standards for completeness of key elements (less than 5% of all records have missing values). The data vendor

will produce quarterly reports, which summarize the percentage of records missing key elements.

Applicants who wish to participate in this initiative should indicate their interest in the Cover sheet of the application (Attachment 2.4a) and will **complete and submit Attachment 2.13** as part of their Component One application.

### **CDC Core Reporting Requirements**

<u>Variable</u>	<u>Position</u>	<u>Type</u>	<u>Code</u>
SITE	1 – 7	N	Clinic Number
PAT	8 – 16	N	Patient Number
STATEFIP	17 – 18	AN	State FIPS Code: 36
CONTYFIP	19 – 21	AN	County FIPS
ZIPCODE	22 – 26	AN	Zip Code – use 99999 for missing, 88888 for homeless, 77777 for out-of-state
HCPT	27 – 28	AN	Provider Type – 1 - Family Planning
HCPID	29 – 43	AN	Health Care Provider ID
DOB	44 – 51	N	Patients Date of Birth – yyyy/mm/dd
AGE	52 – 53	N	Patient Age
SEX	54 – 54	AN	Sex 1 – Male 2 – Female 9 - Unknown
AMIND	55 – 55	AN	American Indian or Alaskan Native 1 – Yes 0 – No
ASIAN	56 – 56	AN	Asian 1 – Yes 0 – No
BLACK	57 – 57	AN	Black or African American 1 – Yes 0 – No
NAHAW	58 – 58	AN	Native Hawaiian or Other Pacific Islander 1 – Yes 0 – No
WHITE	59 – 59	AN	White 1 – Yes 0 – No

ORACE	60 – 60	AN	Other 1 – Yes 0 – No
RACE_R			Client refused to report race 1 – Yes 0 – No
RACE_U			Unknown/client could not specify 1 – Yes 0 – No
HISPANIC	62 – 62	AN	Ethnicity 1 - Hispanic or Latino 2 – Not Hispanic or Latino 3 – Unknown/Not reported
REASON	63 – 63	AN	Reason for Test – use other than 7 as available 01 - Routine Exam 02 - Symptoms/Signs' 03 – Contact to STD 04 - Screening Test 05 – Pregnancy Test 06 – Prenatal 07 – Contraceptive Services 08 – Test of Cure 09 - Other
CHLTEST	64 – 64	AN	Tested for Chlamydia 1 – Yes 2 – No
GONTEST	65 – 65	AN	Tested for Gonorrhea 1 – Yes 2 – No
DATECOL	66 – 73	N	Date Specimen Collected - mm/dd/yyyy
CTTSTTYP	74 – 75	AN	Chlamydia laboratory test type 1 – Gen-Probe APTIMA Combo 2 CT/GC 2 – BDProbeTec CT/GC 3 – Roche Amplicor CT/GC 4 – Gen-Probe APTIMA CT (single) 5 – Roche Amplicor CT (single) 6 – Digene Hybrid Capture 2 CT/GC DNA 7 – Gen-Probe APTIMA Ct (single) 8 – Roche AMPLICOR Ct (single) 9 – Roche COBAS Amplicor CT (single) 10 – Gen-Probe PACE 2 CT (single) 11 – Enzyme Immunoassay (EIA) 12 – Direct Floresecent Assay (DFA) 13 – Culture 88-Other 99-Unknown
GCTSTTYP			Gonorrhea laboratory test type 1 – Gen-Probe APTIMA Combo 2 CT/GC 2 – BDProbeTec CT/GC 3 – Roche Amplicor CT/GC 4 – Gen-Probe APTIMA CT (single)

			5 – Roche Amplicor CT (single) 6 – Digene Hybrid Capture 2 CT/GC DNA 7 – Gen-Probe APTIMA Ct (single) 8 – Roche AMPLICOR Ct (single) 9 – Roche COBAS Amplicor CT (single) 10 – Gen-Probe PACE 2 CT (single) 11 – Enzyme Immunoassay (EIA) 12 – Direct Floresecent Assay (DFA) 13 – Culture 88-Other 99-Unknown
TESTRSLT	76 – 76	AN	Chlamydia Test Result 1 – Negative 2 – Positive 3 – Indeterminate/Suspicious 4 – Unsatisfactory Sample 9 - Unknown
GCRESLT	77 – 77	AN	Gonorrhea Test Result 1 – Negative 2 – Positive 3 – Indeterminate/Suspicious 4 – Unsatisfactory Sample 9 - Unknown
DATERCV	78 – 85	N	Date of laboratory test - mm/dd/yyyy
SPECTYPE	86 – 86	AN	Specimen Type 1 – Endocervix 2 – Urethra 3 – Urine 4 – Rectum 5 – Other 6 – Vagina 7 – Oropharynx 99 - Unknown
RISKHIST	87 – 88	AN	Risk History 1 – Multiple Partners last 90 days 2 – New Partner last 90 days 3 – STD in last year 4 – Other
PREGNANT	89 – 89	AN	Pregnant at Time of Visit 1 – Yes 2 – No 3 – Unknown
TREATED	90 – 90	AN	Presumptively Treated at Time of Visit 1 – Yes 2 – No 3 – Unknown
CLINFIND	91 – 92	AN	Clinical Signs and Symptoms 1 – Friable Cervix 2 – Mucopurulence 3 – Cervical Motion Tenderness 4 – Pelvic Inflammatory Disease

			5 – Cervicitis 6 – Urethritis 7 – Ectopy 8 – Other 9 - None
CLIA #	93 – 104	AN	CLIA # (Clinical Laboratory ID)

## Attachment 1.5

## **Attachment 1.5**

### **Family Planning Program HPV Award Guidance Questions and Answers**

#### **1. Do we need to provide the vaccine to all patients at all sites?**

Due to the limited grant funding for this initiative and the high cost of the vaccine, it is not required that family planning programs provide the vaccine to all patients at all sites.

#### **2. Can grant funds be used for Medicaid patients?**

The purpose of the funding is to provide HPV vaccine to **uninsured and underinsured** clients. HPV grant funds can be used to provide vaccine to clients in the Family Planning Extension (FPEP) and Family Planning Benefit (FPBP) waiver programs, since HPV was not approved by the federal Medicaid agency as part of the benefit package for the waiver programs. However, funds cannot be used to provide vaccinations for non waiver Medicaid clients because the cost of the vaccine and vaccine administration is covered by Medicaid or Vaccines for Children (VFC) depending on the age of the client. (See Question 3)

#### **3. Can grant funds be used for clients under 19 years old?**

Grant funds must not be used to provide vaccines to clients under 19 years old. Vaccine for these clients should be obtained through the New York State Vaccines for Children Program (VFC). The VFC Program was designed to improve vaccination coverage levels by providing vaccines at no cost to VFC-eligible children through public and private providers enrolled in the program. The VFC Program allows the government to buy vaccines at a discount and distribute them to states, which then distribute them to private physicians' offices and public clinics to give to children who meet the eligibility requirements. Uninsured and underinsured children are eligible under the VFC program. Grant funds can be charged for an administrative fee for providing the vaccine to clients under 19. (See Question 4)

Information about the VFC Program has been provided to all FP grantees, and all family planning programs should now be enrolled in the VFC Program. For additional information regarding the VFC program call 518-474-4578.

#### **4. Can we charge a vaccine administration fee using the grant funding?**

Yes, a vaccine administration fee of \$18 can be charged for uninsured and underinsured clients, including clients under 19 years old. An additional visit fee cannot be charged to the HPV funding. A visit fee can be charged to the family planning grant if the client is also seen for reproductive health care.

#### **5. What can be purchased with the HPV program funds included in the 2009 Family Planning (FP) budget?**

Due to the limited funding, family planning programs should use this funding for purchase of vaccine and for administration fees. Funding can be used for other expenses directly related to the provision of these services, for example, the purchase of a refrigerator to store vaccine. A limited amount of funding can be used to support outreach related to the availability of HPV vaccination.

#### **6. What happens if we run out of funding before we complete the series of vaccines with a client?**

Providers should try to ensure that if they initiate HPV vaccine for a client, there is sufficient funding available to complete the vaccine series.

#### **7. Are other insurances covering the vaccine?**

Most large group insurance plans cover the cost of recommended vaccines. Unless it is clear that the client's policy does not cover the vaccine, third party insurance should be billed. If the patient's insurance denies coverage for the HPV vaccine claim because it is not a covered benefit, HPV grant funds can be used to cover the expenses. If the patient's insurance provides partial coverage, HPV grant funds may be used to cover the balance. HPV grant funds should not be used to cover vaccines when there is an insurance denial related to issues other than coverage (e.g. completeness of claim).

#### **8. What happens when our HPV grant funding is exhausted?**

HPV grant funding is not available in amounts sufficient to vaccinate all uninsured or under insured women ages 19 to 26. Therefore it is important to document the total vaccine commitment as women are vaccinated so as to assure all women vaccinated can receive all three doses. Once HPV grant funding is exhausted, providers should explore the uses of other funding sources.

Patients who are not otherwise covered under any insurance or program can be referred to the Merck's patient assistance program, if they are 19 or older. The application can be downloaded from Merck's web site at [www.merck.com](http://www.merck.com).

**9. Do we have to obtain any approvals before we start to administer the vaccine?**

No approvals are required to administer the vaccine. However, it is required that a written policy and procedure be in place, and that staff are trained regarding the administration of the vaccine. Administration of the vaccine should also be included in the provider's quality improvement program.

**10. Do we have to add the HPV vaccine to our sliding fee scale even though the vaccine is not considered to be a FP service?**

No, the vaccine should not be added the sliding fee scale.

**11. What do we submit on the CVR when the patient receives the HPV vaccine as part of an initial or annual visit? How do we code it for the 2<sup>nd</sup> and 3<sup>rd</sup> doses?**

On the CVR, code the vaccine as (49) "HPV Vaccine" in (11A) "Medical Services Provided." When it is administered during a visit other than an initial or annual, the "Visit Type" would be "Medical Problem/Follow-up."

**12. Is a routine pregnancy test recommended before giving the vaccine?**

No, it is not necessary to routinely test for pregnancy. Each patient should be assessed to determine if there is a need to complete a pregnancy test prior to vaccinating.

**13. How do we handle a college student or another patient who has already received the 1<sup>st</sup> and/or 2<sup>nd</sup> doses and requests the subsequent dose(s) from our clinic, especially if they are not an established patient?**

If they are not an established Family Planning client and do not have any interest in becoming one, the program can elect to provide the vaccine. If the program elects to provide the vaccine to the patient, the client's immunization record should be requested to determine when the client received their last dose of vaccine in order to determine their next scheduled dose.

**14. Are there any special voucher requirements when submitting the HPV vaccine voucher to the fiscal unit?**

The HPV Vaccine award is to be lined out separately on the BSROE similar to the HIV Rapid Testing Award.

## Attachment 1.6

## Attachment 1.6

### Family Planning Program Emergency Contraception (EC) Award Guidance Questions and Answers

#### 1. What is the purpose of the Emergency Contraception Award?

Funding has been appropriated in the SFY 2009 NYS budget for services and expenses for statewide Emergency Contraception (EC) outreach and education, training and assistance. The purpose of this funding is to promote the use and safety of EC as an effective method to prevent pregnancy when other methods have not been used or have failed.

#### 2. What can be purchased with the Emergency Contraception program funds included in the Family Planning (FP) Budget?

Funds should be used to purchase Emergency Contraception (EC) which should be offered to clients at no charge. Funds may also be used to support EC outreach and education activities to increase awareness of the use and availability of EC.

#### 3. What kinds of expenses are acceptable for Emergency Contraception outreach and education?

Expenses may include the production/purchase of Emergency Contraception (EC) educational materials, peer education programs and media campaigns. A portion of the award (30% or less) may be used for appropriate personal service related to Outreach and Education (O&E) efforts.

Promotional items for O&E may be purchased. Such nominal cost items as EC carrying cases, pens, and key chains are examples of acceptable purchases. Monetary incentives such as gift cards or gas vouchers will not be approved.

#### 4. Can funds be used to support clinical and administrative staff costs associated with the dispensing of Emergency Contraception?

Provision of EC is a component of routine comprehensive reproductive health care services, which is funded by the main FP grant award. **Requests for additional funds for clinical or administrative staffing from the EC Award will not be considered.**

#### 5. Is it necessary to keep a record of the recipients of free Emergency Contraception related to this funding?

Yes, the Family Planning Program requires that you collect this data. First, you must check the patient's chart or ID to ensure that she is at least 17 years old. If the EC is being distributed during a Family Planning visit, you will document this in the patient's chart and on the CVR. If EC is being distributed without a Family Planning visit, you must record the date, patient name, and how many packs of EC were distributed.

**6. Does a client have to have a Family Planning visit in order to receive free EC?**

No, a client is not required to have a family planning visit to receive free EC. However, the distribution of free EC provides an excellent opportunity to encourage the client to participate in ongoing family planning services and to obtain an effective contraception method during a FP visit.

**7. Can EC be distributed at health fairs or when other outreach and education programs are conducted?**

It is recommended that EC be distributed in confidential, secure settings with appropriate interaction between educators and clients. This would include age verification, distribution of educational materials, and encouragement about the advisability of clinic appointments for ongoing family planning services including effective contraceptive methods.

**8. Are income and insurance coverage verification required?**

EC purchased with grant funds from the NYSDOH should be distributed free of charge with no income or insurance coverage verification required. A client should be screened for income and insurance coverage at a follow-up family planning appointment.

Attachment 2.1a

**ATTACHMENT 2.1a: FAMILY PLANNING  
SERVICE AREAS (FPSA)**

<b>FPSA Code</b>	<b>County</b>	<b>ZIP Code(s) (If Applicable)</b>	<b>Minimum Client Volume</b>	<b>Max Award</b>
<b>REGION 1</b>				
<b>1-1</b>	<b>Allegany</b>	N/A	750	\$165,000
<b>1-2</b>	<b>Cattaraugus</b>	N/A	1,400	\$275,000
<b>1-3</b>	<b>Chautauqua</b>	N/A	3,000	\$575,000
<b>1-4</b>	<b>Erie</b>	N/A	2,500	\$500,000
<b>1-5</b>	<b>Erie</b>	N/A	3,800	\$760,000
<b>1-6</b>	<b>Livingston</b>	N/A	1,800	\$350,000
<b>1-7</b>	<b>Monroe</b>	N/A	1,500	\$250,000
<b>1-8</b>	<b>Monroe</b>	N/A	1,250	\$250,000
<b>1-9</b>	<b>Orleans</b>	N/A	750	\$150,000
<b>1-10</b>	<b>Onondaga</b>		6,400	\$1,275,000
	Onondaga	13212		
	Onondaga	13204		
	Onondaga	13202		
<b>1-11</b>	<b>Wyoming</b>	N/A	1,000	\$165,000

<b>1-12</b>	<b>Multi-County</b>		10,500	\$1,750,000
	Erie	14214		
	Erie	14224		
	Niagara	N/A		
<b>1-13</b>	<b>Multi-County</b>		15,500	\$2,500,000
	Monroe	14626		
	Monroe	14605		
	Ontario	N/A		
	Onondaga	13210		
	Genesee	N/A		
<b>1-14</b>	<b>Multi-County</b>		1,800	\$275,000
	Yates	N/A		
	Steuben	N/A		
	Ontario	N/A		
	Cayuga	N/A		
	Wayne	N/A		
<b>1-15</b>	<b>Multi-County</b>		2,000	\$450,000
	Cayuga	N/A		
	Seneca	N/A		
	Wayne	N/A		
<b>REGION 2</b>				
<b>2-1</b>	<b>Hamilton</b>	N/A	250	\$50,000
<b>2-2</b>	<b>Oswego</b>	N/A	3,000	\$585,000
<b>2-3</b>	<b>Multi-County</b>		13,000	\$1,800,000
	Jefferson	N/A		
	St. Lawrence	N/A		
	Lewis	N/A		
	Franklin	N/A		
	Clinton	N/A		

<b>2-4</b>	<b>Multi-County</b>		23,500	\$2,800,000
	Warren	N/A		
	Saratoga	N/A		
	Schenectady	N/A		
	Essex	N/A		
	Montgomery	N/A		
	Oneida	N/A		
	Herkimer	N/A		
	Washington	N/A		
	Schoharie	N/A		
	Fulton	N/A		

<b>REGION 3</b>				
<b>3-1</b>	<b>Cortland</b>	N/A	2,000	\$370,000
<b>3-2</b>	<b>Greene</b>	N/A	1,000	\$165,000
<b>3-3</b>	<b>Tioga</b>	N/A	1,000	\$250,000
<b>3-4</b>	<b>Multi-County</b>		9,000	\$1,150,000
	Broome	N/A		
	Chenango	N/A		
	Otsego	N/A		
	Delaware	N/A		
<b>3-5</b>	<b>Multi-County</b>		10,000	\$1,000,000
	Albany	N/A		
	Rensselaer	N/A		
	Columbia	N/A		
<b>3-6</b>	<b>Multi-County</b>		11,500	\$1,200,000
	Tompkins	N/A		
	Schuyler	N/A		
	Steuben	N/A		

	Chemung	N/A		
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<b>REGION 4</b>				
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<b>4-1</b>	<b>Westchester</b>	N/A	1,000	\$100,000
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<b>4-2</b>	<b>Nassau</b>		8,000	\$825,000
	Nassau	11554		
	Nassau	11003		
	Nassau	11520		
	Nassau	11550		
	Nassau	11003		

<b>4-3</b>	<b>Nassau</b>		12,000	\$1,130,000
	Nassau	11550		
	Nassau	11542		
	Nassau	11758		

<b>4-4</b>	<b>Rockland</b>	N/A	2,000	\$250,000
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<b>4-5</b>	<b>Suffolk</b>		9,500	\$1,190,000
	Suffolk	11701		
	Suffolk	11798		
	Suffolk	11717		
	Suffolk	11901		
	Suffolk	11727		
	Suffolk	11740		
	Suffolk	11968		
	Suffolk	11772		
	Suffolk	11967		

<b>4-6</b>	<b>Multi-County</b>		2,900	\$210,000
	Westchester	10566		
	Dutchess	12508		
	Dutchess	12601		

<b>4-7</b>	<b>Multi-County</b>		33,500	\$3,900,000
	Westchester	10607		
	Westchester	10701		
	Putnam	N/A		
	Westchester	10550		
	Westchester	10801		
	Suffolk	11772		
	Suffolk	11743		
	Suffolk	11795		
	Suffolk	11901		
	Suffolk	11930		
	Suffolk	11787		
	Rockland	10977		
<b>4-8</b>	<b>Multi-County</b>		15,500	\$1,900,000
	Dutchess	N/A		
	Orange	N/A		
	Sullivan	N/A		
	Ulster	N/A		
<b>REGION 5</b>				
<b>5-1</b>	<b>Bronx</b>		6,000	\$560,000
	Bronx	10453		
	Bronx	10454		
<b>5-2</b>	<b>Bronx</b>		3,500	\$180,000
	Bronx	10467		
<b>5-3</b>	<b>Bronx</b>		4,000	\$600,000
	Bronx	10461		
<b>5-4</b>	<b>Brooklyn</b>		7,500	\$610,000
	Kings	11203		
<b>5-5</b>	<b>Manhattan</b>			\$660,000

			4,500	
	New York	10029		

<b>5-6</b>	<b>Manhattan</b>		7,000	\$620,000
	New York	10128		
<b>5-7</b>	<b>Manhattan</b>		12,500	\$1,550,000
	New York	10032		
<b>5-8</b>	<b>Manhattan</b>		5,000	\$250,000
	New York	10002		
<b>5-9</b>	<b>Manhattan</b>		4,500	\$645,000
	New York	10037		
<b>5-10</b>	<b>Manhattan</b>		2,700	\$545,000
	New York	10013		
<b>5-11</b>	<b>Staten Island</b>		2,500	\$240,000
	Richmond	10309		
	Richmond	10305		
	Richmond	10301		
<b>5-12</b>	<b>Queens</b>		1,350	\$255,000
	Queens	11040		
<b>5-13</b>	<b>Queens</b>		1,500	\$300,000
	Queens	11434		
<b>5-14</b>	<b>Multi-boro</b>		2,200	\$450,000
	New York	10026		
	Bronx	10460		

<b>5-15</b>	<b>Multi-boro</b>		12,000	\$2,700,000
	New York	10002		
	New York	10032		
	Queens	11106		
	Kings	11225		
	New York	10026		
	Queens	11435		
	Kings	11208		
	Kings	11206		
	Bronx	10459		
<b>5-16</b>	<b>Multi-boro</b>		10,500	\$2,700,000
	Kings	11233		
	Kings	11221		
	Kings	11201		
	Queens	11106		
	Queens	11432		
	Bronx	10457		
<b>5-17</b>	<b>Multi-boro</b>		29,000	\$2,100,000
	Bronx	10451		
	Kings	11201		
	New York	10012		
<b>5-18</b>	<b>Multi-boro</b>		5,500	\$365,000
	Kings	11235		
	Kings	11224		
	Kings	11229		
	Richmond	10303		
	Richmond	10304		

Attachment 2.1b

## Attachment 2.1b Component 1 Target ZIP Codes

### High Risk Zip Codes for Upstate and NYC

Risk indicators normally associated with unintended pregnancies and poor socio-economic status were used to rank communities in need of family planning services, as follows:

#### **Vital Statistics Risk Indicator Definitions**

% Low Birth Weight: % of live births with birth weights below 2500 grams

% Out of Wedlock: % of live births occurring out of wedlock

% MA: % of live births with Medicaid as the Primary Financial Coverage

% Late/No Prenatal Care: % of live births where mother obtained no prenatal care or began prenatal care in the third trimester

Infant Mortality Rate: Annual number of deaths under one year of age per 1,000 live births occurring during the year

Birth Rate 15 – 19: Annual number of live births per 1,000 population

Pregnancy Rate 15 – 19: Annual number of teenage pregnancies per 1,000 female population aged 15-19

Attachment 2.1

Age-Specific population, Pregnancy and Birth Counts and Vital Statistics Risk Indicators for Upstate ZipCodes with 100 or More Births in 2004-2006

Zip Code	County	2004 Population		2004-2006 Total Pregnancies		2004-2006 Total Births		Vital Statistics Risk Indicators					Abortion Ratio		Average Decile Rank		
		15-19	15-44	15-19	15-44	15-19	15-44	LBW%	%OOW	%MA	%PNC	Inf Mort Rate	Birth Rate 15-19	Preg Rate 15-19		15-19	15-44
12701	SULLIVAN	496	2677	141	769	80	508	11.2	65.4	63.8	6.9	15.7	53.8	94.8	72.5	45.7	9.4
13202	ONONDAGA	184	1217	119	514	61	293	10.6	76.1	79.9	4.9	17.1	110.5	215.6	93.4	70.3	9.4
14215	ERIE	1536	7700	749	3711	369	1787	13.5	76.6	42.3	6.5	15.1	80.1	162.5	101.6	104.5	9.4
14608	MONROE	455	2255	229	1068	133	614	13.5	83.7	83.8	6.6	16.3	97.4	167.8	68.4	68.7	9.4
14619	MONROE	556	2636	235	1178	112	662	10.6	68.7	60.1	4.6	19.6	67.1	140.9	106.3	75.1	9.4
10550	WESTCHESTER	1278	6689	364	2837	180	1829	11.7	64.5	66.3	8.0	7.7	46.9	94.9	102.2	53.9	9.3
14208	ERIE	657	2237	154	721	80	362	13.0	80.7	47.2	11.0	13.8	40.6	78.1	88.8	96.1	9.3
14211	ERIE	974	4534	420	2196	243	1189	12.7	82.4	45.5	7.0	22.7	83.2	143.7	70.0	82.6	9.3
11575	NASSAU	511	2902	190	1250	110	894	11.0	67.3	61.8	6.2	8.9	71.8	123.9	69.1	34.1	9.2
12202	ALBANY	345	2021	108	778	63	528	9.8	79.4	54.8	6.6	24.6	60.9	104.3	65.1	43.6	9.2
12206	ALBANY	585	3312	220	1239	140	845	11.2	75.7	52.7	6.7	9.5	79.8	125.4	57.1	43.9	9.2
12210	ALBANY	212	2178	77	660	47	435	12.4	71.7	45.9	6.3	20.7	73.9	121.1	63.8	48.7	9.2
13205	ONONDAGA	645	3081	318	1448	211	954	12.5	74.1	70.8	7.2	15.7	109.0	164.3	49.3	47.5	9.2
14611	MONROE	660	3227	348	1542	216	910	13.1	84.9	80.6	5.7	15.4	109.1	175.8	58.8	65.4	9.2
10553	WESTCHESTER	382	2047	71	584	32	397	13.6	59.2	47.8	7.4	15.1	27.9	62.0	121.9	46.9	9.1
13501	ONEIDA	1253	6683	405	2400	242	1665	9.2	58.2	69.4	8.5	15.0	64.4	107.7	63.6	38.9	9.1
13502	ONEIDA	1170	6533	281	1890	124	1222	10.5	51.4	56.6	7.5	9.8	35.3	80.1	118.5	47.9	9.1
14212	ERIE	456	2386	203	960	124	592	14.9	79.9	49.2	5.8	23.6	90.6	148.4	63.7	59.0	9.1
12307	SCHENECTADY	232	1154	141	816	84	483	12.6	76.8	56.4	11.7	6.2	120.7	202.6	65.5	60.2	9.0
14605	MONROE	573	2704	261	1239	164	758	13.1	85.6	86.9	4.5	10.6	95.4	151.8	58.5	62.0	9.0
14613	MONROE	597	3146	255	1295	158	788	11.0	76.9	74.2	3.8	15.2	88.2	142.4	60.1	61.8	9.0
14621	MONROE	1258	5960	644	2912	413	1879	11.3	81.2	79.1	5.7	12.2	109.4	170.6	54.0	52.8	9.0
12754	SULLIVAN	235	1360	57	413	30	282	8.2	58.2	57.9	5.2	10.6	42.6	80.9	90.0	42.9	8.9
14201	ERIE	357	2341	172	969	119	629	9.4	68.7	39.0	7.6	14.3	111.1	160.6	43.7	50.7	8.9
14301	NIAGARA	406	2346	178	836	105	520	12.9	73.7	43.0	4.5	17.3	86.2	146.1	65.7	55.4	8.9
14609	MONROE	1406	7979	497	3172	292	2103	9.7	58.9	54.3	3.5	12.4	69.2	117.8	68.2	48.2	8.9
10601	WESTCHESTER	270	2287	69	627	31	443	8.4	43.6	52.3	5.5	11.3	38.3	85.2	122.6	41.5	8.8
11798	SUFFOLK	660	3299	185	1221	133	926	12.5	64.6	61.5	11.1	9.7	67.2	93.4	34.6	25.3	8.8
12308	SCHENECTADY	399	2796	162	1070	81	665	9.2	55.9	42.9	6.8	6.0	67.7	135.3	95.1	54.6	8.8
12550	ORANGE	2271	12100	543	4098	295	2774	8.7	56.6	53.9	6.1	6.5	43.3	79.7	82.0	45.5	8.8
13203	ONONDAGA	494	3221	147	1048	99	714	11.3	66.8	66.8	6.3	5.6	66.8	99.2	45.5	42.4	8.8
13204	ONONDAGA	726	4193	367	1788	268	1235	11.3	79.4	76.7	6.8	6.5	123.0	168.5	35.1	40.6	8.8
14209	ERIE	187	1387	87	473	43	270	10.0	66.7	36.4	4.6	7.4	76.6	155.1	102.3	71.1	8.8
14606	MONROE	917	5240	299	1746	184	1195	9.4	56.5	53.1	3.7	9.2	66.9	108.7	59.8	43.5	8.8
10701	WESTCHESTER	2176	12486	621	4470	358	3178	9.8	58.4	67.6	8.5	4.4	54.8	95.1	71.8	38.6	8.7
12304	SCHENECTADY	710	3944	192	1353	94	853	8.2	51.6	41.4	5.9	12.9	44.1	90.1	96.8	49.9	8.7
13207	ONONDAGA	550	2670	199	1044	116	706	13.6	62.6	54.5	3.9	5.7	70.3	120.6	66.4	43.8	8.7
13208	ONONDAGA	680	4109	249	1623	182	1178	9.2	67.6	67.5	5.9	13.6	89.2	122.1	35.7	35.1	8.7
14204	ERIE	324	1543	130	677	70	345	13.0	78.8	37.5	3.2	8.7	72.0	133.7	82.9	91.6	8.7
11550	NASSAU	2800	13413	601	4496	343	3213	9.8	65.2	64.0	5.8	7.8	40.8	71.5	67.3	31.0	8.6
12401	ULSTER	1146	6748	270	1970	138	1299	8.4	53.0	45.3	4.0	9.2	40.1	78.5	92.0	48.3	8.6
12839	WASHINGTON	407	2577	121	711	62	499	9.8	49.1	42.3	2.9	14.0	50.8	99.1	88.7	34.5	8.6
14207	ERIE	811	4667	286	1581	182	1039	9.3	70.9	45.9	4.5	7.7	74.8	117.6	54.4	48.8	8.6
14305	NIAGARA	584	3218	232	1083	132	659	10.9	66.0	37.4	4.4	7.6	75.3	132.4	65.9	56.8	8.6
14206	ERIE	631	3767	142	1088	80	739	9.2	57.5	29.6	4.9	10.8	42.3	75.0	76.3	44.8	8.4
14214	ERIE	935	4790	172	1124	74	628	12.7	53.0	33.4	5.2	6.4	26.4	61.3	129.7	75.0	8.4
14218	ERIE	585	3395	142	1007	91	740	11.2	48.1	26.5	7.2	13.5	51.9	80.9	56.0	34.3	8.4
10705	WESTCHESTER	1365	7836	316	2468	207	1899	8.8	53.9	67.2	7.0	6.8	50.5	77.2	51.7	28.5	8.3
13904	BROOME	272	1629	67	471	36	308	8.1	49.0	38.4	4.4	19.5	44.1	82.1	80.6	45.8	8.3
14213	ERIE	1101	6094	345	1951	230	1281	9.7	71.1	42.1	7.1	4.7	69.6	104.5	47.0	49.7	8.3
10940	ORANGE	1911	10574	375	2984	209	2191	8.6	51.4	48.0	5.8	7.8	36.5	65.4	77.0	33.9	8.2
11553	NASSAU	835	4607	175	1684	102	1236	9.9	55.3	56.8	5.3	5.7	40.7	69.9	69.6	27.8	8.2
14048	CHAUTAUQUA	485	2912	121	733	83	541	7.9	53.8	46.6	9.3	9.2	57.0	83.2	38.6	26.8	8.2
12601	DUTCHESS	2247	10817	429	2898	182	1808	7.7	54.0	49.0	5.4	5.0	27.0	63.6	134.1	57.8	8.1
14615	MONROE	458	2958	129	1053	70	712	9.8	55.9	47.4	2.2	5.6	50.9	93.9	81.4	46.1	8.1
10566	WESTCHESTER	823	5094	169	1590	101	1198	8.2	47.4	53.9	6.2	6.7	40.9	68.4	67.3	30.3	8.0
10801	WESTCHESTER	1284	7396	281	2343	129	1723	9.9	41.1	59.1	6.2	3.5	33.5	72.9	117.8	35.5	8.0
12305	SCHENECTADY	462	1798	52	311	19	178	11.8	62.9	54.0	7.2	0.0	13.7	37.5	168.4	68.0	8.0
12779	SULLIVAN	39	233	28	180	20	129	10.1	72.1	75.0	6.3	0.0	170.9	239.3	35.0	31.0	8.0
13783	DELAWARE	81	437	18	123	13	106	13.2	52.8	64.8	6.4	9.4	53.5	74.1	38.5	13.2	8.0
13905	BROOME	685	5650	223	1504	116	957	7.1	48.9	43.4	4.3	5.2	56.4	108.5	84.5	48.6	8.0
11701	SUFFOLK	948	5156	155	1478	98	1140	10.1	50.4	48.4	6.6	7.0	34.5	54.5	54.1	23.2	7.9
12010	MONTGOMERY	971	5248	182	1301	108	966	10.6	49.7	50.4	2.1	8.3	37.1	62.5	66.7	30.4	7.9
12534	COLUMBIA	756	4210	116	920	65	624	8.3	56.4	20.0	4.9	11.2	28.7	51.1	73.8	42.3	7.9
13440	ONEIDA	1390	9643	272	1857	184	1433	9.3	53.1	47.4	4.0	7.7	44.1	65.2	45.1	23.4	7.9
14210	ERIE	554	3171	123	866	71	607	7.2	60.6	29.0	5.0	8.2	42.7	74.0	69.0	40.7	7.9
14551	WAYNE	186	1053	40	240	31	198	9.1	54.0	50.3	5.0	10.1	55.6	71.7	29.0	18.7	7.9
12204	ALBANY	192	1260	32	403	16	293	13.0	44.4	25.8	3.4	10.2	27.8	55.6	100.0	33.1	7.8
12944	ESSEX	140	827	22	189	12	149	10.7	45.6	54.4	2.0	20.1	28.6	52.4	83.3	23.5	7.8
13206	ONONDAGA	475	3302	99	932	65	664	9.3	50.2	45.6	4.8	3.0	45.6	69.5	49.2	36.1	7.8
13308	ONEIDA	190	1247	27	163	15	124	12.1	54.0	51.6	1.6	16.1	26.3	47.4	73.3	29.0	7.8
13901	BROOME	539	3341	156	1064	90	707	7.8	47.8	38.6	4.9	5.7	55.7	96.5	66.7	44.3	7.8
14303	NIAGARA	184	1159	62	392	41	247	6.9	76.9	46.9	7.2	4.0	74.3	112.3	41.5	52.6	7.8
14513	WAYNE	475	2722	96	641	69	499	9.4	53.5	43.4	5.2	6.0	48.4	67.4	39.1	25.5	7.8
14904	CHEMUNG	543	3056	110	807	84											

Upstate

10607	WESTCHESTER	196	1241	53	454	15	315	7.3	35.9	42.1	4.8	3.2	25.5	90.1	253.3	43.5	7.6
10805	WESTCHESTER	533	3366	74	768	33	589	10.0	33.4	43.9	5.8	5.1	20.6	46.3	124.2	29.9	7.6
10927	ROCKLAND	374	2205	110	760	70	593	5.9	64.2	72.1	6.7	5.1	62.4	98.0	42.9	20.4	7.6
11096	NASSAU	308	1625	36	392	18	303	9.2	58.1	58.0	8.2	0.0	19.5	39.0	100.0	27.1	7.6
11722	SUFFOLK	1237	6955	247	2405	185	1987	7.6	54.6	59.9	9.5	7.0	49.9	66.6	32.4	18.0	7.6
12078	FULTON	792	4988	166	1109	116	829	7.7	56.5	53.7	3.5	6.0	48.8	69.9	37.9	27.0	7.6
12167	DELAWARE	79	446	17	127	12	103	9.7	44.7	46.0	3.0	9.7	50.6	71.7	41.7	22.3	7.6
12209	ALBANY	312	1975	70	531	39	392	7.1	49.5	26.9	5.2	5.1	41.7	74.8	79.5	32.1	7.6
12303	ALBANY	1003	5457	148	1493	65	999	8.3	37.3	30.1	4.6	7.0	21.6	49.2	123.1	42.2	7.6
12428	ULSTER	256	2254	74	441	42	320	6.6	54.1	53.5	3.2	3.1	54.7	96.4	71.4	36.3	7.6
13365	HERKIMER	279	1680	60	408	29	316	7.3	44.9	38.1	4.7	12.7	34.6	71.7	100.0	21.2	7.6
14607	MONROE	191	4219	70	747	28	384	8.3	52.6	42.0	0.9	5.2	48.9	122.2	146.4	91.4	7.6
10703	WESTCHESTER	668	4182	111	1152	76	881	8.9	43.2	50.0	4.3	4.5	37.9	55.4	46.1	29.5	7.4
11951	SUFFOLK	535	2871	101	803	61	619	7.6	42.6	35.7	5.4	6.5	38.0	62.9	60.7	24.4	7.4
12414	GREENE	361	2249	60	478	35	338	8.9	51.8	19.9	4.7	5.9	32.3	55.4	62.9	36.4	7.4
12883	ESSEX	165	995	31	195	19	155	4.5	57.4	53.1	2.8	12.9	58.4	62.6	57.9	23.9	7.4
13146	WAYNE	110	531	26	120	19	104	7.7	55.8	43.6	5.2	9.6	57.6	78.8	31.6	14.4	7.4
13166	CAYUGA	232	1241	32	236	22	198	8.6	44.4	45.4	5.2	10.1	31.6	46.0	45.5	17.7	7.4
13662	ST. LAWRENCE	485	3005	88	709	63	564	9.0	48.6	53.1	2.9	7.1	43.3	60.5	31.7	19.3	7.4
14081	ERIE	117	699	25	176	18	139	7.9	57.6	43.2	2.3	7.2	51.3	71.2	33.3	25.2	7.4
14456	ONTARIO	916	4507	121	863	80	681	9.0	48.5	46.6	4.5	8.8	29.1	44.0	47.5	23.2	7.4
10603	WESTCHESTER	515	3197	79	937	39	730	8.4	38.5	39.0	5.5	4.1	25.2	51.1	102.6	27.0	7.3
11706	SUFFOLK	2272	12761	314	3548	222	2919	8.8	46.6	48.8	7.8	7.5	32.6	46.1	39.2	17.0	7.3
12771	ORANGE	581	3267	96	771	62	585	6.7	50.4	43.0	6.3	6.8	35.6	55.1	54.8	30.8	7.3
12801	WARREN	441	3057	107	835	57	558	7.0	51.6	40.0	3.5	1.8	43.1	80.9	71.9	40.5	7.3
13211	ONONDAGA	191	1193	32	294	17	221	5.9	47.1	40.7	3.2	9.0	29.7	55.8	88.2	28.5	7.3
13224	ONONDAGA	328	1667	63	472	35	344	5.8	50.3	45.5	7.0	2.9	35.6	64.0	80.0	34.9	7.3
13655	FRANKLIN	108	589	24	153	15	118	7.6	68.6	63.0	5.1	0.0	46.3	74.1	53.3	23.7	7.3
11003	NASSAU	1328	7865	164	2013	63	1490	9.3	34.0	38.7	3.9	4.0	15.8	41.2	154.0	30.1	7.2
11950	SUFFOLK	614	3525	134	1051	81	802	7.2	44.5	40.1	5.7	3.7	44.0	72.7	58.0	25.1	7.2
12180	RENSSELAER	1963	11142	307	2677	223	1940	8.7	52.8	18.3	5.7	6.7	37.9	52.1	35.9	34.6	7.2
13032	MADISON	413	2443	60	499	40	419	8.8	41.5	41.1	6.2	11.9	32.3	48.4	50.0	17.4	7.2
13350	HERKIMER	302	2072	74	442	34	317	5.7	46.7	46.6	1.9	6.3	37.5	81.7	111.8	33.4	7.2
13790	BROOME	491	3613	134	898	77	620	6.5	45.6	36.4	2.3	11.3	52.3	91.0	67.5	39.0	7.2
14216	ERIE	687	4723	133	1256	71	831	8.2	41.8	20.5	3.1	6.0	34.4	64.5	83.1	46.3	7.2
14489	WAYNE	235	1335	52	327	38	261	7.3	55.6	46.2	2.9	7.7	53.9	73.8	34.2	23.4	7.2
14521	SENECA	211	2516	12	145	4	114	14.0	34.2	37.8	9.4	8.8	6.3	19.0	200.0	25.4	7.2
14779	CATTARAUGUS	257	1354	64	420	54	330	5.8	73.9	47.7	7.2	6.1	70.0	83.0	16.7	20.0	7.2
14903	CHEMUNG	244	1436	38	267	27	214	11.2	45.3	39.2	2.4	9.3	36.9	51.9	33.3	21.0	7.2
11901	SUFFOLK	925	5043	169	1522	126	1219	6.8	50.9	49.7	6.5	4.1	45.4	60.9	34.1	22.7	7.1
12182	RENSSELAER	489	2975	87	616	59	490	10.8	55.1	14.3	3.1	6.1	40.2	59.3	47.5	23.7	7.1
12758	SULLIVAN	163	860	23	166	18	132	10.6	51.5	48.4	9.4	0.0	36.8	47.0	22.2	22.0	7.1
13021	CAYUGA	1318	8862	203	1667	136	1316	7.6	45.0	41.6	2.7	9.9	34.4	51.3	49.3	24.4	7.1
13210	ONONDAGA	1719	7730	140	1151	66	714	6.9	46.8	48.6	5.3	7.0	12.8	27.1	103.0	57.1	7.1
13903	BROOME	605	3542	90	934	48	618	8.7	44.3	34.1	3.3	1.6	26.4	49.6	85.4	43.7	7.1
14020	GENESEE	697	4650	107	1039	61	781	7.7	43.3	40.8	3.5	5.1	29.2	51.2	70.5	24.6	7.1
14225	ERIE	896	5653	132	1475	65	1018	8.5	35.7	21.6	2.7	5.9	24.2	49.1	101.5	40.5	7.1
14304	NIAGARA	937	5892	146	1318	60	862	7.9	37.2	16.4	2.4	9.3	21.3	51.9	136.7	45.1	7.1
10573	WESTCHESTER	1211	7746	163	2113	114	1769	8.0	61.6	73.8	6.2	3.4	31.4	44.9	43.0	18.4	7.0
11713	SUFFOLK	403	2223	62	686	46	524	8.4	49.6	45.2	10.3	0.0	38.0	51.3	26.1	24.8	7.0
12047	ALBANY	541	3689	103	933	61	729	7.0	46.1	22.9	3.6	11.0	37.6	63.5	65.6	22.9	7.0
13140	CAYUGA	183	1005	25	184	18	160	13.1	55.0	47.8	4.4	6.3	32.8	45.5	38.9	13.8	7.0
13329	FULTON	110	734	20	138	13	108	8.3	46.3	46.7	4.7	0.0	39.4	60.6	53.8	21.3	7.0
13340	HERKIMER	256	1514	39	311	22	239	9.2	41.0	39.0	3.0	4.2	28.6	50.8	77.3	25.9	7.0
13357	HERKIMER	376	2215	68	528	36	412	6.6	47.3	44.5	2.2	9.7	31.9	60.3	75.0	22.6	7.0
13411	CHENANGO	119	660	25	148	15	117	9.4	44.4	47.7	3.4	0.0	42.0	70.0	60.0	20.5	7.0
13438	ONEIDA	179	932	30	163	10	125	11.2	43.2	36.0	2.5	0.0	18.6	55.9	200.0	28.0	7.0
13480	ONEIDA	133	793	11	133	6	105	11.4	34.3	31.7	3.8	9.5	15.0	27.6	83.3	21.0	7.0
13833	BROOME	158	826	21	181	16	136	11.0	44.9	36.6	2.4	14.7	33.8	44.3	25.0	22.1	7.0
14701	CHAUTAUQUA	1302	7749	346	2045	257	1637	7.8	57.8	25.3	3.8	5.5	65.8	88.6	27.2	17.4	7.0
10523	WESTCHESTER	253	1702	38	464	25	353	5.7	37.1	46.6	6.5	5.7	32.9	50.1	48.0	28.9	6.9
10993	ROCKLAND	164	925	22	244	14	187	10.2	38.0	42.4	7.6	0.0	28.5	44.7	57.1	24.6	6.9
11590	NASSAU	1356	8296	274	2628	194	2153	7.7	47.1	55.0	4.6	5.6	47.7	67.4	36.6	15.9	6.9
11749	SUFFOLK	127	826	18	197	11	158	10.1	39.9	38.1	6.8	0.0	28.9	47.2	63.6	23.4	6.9
12404	ULSTER	139	761	21	163	10	120	7.5	39.2	35.6	6.3	0.0	24.0	50.4	100.0	32.5	6.9
12542	ULSTER	189	1027	19	248	6	185	15.1	24.3	20.0	2.8	10.8	10.6	33.5	216.7	32.4	6.9
12822	SARATOGA	162	1090	40	249	28	197	9.1	47.2	31.3	1.1	10.2	57.6	82.3	35.7	23.4	6.9
12901	CLINTON	1507	8484	185	1388	80	919	6.0	48.5	50.4	1.8	7.6	17.7	40.9	121.3	43.5	6.9
13077	CORTLAND	251	1406	28	288	18	240	10.4	38.3	42.2	4.4	8.3	23.9	37.2	55.6	17.5	6.9
13131	OSWEGO	165	852	24	158	16	132	8.3	45.5	41.9	2.3	15.2	32.3	48.5	43.8	18.2	6.9
13212	ONONDAGA	680	3884	78	814	46	643	9.5	33.4	31.1	3.3	9.3	22.5	38.2	67.4	23.5	6.9
13339	MONTGOMERY	220	1244	40	306	24	264	10.2	47.3	49.8	15.1	0.0	36.4	60.6	62.5	13.6	6.9
13691	JEFFERSON	114	593	13	128	12	116	11.2	46.6	50.9	7.1	8.6	35.1	38.0	8.3	4.3	6.9
13827	TIOGA	357	2094	42	477	34	399	11.5	50.4	40.1	4.4	5.0	31.7	39.2	23.5	17.3	6.9
13838	DELAWARE	143	785	17	162	13	131	7.6	46.6	43.8	3.9	7.6	30.3	39.6	30.8	20.6	6.9
14220	ERIE	810	5195	141	1274	83	928	8.1	46.9	19.0	2.1	7.5	34.2	58.0	69.9	35.9	6.9
14411	ORLEANS	458	3629	85	588	59	445	6.1	51.2	43.8	4.3	6.7	42.9	61.9	39.0	23.4	6.9
14433	WAYNE	157	901	30	219	24	176	5.7	51.1	41.3	8.6	5.7	51.0	63.7	25.0	22.7	6.9
14760	CATTARAUGUS	642	4066	124	1012												

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14572	STEUBEN	184	1021	25	194	20	166	10.8	39.2	45.4	4.3	12.0	36.2	45.3	15.0	9.0	6.8
14620	MONROE	591	5199	110	1434	41	856	6.0	33.3	34.7	2.7	4.7	23.1	62.0	163.4	64.0	6.8
14737	CATTARAUGUS	164	802	30	182	21	142	5.6	45.8	31.7	5.1	21.1	42.7	61.0	38.1	17.6	6.8
10562	WESTCHESTER	878	6925	114	1751	54	1366	7.0	31.4	41.5	3.8	5.9	20.5	43.3	107.4	24.2	6.7
12306	SCHENECTADY	861	4921	107	1178	41	818	8.2	32.4	24.4	3.6	3.7	15.9	41.4	153.7	35.1	6.7
12589	ULSTER	561	4334	55	647	26	490	6.9	29.6	26.2	6.0	12.2	15.4	32.7	111.5	28.8	6.7
12832	WASHINGTON	258	1514	24	257	19	200	8.0	47.0	47.4	4.8	5.0	24.5	31.0	26.3	21.5	6.7
12885	WARREN	166	984	33	199	20	147	8.2	49.0	36.7	2.9	0.0	40.2	66.3	45.0	25.2	6.7
13045	CORTLAND	1809	7498	140	1236	89	955	8.4	44.1	50.8	2.8	6.3	16.4	25.8	57.3	27.7	6.7
13309	ONEIDA	213	1283	32	255	25	219	11.0	45.7	41.7	4.6	4.6	39.1	50.1	20.0	12.3	6.7
13460	CHENANGO	171	957	23	154	17	126	7.9	46.8	48.8	2.4	23.8	33.1	44.8	29.4	15.9	6.7
13733	CHENANGO	187	1077	31	184	17	143	3.5	42.0	43.9	4.3	7.0	30.3	55.3	76.5	23.8	6.7
13778	CHENANGO	193	1098	24	178	18	144	9.7	37.5	49.6	3.0	6.9	31.1	41.5	33.3	18.1	6.7
14006	ERIE	338	1944	54	387	33	307	10.4	44.6	18.7	3.4	3.3	32.5	53.3	63.6	24.4	6.7
14136	CHAUTAUQUA	152	969	27	215	16	175	6.9	37.1	28.4	6.9	5.7	35.1	59.2	62.5	18.9	6.7
14482	GENESEE	291	1637	49	417	29	325	8.3	28.9	28.5	2.7	12.3	33.2	56.1	62.1	23.4	6.7
14510	LIVINGSTON	148	1025	33	241	25	206	9.2	52.9	58.1	2.0	0.0	56.3	74.3	32.0	14.6	6.7
10552	WESTCHESTER	521	3526	46	895	18	735	10.5	28.2	26.4	3.8	6.8	11.5	29.4	155.6	21.1	6.6
11967	SUFFOLK	1019	5631	132	1484	77	1155	7.7	35.0	32.0	5.5	5.2	25.2	43.2	67.5	22.7	6.6
12090	RENSSELAER	193	1165	23	203	22	190	13.2	82.6	44.7	2.9	5.3	38.0	39.7	0.0	6.3	6.6
12721	SULLIVAN	244	1348	44	324	23	241	7.5	36.5	33.5	2.2	4.1	31.4	60.1	87.0	31.5	6.6
12828	WASHINGTON	298	1792	40	321	26	230	7.8	50.4	38.8	4.5	0.0	29.1	44.7	53.8	31.7	6.6
12966	FRANKLIN	96	587	19	120	13	108	11.1	47.2	42.9	0.9	9.3	45.1	66.0	46.2	9.3	6.6
12986	FRANKLIN	166	1134	20	199	13	165	6.7	51.5	33.3	3.1	12.1	26.1	40.2	53.8	20.0	6.6
13165	SENECA	360	2050	59	388	43	310	9.0	45.2	34.7	1.7	6.5	39.8	54.6	32.6	22.9	6.6
13407	HERKIMER	164	1000	30	180	21	152	6.6	45.4	43.5	3.4	6.6	42.7	61.0	42.9	15.8	6.6
14735	ALLEGANY	85	528	8	127	6	107	7.5	44.9	42.3	12.0	18.7	23.5	31.4	33.3	12.1	6.6
14883	TIOGA	123	701	16	164	10	134	5.2	65.7	35.9	2.5	14.9	27.1	43.4	60.0	21.6	6.6
12413	GREENE	114	678	15	136	11	106	14.2	49.1	15.1	4.1	0.0	32.2	43.9	36.4	26.4	6.4
12809	WASHINGTON	125	746	21	141	11	108	5.6	33.3	28.3	3.0	9.3	29.3	56.0	90.9	23.1	6.4
13126	OSWEGO	2120	9360	177	1356	122	1071	7.9	49.3	53.7	3.8	3.7	19.2	27.8	35.2	18.8	6.4
13421	MADISON	456	2693	93	649	64	530	6.2	51.1	44.3	5.3	0.0	46.8	68.0	40.6	20.0	6.4
13862	BROOME	196	917	28	180	19	140	10.0	35.7	33.1	4.5	0.0	32.3	47.6	42.1	21.4	6.4
14103	ORLEANS	435	2297	74	474	48	382	7.1	48.4	32.4	4.1	5.2	36.8	56.7	47.9	17.8	6.4
14125	GENESEE	136	742	16	141	10	112	9.8	32.1	36.6	4.7	8.9	24.5	39.2	20.0	13.4	6.4
14616	MONROE	901	5327	122	1386	57	1007	7.5	38.4	33.7	2.3	3.0	21.1	45.1	114.0	35.7	6.4
14739	ALLEGANY	90	577	21	137	18	116	7.8	37.1	52.2	6.4	0.0	66.7	77.8	5.6	10.3	6.4
14867	TOMPKINS	216	1169	25	222	14	173	7.5	44.5	45.8	2.5	0.0	21.6	38.6	78.6	28.3	6.4
10605	WESTCHESTER	620	3544	53	784	19	623	9.0	28.4	28.5	4.2	3.2	10.2	28.5	178.9	25.0	6.3
11968	SUFFOLK	600	2602	61	539	34	451	7.1	41.0	45.4	5.3	4.4	18.9	33.9	79.4	18.0	6.3
12068	MONTGOMERY	134	762	14	159	7	123	8.9	35.0	35.0	4.5	0.0	17.4	34.8	100.0	23.6	6.3
12208	ALBANY	601	4802	92	982	50	725	7.3	34.6	21.8	5.1	1.4	27.7	51.0	82.0	30.3	6.3
12477	ULSTER	758	5004	88	798	38	572	7.2	35.3	30.9	2.6	5.2	16.7	38.7	123.7	36.7	6.3
12566	ULSTER	439	2295	43	461	16	366	9.3	24.0	20.6	4.2	2.7	12.1	32.6	156.3	23.5	6.3
12845	WARREN	169	997	12	160	6	106	8.5	38.7	32.4	4.0	0.0	11.8	23.7	100.0	34.0	6.3
12887	WASHINGTON	165	1042	25	204	13	164	4.3	57.3	41.8	3.4	6.1	26.3	50.5	61.5	17.7	6.3
12946	ESSEX	169	1846	14	222	5	155	7.7	33.5	27.3	2.0	6.5	9.9	27.6	180.0	41.3	6.3
12953	FRANKLIN	401	5515	82	502	65	429	8.4	53.4	51.3	2.1	2.3	54.0	68.2	23.1	14.2	6.3
13118	CAYUGA	210	2023	21	199	16	167	6.6	39.5	54.0	5.0	12.0	25.4	33.3	31.3	16.8	6.3
13471	ONEIDA	156	736	18	152	16	118	9.3	55.9	51.3	1.7	0.0	34.2	38.5	12.5	25.4	6.3
13601	JEFFERSON	1173	7410	238	2052	185	1710	7.6	38.4	39.4	2.4	8.2	52.6	67.6	24.3	13.0	6.3
13669	ST. LAWRENCE	466	3747	84	667	66	562	7.5	52.0	57.4	2.9	3.6	47.2	60.1	25.8	14.6	6.3
13753	DELAWARE	374	1212	16	157	8	122	8.2	28.7	33.9	4.3	16.4	7.1	14.3	100.0	27.9	6.3
13803	CORTLAND	167	862	15	152	11	124	6.5	40.3	57.4	4.4	8.1	22.0	29.9	36.4	20.2	6.3
13849	DELAWARE	198	1076	22	155	14	130	10.0	41.5	40.9	0.8	7.7	23.6	37.0	57.1	18.5	6.3
13865	BROOME	247	1163	43	241	26	198	10.6	36.4	28.4	2.7	0.0	35.1	58.0	57.7	18.7	6.3
14070	CATTARAUGUS	142	899	26	216	22	176	4.0	56.3	24.7	6.7	5.7	51.6	61.0	18.2	17.6	6.3
14222	ERIE	202	2804	31	541	9	335	5.4	25.7	12.9	3.5	9.0	14.9	51.2	244.4	58.8	6.3
14626	MONROE	1071	5629	89	1114	33	819	9.2	26.6	20.1	2.6	7.3	10.3	27.7	166.7	32.8	6.3
14727	ALLEGANY	162	991	20	193	8	154	10.4	39.0	39.7	1.3	6.5	16.5	41.2	125.0	15.6	6.3
11703	SUFFOLK	566	3295	69	919	27	723	9.1	20.6	18.4	4.5	5.5	15.9	40.6	144.4	18.5	6.2
12122	SCHOHARIE	157	822	17	183	10	140	3.6	42.1	46.0	3.7	7.1	21.2	36.1	60.0	26.4	6.2
12834	WASHINGTON	216	1306	19	266	8	212	8.5	37.7	27.6	2.9	4.7	12.3	29.3	125.0	18.9	6.2
13036	OSWEGO	289	1666	37	312	23	249	8.4	34.1	32.9	2.8	4.0	26.5	42.7	60.9	21.7	6.2
13074	OSWEGO	216	1073	22	186	17	160	8.1	47.5	57.0	2.5	25.0	26.2	34.0	17.6	11.3	6.2
13088	ONONDAGA	615	4706	81	844	33	673	7.1	34.0	25.2	1.9	5.9	17.9	43.9	133.3	22.0	6.2
13135	OSWEGO	201	1225	33	278	26	236	7.6	39.4	39.6	1.7	12.7	43.1	54.7	26.9	15.3	6.2
13148	SENECA	289	2225	63	512	39	403	5.2	43.2	41.1	3.4	0.0	45.0	72.7	56.4	24.3	6.2
13209	ONONDAGA	425	2477	59	486	37	383	4.7	43.6	36.9	3.9	2.6	29.0	46.3	59.5	24.3	6.2
13748	BROOME	139	749	23	163	13	115	7.0	37.4	23.8	4.5	0.0	31.2	55.2	76.9	35.7	6.2
13754	BROOME	104	608	20	124	18	100	6.0	48.0	41.2	4.4	0.0	57.7	64.1	11.1	23.0	6.2
13760	BROOME	1353	8091	180	1919	90	1388	7.5	37.3	24.6	2.6	2.9	22.2	44.3	94.4	31.3	6.2
13797	BROOME	95	505	17	126	11	103	4.9	40.8	38.4	2.0	9.7	38.6	59.6	45.5	18.4	6.2
13856	DELAWARE	192	1151	27	262	15	206	6.3	48.1	45.9	3.0	0.0	26.0	46.9	80.0	26.2	6.2
14043	ERIE	732	4693	78	943	35	695	8.1	30.4	14.6	2.0	11.5	15.9	35.5	120.0	29.8	6.2
14094	NIAGARA	1699	9799	254	2333	129	1756	7.6	38.3	13.0	3.7	3.4	25.3	49.8	89.9	27.8	6.2
14522	WAYNE	303	1740	41	391	26	310	5.8	38.7	29.0	4.9	3.2	28.6	45.1	57.7	23.5	6.2
14590	WAYNE	173	1066	27	244	18	200	7.0	55.0	50.0	1.1	5.0	34.7	52.0	44.4	19.5	6.2
14770	ALLEGANY	113	636	13	139	9	107	9.3	34.6	20.4	2.0	9.3	26.5	3			

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14733	CHAUTAUQUA	106	629	18	137	15	116	8.6	51.7	13.4	2.7	8.6	47.2	56.6	20.0	12.1	6.1
14810	STEBEN	344	2267	55	450	47	403	7.4	45.9	54.5	3.1	5.0	45.5	53.3	17.0	9.7	6.1
10925	ORANGE	188	1092	17	200	3	131	3.8	35.9	18.8	2.9	7.6	5.3	30.1	433.3	41.2	6.0
10960	ROCKLAND	540	2856	31	596	19	480	7.9	35.0	39.9	9.6	2.1	11.7	19.1	63.2	18.8	6.0
10977	ROCKLAND	2242	10705	347	4450	278	3929	6.5	32.9	69.8	6.2	4.6	41.3	51.6	24.1	9.6	6.0
11953	SUFFOLK	354	2376	31	655	15	532	7.7	27.3	20.3	3.5	7.5	14.1	29.2	106.7	20.1	6.0
12189	ALBANY	693	3836	63	740	39	552	7.1	46.6	21.2	2.7	5.4	18.8	30.3	56.4	29.7	6.0
12522	DUTCHESS	152	871	16	170	13	151	10.6	70.2	43.4	3.4	0.0	28.5	35.1	23.1	12.6	6.0
12586	ORANGE	578	3092	57	633	32	486	6.2	31.9	26.8	5.3	4.1	18.5	32.9	78.1	28.4	6.0
12816	WASHINGTON	165	868	14	163	7	127	7.1	70.9	42.9	2.6	0.0	14.1	28.3	100.0	27.6	6.0
13060	ONONDAGA	84	538	11	125	7	103	7.8	37.9	29.4	1.0	29.1	27.8	43.7	57.1	18.4	6.0
13068	TOMPKINS	202	1156	21	253	12	202	6.4	38.1	43.6	1.6	9.9	19.8	34.7	75.0	23.3	6.0
13143	WAYNE	116	791	23	123	18	107	5.6	44.9	53.8	7.0	0.0	51.7	66.1	22.2	11.2	6.0
13452	FULTON	144	865	27	193	20	156	5.8	55.1	46.6	2.9	0.0	46.3	62.5	35.0	19.9	6.0
13642	ST. LAWRENCE	322	2595	47	455	37	390	7.2	40.5	52.4	2.6	5.1	38.3	48.7	21.6	12.6	6.0
14042	CATTARAUGUS	169	979	36	217	27	176	5.7	52.3	24.1	3.0	5.7	53.3	71.0	33.3	18.2	6.0
14424	ONTARIO	816	4988	99	944	48	715	4.1	35.7	32.2	2.8	4.2	19.6	40.4	106.3	29.0	6.0
14569	WYOMING	180	1146	22	247	13	193	7.8	37.3	43.3	1.6	5.2	24.1	40.7	61.5	19.2	6.0
14726	CATTARAUGUS	100	457	3	189	1	173	38.7	51.4	44.7	50.0	0.0	3.3	10.0	200.0	2.9	6.0
11763	SUFFOLK	1003	5735	105	1392	54	1095	8.8	31.9	29.5	3.6	0.0	17.9	34.9	87.0	21.8	5.9
11772	SUFFOLK	1358	8632	156	2416	106	1964	7.1	36.5	38.4	4.3	5.1	26.0	38.3	39.6	17.0	5.9
12025	FULTON	202	1102	29	210	13	155	7.7	23.9	29.6	2.2	0.0	21.5	47.9	123.1	31.0	5.9
12084	ALBANY	127	891	9	195	2	155	8.4	13.5	7.8	4.1	12.9	5.2	23.6	300.0	20.0	5.9
12118	SARATOGA	431	2648	61	598	26	448	5.6	35.3	19.7	1.4	6.7	20.1	47.2	130.8	28.1	5.9
12143	ALBANY	206	1263	34	246	21	203	7.4	49.8	27.6	1.6	4.9	34.0	55.0	52.4	18.2	5.9
13114	OSWEGO	259	1449	23	292	15	254	8.3	42.9	45.6	4.3	3.9	19.3	29.6	53.3	10.2	5.9
13316	ONEIDA	257	1433	34	255	24	211	7.1	42.7	41.5	5.3	0.0	31.1	44.1	33.3	14.7	5.9
13619	LEWIS	373	2211	51	573	41	501	6.8	33.1	40.1	5.5	10.0	36.6	45.6	19.5	6.6	5.9
13668	ST. LAWRENCE	111	727	11	151	11	133	7.5	37.6	47.0	2.3	7.5	33.0	33.0	0.0	12.0	5.9
14001	ERIE	293	1745	28	352	12	284	8.8	26.4	14.8	1.8	10.6	13.7	31.9	133.3	19.4	5.9
14228	ERIE	530	3549	51	854	16	607	6.6	18.0	11.4	5.1	4.9	10.1	32.1	200.0	35.3	5.9
14517	LIVINGSTON	91	523	9	125	6	102	7.8	52.0	47.5	5.1	0.0	22.0	33.0	33.3	12.7	5.9
10528	WESTCHESTER	476	2444	12	409	4	373	8.3	52.3	36.5	6.3	2.7	2.8	8.4	200.0	9.4	5.8
10543	WESTCHESTER	669	3783	37	886	18	755	8.5	48.6	40.8	2.2	1.3	9.0	18.4	105.6	16.4	5.8
11704	SUFFOLK	1349	8136	80	1602	42	1307	9.3	25.4	25.0	4.8	5.4	10.4	19.8	88.1	14.3	5.8
12123	RENSELAER	188	1091	23	213	7	179	8.4	29.1	12.4	0.6	11.2	12.4	40.8	228.6	18.4	5.8
12205	ALBANY	757	4858	73	991	34	768	6.5	27.5	16.6	1.9	10.4	15.0	32.1	111.8	24.1	5.8
12524	DUTCHESS	474	3299	33	546	9	440	7.7	15.9	11.8	2.8	9.1	6.3	23.2	266.7	21.1	5.8
12803	SARATOGA	213	1432	51	415	31	324	5.2	36.7	18.0	3.0	3.1	48.5	79.8	58.1	19.4	5.8
13037	MADISON	343	1758	40	326	29	275	7.6	36.7	32.3	3.3	3.6	28.2	38.9	37.9	16.7	5.8
13073	TOMPKINS	252	1237	33	289	21	234	5.1	43.2	43.0	3.6	0.0	27.8	43.7	57.1	23.1	5.8
13317	MONTGOMERY	129	753	21	154	11	130	2.3	39.2	42.4	4.1	0.0	28.4	54.3	90.9	16.2	5.8
13492	ONEIDA	388	2205	36	397	13	309	7.8	27.8	19.7	2.3	3.2	11.2	30.9	176.9	23.9	5.8
13815	CHENANGO	502	2899	72	614	54	502	7.6	49.2	51.3	0.8	4.0	35.9	47.8	27.8	15.7	5.8
14445	MONROE	429	1991	30	393	14	280	7.9	40.7	34.6	2.4	0.0	10.9	23.3	114.3	37.1	5.8
14527	YATES	489	2380	33	550	20	476	5.0	42.6	41.5	6.5	10.5	13.6	22.5	65.0	11.6	5.8
14812	SCHUYLER	204	951	14	117	11	103	7.8	46.6	49.0	2.0	19.4	18.0	22.9	27.3	10.7	5.8
14830	STEBEN	637	3934	63	758	39	638	7.5	40.1	39.3	3.2	1.6	20.4	33.0	59.0	16.9	5.8
14843	STEBEN	429	2600	53	577	38	490	8.4	46.9	52.2	3.1	0.0	29.5	41.2	28.9	11.6	5.8
14891	SCHUYLER	142	871	21	143	18	122	9.0	49.2	50.4	1.6	0.0	42.3	49.3	16.7	13.1	5.8
11729	SUFFOLK	929	5369	81	1223	41	973	7.5	21.6	21.1	3.8	6.2	14.7	29.1	87.8	17.1	5.7
12545	DUTCHESS	224	1025	13	144	6	111	5.4	48.6	21.9	7.7	0.0	8.9	19.3	116.7	27.0	5.7
12590	DUTCHESS	1231	7624	122	1547	44	1217	7.0	22.8	18.2	3.2	3.3	11.9	33.0	172.7	24.5	5.7
12790	SULLIVAN	213	1328	20	213	13	160	3.1	33.1	28.1	3.4	6.3	20.3	31.3	53.8	30.6	5.7
12804	WARREN	909	5079	82	998	43	732	6.3	33.1	26.0	3.3	2.7	15.8	30.1	83.7	26.0	5.7
13053	TOMPKINS	183	1010	9	183	2	160	15.6	26.3	38.5	0.7	31.3	3.6	16.4	350.0	14.4	5.7
13354	ONEIDA	129	670	10	118	5	100	14.0	29.0	31.0	5.2	0.0	12.9	25.8	100.0	13.0	5.7
14080	ERIE	162	889	18	162	6	133	6.0	17.3	8.4	3.0	15.0	12.3	37.0	183.3	19.5	5.7
14092	NIAGARA	372	2010	42	353	16	260	8.8	26.9	9.7	3.6	0.0	14.3	37.6	137.5	23.5	5.7
14105	NIAGARA	132	752	21	182	13	149	5.4	43.0	21.8	5.6	0.0	32.8	53.0	61.5	17.4	5.7
14546	MONROE	174	1028	8	193	2	154	9.7	21.4	15.0	1.4	13.0	3.8	15.3	300.0	21.4	5.7
14715	ALLEGANY	108	552	21	155	17	126	6.3	41.3	42.1	0.9	39.7	52.5	64.8	17.6	11.1	5.7
14719	CATTARAUGUS	131	690	8	149	5	128	17.2	40.6	28.7	10.0	0.0	12.7	20.4	60.0	14.1	5.7
14772	CATTARAUGUS	181	848	16	200	13	165	17.6	42.4	25.5	10.5	0.0	23.9	29.5	15.4	12.7	5.7
14837	YATES	259	1090	24	238	20	218	6.9	42.7	44.7	11.5	4.6	25.7	30.9	20.0	7.8	5.7
10580	WESTCHESTER	679	2978	11	660	4	615	11.2	65.4	33.9	2.2	6.5	2.0	5.4	175.0	6.5	5.6
10591	WESTCHESTER	791	4894	83	1236	37	1001	6.8	25.1	31.9	3.1	4.0	15.6	35.0	118.9	19.9	5.6
11542	NASSAU	771	5018	73	1242	42	1018	6.4	36.1	41.0	3.5	2.9	18.2	31.6	71.4	18.0	5.6
12043	SCHOHARIE	652	2117	40	253	15	164	3.0	34.8	43.6	3.2	0.0	7.7	20.4	166.7	50.0	5.6
12553	ORANGE	949	5283	87	1247	43	959	8.0	26.3	21.2	1.9	3.1	15.1	30.6	102.3	27.3	5.6
13090	ONONDAGA	1117	6462	103	1342	56	1118	8.2	23.8	20.5	2.5	6.3	16.7	30.7	80.4	16.5	5.6
13491	OTSEGO	140	799	21	154	16	122	5.7	32.0	38.7	3.4	0.0	38.1	50.0	31.3	22.1	5.6
13820	OTSEGO	1975	6389	76	691	34	501	6.8	38.7	45.1	1.6	4.0	5.7	12.8	123.5	36.3	5.6
14067	NIAGARA	186	1048	17	179	13	143	9.1	34.3	10.9	3.5	7.0	23.3	30.5	23.1	20.3	5.6
14098	ORLEANS	101	547	14	119	10	101	6.9	40.6	29.2	7.4	0.0	33.0	46.2	40.0	13.9	5.6
14111	ERIE	108	573	10	140	8	112	8.9	31.3	18.2	1.8	8.9	24.7	30.9	25.0	22.3	5.6
14120	NIAGARA	1348	8206	140	1715	72	1297	5.7	27.4	14.1	3.2	6.2	17.8	34.6	86.1	25.1	5.6
14787	CHAUTAUQUA	185	1029	30	167	22	133	3.8	50.4	30.2	4.0	0.0	39.6	54.1	31.8	17.3	5.6
11552	NASSAU	860	4351	55	1000	18	821	8.3	20.1	20.9	3.2	6.1	7.0	21.3			

Upstate

11746	SUFFOLK	2192	11906	213	3125	147	2774	7.0	30.2	34.9	3.8	4.7	22.4	32.4	44.2	10.1	5.3
11784	SUFFOLK	927	5237	84	1232	48	994	9.0	26.4	23.3	2.4	1.0	17.3	30.2	72.9	19.6	5.3
12134	HAMILTON	115	673	14	120	8	100	2.0	42.0	35.1	4.2	0.0	23.2	40.6	75.0	16.0	5.3
12188	SARATOGA	335	2374	25	442	13	352	7.1	28.4	12.0	1.8	11.4	12.9	24.9	92.3	21.6	5.3
12538	DUTCHESS	498	2672	48	516	21	404	6.4	27.7	20.7	2.7	0.0	14.1	32.1	128.6	26.2	5.3
12871	SARATOGA	166	1131	28	263	17	210	6.7	31.9	16.0	2.5	0.0	34.1	56.2	58.8	21.4	5.3
13116	ONONDAGA	98	596	6	122	3	100	8.0	27.0	19.2	2.0	20.0	10.2	20.4	100.0	16.0	5.3
13612	JEFFERSON	103	607	15	127	12	110	6.4	35.5	36.7	1.8	9.1	38.8	48.5	8.3	10.9	5.3
13617	ST. LAWRENCE	819	2957	45	324	26	266	10.2	39.1	41.7	1.9	0.0	10.6	18.3	73.1	18.0	5.3
13637	JEFFERSON	128	874	22	274	18	240	6.3	31.7	18.9	5.1	8.3	46.9	57.3	22.2	7.9	5.3
14036	GENESEE	206	1005	17	160	10	129	4.7	30.2	26.0	2.4	23.3	16.2	27.5	70.0	17.1	5.3
14132	NIAGARA	234	1283	21	206	11	151	7.9	29.8	9.6	2.1	6.6	15.7	29.9	63.6	23.8	5.3
14219	ERIE	374	2435	38	467	19	350	5.7	35.4	15.8	2.7	2.9	16.9	33.9	100.0	32.9	5.3
14437	LIVINGSTON	353	3061	35	365	24	296	7.1	42.6	38.2	2.8	3.4	22.7	33.1	41.7	14.5	5.3
14622	MONROE	350	2102	44	469	18	348	5.5	27.3	21.8	1.6	2.9	17.1	41.9	127.8	32.8	5.3
14801	STEBEN	187	1091	26	211	21	190	6.3	47.9	55.3	2.9	0.0	37.4	46.3	23.8	7.9	5.3
14823	STEBEN	137	737	12	150	7	130	9.2	37.7	51.9	2.3	0.0	17.0	29.2	57.1	7.7	5.3
14850	TOMPKINS	5340	21237	165	2058	67	1507	7.0	25.5	34.1	3.2	4.0	4.2	10.3	146.3	35.6	5.3
14871	CHEMUNG	177	995	12	148	7	131	12.2	39.7	28.7	3.8	0.0	13.2	22.6	57.1	9.9	5.3
14905	CHEMUNG	302	2611	35	420	23	340	5.9	38.8	35.9	0.9	5.9	25.4	38.6	47.8	20.0	5.3
10547	WESTCHESTER	447	1772	12	373	4	317	7.3	19.2	21.8	3.0	12.6	3.0	8.9	200.0	16.4	5.2
10954	ROCKLAND	895	4577	37	908	22	767	9.1	33.1	28.9	4.8	1.3	8.2	13.8	68.2	14.9	5.2
11580	NASSAU	1176	6952	81	1550	39	1309	8.3	21.5	25.2	3.5	3.1	11.1	23.0	105.1	12.9	5.2
11716	SUFFOLK	364	2272	21	432	8	357	7.6	16.8	15.0	2.4	8.4	7.3	19.2	162.5	17.1	5.2
11727	SUFFOLK	924	5700	81	1560	46	1207	6.9	26.8	20.4	3.3	1.7	16.6	29.2	69.6	23.4	5.2
11963	SUFFOLK	271	1404	17	298	8	247	7.3	27.5	31.4	4.2	0.0	9.8	20.9	112.5	19.4	5.2
12594	DUTCHESS	293	1159	14	201	8	171	8.2	50.9	33.8	3.1	0.0	9.1	15.9	75.0	14.6	5.2
13057	ONONDAGA	458	2738	46	514	31	433	7.2	32.3	27.7	1.9	6.9	22.6	33.5	48.4	15.9	5.2
13080	ONONDAGA	144	740	9	118	6	108	8.3	27.8	27.6	3.7	9.3	13.9	20.8	50.0	8.3	5.2
13084	ONONDAGA	160	861	11	141	7	127	7.9	33.1	29.0	2.4	7.9	14.6	22.9	57.1	10.2	5.2
13811	TIOGA	152	848	11	154	8	129	13.2	34.9	33.9	2.5	0.0	17.5	24.1	37.5	15.5	5.2
14217	ERIE	627	4147	66	1018	25	745	6.3	22.8	12.2	2.2	4.0	13.3	35.1	160.0	31.5	5.2
14227	ERIE	604	4302	62	842	30	642	6.5	27.6	11.5	2.3	1.6	16.6	34.2	106.7	27.7	5.2
14454	LIVINGSTON	1398	4326	30	269	10	187	4.3	28.9	31.5	3.4	5.3	2.4	7.2	180.0	41.2	5.2
14470	ORLEANS	323	1768	32	321	19	250	6.4	35.2	29.5	2.6	0.0	19.6	33.0	68.4	23.6	5.2
14561	ONTARIO	113	561	11	139	3	109	3.7	28.4	25.9	2.8	0.0	8.8	32.4	266.7	21.1	5.2
14882	TOMPKINS	276	911	11	128	8	107	10.3	29.0	32.4	1.0	18.7	9.7	13.3	37.5	18.7	5.2
11937	SUFFOLK	512	2805	48	787	31	671	3.7	35.8	48.4	3.6	3.0	20.2	31.3	54.8	16.1	5.1
11946	SUFFOLK	406	2653	44	674	33	591	5.6	40.6	44.0	4.6	1.7	27.1	36.1	30.3	13.0	5.1
11954	SUFFOLK	137	1017	6	145	4	120	2.5	37.5	44.1	3.4	8.3	9.7	14.6	50.0	17.5	5.1
11978	SUFFOLK	147	771	10	165	8	135	3.0	31.1	38.9	3.5	7.4	18.1	22.7	25.0	22.2	5.1
12053	SCHENECTADY	187	961	15	153	7	121	8.3	22.3	16.5	2.5	0.0	12.5	26.7	114.3	20.7	5.1
12075	COLUMBIA	99	569	16	141	11	113	8.8	22.1	8.2	1.9	0.0	37.0	53.9	45.5	21.2	5.1
12561	ULSTER	1110	4951	47	556	7	358	7.0	23.5	17.6	2.0	5.6	2.1	14.1	557.1	53.4	5.1
12580	DUTCHESS	135	743	15	146	7	110	6.4	26.4	19.0	2.2	0.0	17.3	37.0	100.0	30.0	5.1
12962	CLINTON	219	1182	23	228	14	192	6.8	34.9	29.6	2.1	5.2	21.3	35.0	64.3	15.6	5.1
13082	MADISON	161	938	7	151	4	122	5.7	28.7	22.2	4.1	16.4	8.3	14.5	75.0	14.8	5.1
13132	OSWEGO	153	852	10	143	6	127	8.7	36.2	36.1	0.8	15.7	13.1	21.8	50.0	11.0	5.1
14420	MONROE	1280	5283	68	671	26	520	6.5	26.3	30.3	2.5	1.9	6.8	17.7	153.8	26.3	5.1
14485	LIVINGSTON	207	1011	12	162	7	134	6.7	19.4	21.8	1.6	14.9	11.3	19.3	71.4	20.9	5.1
14512	ONTARIO	171	904	14	168	9	136	5.9	37.5	36.3	1.6	7.4	17.5	27.3	33.3	19.1	5.1
14548	ONTARIO	160	830	18	173	13	146	5.5	37.0	31.7	3.1	0.0	27.1	37.5	38.5	16.4	5.1
11720	SUFFOLK	1032	6030	82	1371	39	1081	8.0	21.0	18.2	1.5	4.6	12.6	26.5	105.1	21.4	5.0
11961	SUFFOLK	420	2221	25	462	12	369	9.2	23.3	19.6	2.9	0.0	9.5	19.8	108.3	20.3	5.0
12144	RENSSELAER	617	3880	72	870	50	724	5.8	38.3	18.3	2.9	2.8	27.0	38.9	44.0	18.1	5.0
12170	SARATOGA	195	1096	22	197	14	159	7.5	30.8	23.7	2.7	0.0	23.9	37.6	50.0	16.4	5.0
12302	SCHENECTADY	874	4746	92	979	33	752	6.8	19.1	12.1	2.2	2.7	12.6	35.1	169.7	23.5	5.0
12528	ULSTER	634	3112	31	568	15	445	9.2	28.3	18.9	1.1	4.5	7.9	16.3	100.0	24.3	5.0
12569	DUTCHESS	344	2014	30	350	14	293	7.5	25.9	17.0	2.5	3.4	13.6	29.1	114.3	16.4	5.0
12603	DUTCHESS	1600	8425	97	1589	54	1314	7.2	23.8	18.4	2.4	6.1	11.3	20.2	79.6	18.6	5.0
12866	SARATOGA	1606	8684	99	1420	56	1091	6.9	23.3	13.7	4.1	3.7	11.6	20.5	66.1	23.7	5.0
13795	BROOME	113	678	12	156	6	119	5.0	44.5	28.7	1.8	0.0	17.7	35.4	66.7	26.9	5.0
14141	ERIE	262	1459	30	297	20	252	7.5	29.8	9.9	0.8	11.9	25.4	38.2	50.0	16.7	5.0
14432	ONTARIO	216	1210	17	190	10	153	5.9	34.6	39.9	2.1	0.0	15.4	26.2	70.0	21.6	5.0
14532	ONTARIO	150	856	18	171	9	142	6.3	35.9	29.1	2.2	0.0	20.0	40.0	100.0	16.2	5.0
14706	CATTARAUGUS	517	2001	30	241	12	176	8.5	35.2	18.1	1.1	0.0	7.7	19.3	116.7	25.6	5.0
10604	WESTCHESTER	471	2295	17	447	10	384	8.6	38.8	31.6	3.3	0.0	7.1	12.0	70.0	15.9	4.9
10918	ORANGE	499	2811	24	527	9	426	7.3	23.2	16.3	1.9	11.7	6.0	16.0	166.7	18.1	4.9
10924	ORANGE	617	2972	27	450	7	351	7.1	24.8	20.2	2.6	0.0	3.8	14.6	285.7	23.6	4.9
11561	NASSAU	1034	7013	88	1418	30	1150	8.3	20.7	17.3	1.6	2.6	9.7	28.4	186.7	16.9	4.9
11702	SUFFOLK	503	2847	21	629	12	503	8.0	14.7	11.5	2.8	9.9	8.0	13.9	75.0	16.1	4.9
11778	SUFFOLK	499	2717	34	650	8	509	7.9	15.9	14.5	1.6	3.9	5.3	22.7	312.5	23.0	4.9
12827	WASHINGTON	150	1093	16	148	9	124	8.9	35.5	34.4	1.7	0.0	20.0	35.6	55.6	13.7	4.9
12972	CLINTON	260	1393	20	227	10	182	5.5	32.4	34.3	1.6	5.5	12.8	25.6	80.0	17.6	4.9
13167	OSWEGO	150	812	9	140	6	121	9.9	39.7	42.5	1.7	0.0	13.3	20.0	50.0	14.0	4.9
13323	ONEIDA	619	2635	27	348	15	276	6.9	28.6	23.6	1.9	10.9	8.1	14.5	80.0	18.5	4.9
13367	LEWIS	279	1578	35	391	29	348	6.6	27.6	34.2	3.7	2.9	34.6	41.8	17.2	5.5	4.9
13605	JEFFERSON	151	798	19	225	13	194	8.2	33.0	34.7	1.6	0.0	28.7	41.9	46.2	10.8	4.9
13616	JEFFERSON	72	430	24	193	17	163	7.4	25.8	13.9	3.8	0.0	78.7	111.1	23.5	8.0	4.9
1442																	

Upstate

13214	ONONDAGA	558	1866	23	348	7	271	6.3	24.4	22.3	2.2	3.7	4.2	13.7	228.6	25.8	4.8
13326	OTSEGO	152	962	10	136	3	113	10.6	23.9	19.6	1.9	0.0	6.6	21.9	233.3	14.2	4.8
13673	JEFFERSON	104	579	12	157	11	134	6.7	19.4	25.2	4.7	0.0	35.3	38.5	9.1	11.9	4.8
13732	TIOGA	282	1482	16	300	8	245	8.6	25.7	18.8	1.7	4.1	9.5	18.9	100.0	16.3	4.8
14004	ERIE	354	2614	26	386	14	312	6.4	19.2	11.4	2.0	9.6	13.2	24.5	78.6	19.9	4.8
14072	ERIE	664	3617	37	728	15	581	7.6	17.2	8.2	2.9	1.7	7.5	18.6	146.7	21.0	4.8
14131	NIAGARA	179	1098	27	182	15	136	5.9	35.3	16.3	0.8	0.0	27.9	50.3	66.7	23.5	4.8
14221	ERIE	1600	8587	74	1709	19	1323	7.0	10.3	3.7	3.2	6.0	4.0	15.4	289.5	21.8	4.8
14505	WAYNE	215	1053	18	203	10	175	5.7	33.7	32.6	4.5	0.0	15.5	27.9	80.0	13.7	4.8
14530	WYOMING	177	1398	14	208	8	171	4.1	35.1	36.7	2.5	5.8	15.1	26.4	75.0	12.9	4.8
14624	MONROE	1387	7669	114	1479	41	1138	6.1	20.7	16.3	1.8	3.5	9.9	27.4	170.7	28.1	4.8
10507	WESTCHESTER	200	1120	17	316	10	278	5.8	34.9	37.1	3.3	0.0	16.7	28.3	70.0	11.2	4.7
10541	PUTNAM	1008	5455	32	865	10	740	8.5	14.6	12.5	2.3	8.1	3.3	10.6	220.0	13.1	4.7
10916	ORANGE	214	1048	11	181	7	162	9.3	17.9	9.2	4.2	6.2	10.9	17.1	57.1	9.3	4.7
10930	ORANGE	419	2061	9	357	4	316	8.5	21.2	15.3	3.7	6.3	3.2	7.2	125.0	11.4	4.7
11510	NASSAU	1085	5829	73	1427	38	1180	7.8	23.6	20.5	2.3	4.2	11.7	22.4	78.9	14.7	4.7
11738	SUFFOLK	732	4217	47	842	19	677	6.8	22.9	18.1	1.8	4.4	8.7	21.4	136.8	19.2	4.7
11752	SUFFOLK	352	1959	21	401	6	315	4.4	17.5	14.5	2.7	6.3	5.7	19.9	233.3	18.7	4.7
11801	NASSAU	1238	7232	71	1556	36	1291	8.3	18.4	24.1	2.3	4.6	9.7	19.1	97.2	14.1	4.7
11977	SUFFOLK	110	554	3	147	1	120	7.5	15.8	18.6	1.8	8.3	3.0	9.1	200.0	16.7	4.7
12203	ALBANY	3075	9571	80	921	53	710	7.9	29.4	18.0	1.8	8.5	5.7	8.7	50.9	25.9	4.7
12525	ULSTER	132	761	6	148	3	121	9.9	17.4	21.2	2.1	0.0	7.6	15.2	100.0	19.8	4.7
13626	LEWIS	72	461	14	121	12	109	6.4	17.4	16.0	4.8	0.0	55.6	64.8	16.7	7.3	4.7
14031	ERIE	317	1537	11	259	6	202	7.9	12.9	6.0	2.6	9.9	6.3	11.6	83.3	22.3	4.7
14224	ERIE	1158	6997	95	1347	45	1026	6.0	22.4	6.1	1.8	3.9	13.0	27.3	111.1	29.4	4.7
14724	CHAUTAUQUA	98	498	8	137	7	134	2.2	72.4	23.5	19.8	0.0	23.8	27.2	14.3	1.5	4.7
10567	WESTCHESTER	860	3794	38	722	12	622	9.5	11.4	9.3	3.3	3.2	4.7	14.7	216.7	13.3	4.6
10989	ROCKLAND	276	1571	9	328	3	274	8.0	18.6	16.3	2.7	3.6	3.6	10.9	200.0	13.5	4.6
11558	NASSAU	246	1552	16	349	9	303	6.3	25.7	25.2	2.4	6.6	12.2	21.7	77.8	10.2	4.6
11741	SUFFOLK	1000	6087	57	1230	15	981	7.5	14.0	10.3	1.5	5.1	5.0	19.0	260.0	19.0	4.6
11771	NASSAU	357	1974	15	346	5	292	11.6	15.1	20.4	2.4	3.4	4.7	14.0	160.0	11.6	4.6
12065	SARATOGA	1387	8767	81	1836	27	1473	7.5	13.7	8.8	2.4	4.1	6.5	19.5	192.6	18.2	4.6
12110	ALBANY	654	4329	37	572	17	458	4.1	18.8	7.9	3.1	6.6	8.7	18.9	117.6	22.5	4.6
12487	ULSTER	139	799	4	145	0	120	10.0	23.3	20.3	1.9	0.0	0.0	9.6	400.0	15.8	4.6
13027	ONONDAGA	1099	5977	71	1145	38	964	6.6	23.8	19.6	2.0	5.2	11.5	21.5	84.2	14.7	4.6
13029	ONONDAGA	236	1188	23	315	12	239	4.6	30.5	23.5	1.3	0.0	16.9	32.5	91.7	24.7	4.6
14075	ERIE	1373	7640	88	1583	40	1279	7.4	19.6	6.5	1.1	8.6	9.7	21.4	117.5	21.7	4.6
14174	NIAGARA	169	991	14	173	5	120	5.0	30.0	9.5	2.5	0.0	9.9	27.6	120.0	33.3	4.6
14223	ERIE	702	4195	69	902	32	678	6.3	20.5	10.5	1.9	1.5	15.2	32.8	112.5	27.6	4.6
14423	LIVINGSTON	161	934	14	167	7	137	2.9	38.0	28.9	1.6	0.0	14.5	29.0	100.0	19.7	4.6
14625	MONROE	398	1837	22	361	6	288	6.6	15.6	13.9	2.2	0.0	5.0	18.4	266.7	24.7	4.6
14870	STEBEN	313	1711	19	333	15	305	9.2	34.4	31.7	1.3	6.6	16.0	20.2	26.7	7.5	4.6
10913	ROCKLAND	244	1030	6	162	4	147	3.4	32.7	19.7	5.4	13.6	5.5	8.2	50.0	7.5	4.4
10920	ROCKLAND	297	1623	6	318	1	271	8.1	23.2	19.9	3.3	0.0	1.1	6.7	500.0	14.0	4.4
10952	ROCKLAND	1447	6129	99	3148	93	3059	5.1	8.1	65.1	5.2	3.6	21.4	22.8	5.4	1.5	4.4
10980	ROCKLAND	496	2580	21	481	8	404	6.7	23.8	19.3	4.0	0.0	5.4	14.1	137.5	15.8	4.4
10990	ORANGE	800	4393	39	724	12	574	7.0	21.6	11.0	2.8	0.0	5.0	16.3	225.0	20.6	4.4
11777	SUFFOLK	292	1675	15	318	4	264	6.8	15.5	12.8	1.8	7.6	4.6	17.1	250.0	16.7	4.4
11933	SUFFOLK	331	1957	16	279	10	227	6.2	25.1	21.5	6.1	0.0	10.1	16.1	60.0	19.8	4.4
11942	SUFFOLK	205	1088	9	246	2	200	8.5	22.5	18.0	0.6	0.0	3.3	14.6	300.0	20.5	4.4
11955	SUFFOLK	43	474	5	149	4	114	3.5	29.8	16.5	2.1	0.0	31.0	38.8	25.0	23.7	4.4
12027	SARATOGA	129	675	10	139	3	102	4.9	11.8	12.0	3.0	0.0	7.8	25.8	233.3	20.6	4.4
12549	ORANGE	462	2511	21	390	7	317	8.5	18.3	11.2	1.7	0.0	5.1	15.2	200.0	20.5	4.4
13066	ONONDAGA	467	2272	9	352	3	307	10.4	13.7	8.1	3.0	9.8	2.1	6.4	200.0	8.8	4.4
13850	BROOME	2476	6872	39	658	15	521	7.9	17.9	11.4	2.8	5.8	2.0	5.3	153.3	20.3	4.4
10509	PUTNAM	741	4186	23	763	12	667	8.8	24.6	22.8	1.0	6.0	5.4	10.3	91.7	10.6	4.3
10530	WESTCHESTER	355	2088	10	505	3	456	8.6	17.3	7.5	3.2	2.2	2.8	9.4	233.3	10.1	4.3
11735	SUFFOLK	1191	6366	65	1336	30	1118	7.8	16.4	17.1	2.0	3.6	8.4	18.2	103.3	12.7	4.3
11779	SUFFOLK	1338	7848	91	1822	41	1503	5.9	18.0	16.2	2.5	3.3	10.2	22.7	122.0	17.6	4.3
12020	SARATOGA	1044	6012	87	1388	43	1100	5.7	23.5	13.3	2.4	1.8	13.7	27.8	100.0	19.4	4.3
12571	DUTCHESS	632	4230	22	316	10	246	5.3	20.3	18.5	1.3	8.1	5.3	11.6	110.0	26.4	4.3
12572	DUTCHESS	350	2172	13	234	4	182	3.3	21.4	17.3	1.7	5.5	3.8	12.4	225.0	26.9	4.3
12831	SARATOGA	668	4303	28	611	11	469	4.9	16.8	12.0	2.6	4.3	5.5	14.0	136.4	21.3	4.3
13104	ONONDAGA	627	2689	15	455	6	390	6.9	13.1	11.4	3.6	12.8	3.2	8.0	150.0	11.0	4.3
13830	CHENANGO	170	908	14	154	9	133	5.3	35.3	38.3	2.3	0.0	17.6	27.5	55.6	13.5	4.3
14610	MONROE	325	2583	19	589	8	474	5.7	16.7	13.5	1.8	4.2	8.2	19.5	137.5	21.5	4.3
10595	WESTCHESTER	323	1928	4	247	1	209	3.3	12.9	8.0	3.7	14.4	1.0	4.1	300.0	15.3	4.2
10926	ORANGE	119	659	5	160	4	129	7.8	19.4	11.9	5.4	0.0	11.2	14.0	25.0	20.2	4.2
10998	ORANGE	206	978	13	165	5	138	5.8	20.3	11.5	1.6	7.2	8.1	21.0	160.0	13.0	4.2
11751	SUFFOLK	528	2838	20	631	7	514	6.2	13.4	14.7	3.5	3.9	4.4	12.6	185.7	16.3	4.2
11776	SUFFOLK	869	5041	74	1219	40	996	6.8	21.1	14.9	1.8	3.0	15.3	28.4	80.0	18.4	4.2
11789	SUFFOLK	248	1456	17	423	4	346	6.1	16.2	10.3	1.4	2.9	5.4	22.8	325.0	18.5	4.2
11934	SUFFOLK	268	1610	20	398	13	345	4.9	20.9	19.4	2.3	8.7	16.2	24.9	46.2	11.3	4.2
11941	SUFFOLK	137	761	9	136	5	113	4.4	25.7	22.5	2.9	0.0	12.2	21.9	80.0	18.6	4.2
12018	RENSSELAER	265	1509	16	243	8	208	6.7	24.0	6.3	1.0	14.4	10.1	20.1	100.0	13.5	4.2
12051	GREENE	597	2965	12	153	8	123	7.3	36.6	14.9	0.8	16.3	4.5	6.7	50.0	19.5	4.2
12184	COLUMBIA	296	1592	9	233	8	198	6.1	27.3	10.3	4.3	15.2	9.0	10.1	12.5	13.6	4.2
13478	ONEIDA	109	648	14	112	12	101	5.9	31.7	24.2	3.0	0.0	36.7	42.8	8.3	5.9	4.2
13624	JEFFERSON	167	1398	16	162	13	132	0.8	27.3	29.9	1.6	7.6	25.9	31.9	15.4	10.6	4.2
14011	WYOMING	198	1998	19	236	12											

Upstate

12033	RENSSELAER	307	1519	20	270	8	229	4.4	19.2	7.0	1.4	17.5	8.7	21.7	137.5	14.0	4.1
12533	DUTCHESS	1013	5100	49	922	12	776	7.5	12.1	7.3	1.3	5.2	3.9	16.1	300.0	16.2	4.1
13033	CAYUGA	159	849	2	130	2	115	14.8	27.8	30.1	0.0	17.4	4.2	4.2	0.0	7.8	4.1
13041	ONONDAGA	405	2186	33	480	18	409	6.8	18.3	15.1	2.5	0.0	14.8	27.2	77.8	14.4	4.1
14057	ERIE	278	1468	19	257	4	218	7.3	22.0	5.6	1.0	4.6	4.8	22.8	375.0	16.1	4.1
14108	NIAGARA	211	1101	19	217	13	167	4.2	25.1	7.4	1.9	6.0	20.5	30.0	38.5	19.8	4.1
10506	WESTCHESTER	240	939	2	201	0	180	9.4	25.6	11.9	1.4	5.6	0.0	2.8	200.0	8.9	4.0
10706	WESTCHESTER	303	1429	10	226	0	194	7.7	9.8	9.8	3.8	0.0	0.0	11.0	1000.0	14.9	4.0
11001	NASSAU	893	4841	45	1114	24	892	7.5	14.3	15.4	1.1	2.2	9.0	16.8	87.5	17.4	4.0
11709	NASSAU	233	1227	9	202	2	166	9.0	13.3	11.8	0.6	0.0	2.9	12.9	350.0	16.3	4.0
11795	SUFFOLK	1054	5256	25	1039	7	856	8.6	9.2	6.7	1.8	10.5	2.2	7.9	242.9	12.7	4.0
12009	ALBANY	291	1494	13	258	6	211	5.7	22.7	11.5	1.5	4.7	6.9	14.9	116.7	19.0	4.0
13108	ONONDAGA	224	1122	12	201	2	168	2.4	16.7	15.6	0.6	6.0	3.0	17.9	500.0	16.1	4.0
13603	JEFFERSON	284	2038	62	884	53	810	5.6	6.3	1.5	2.3	4.9	62.2	72.8	11.3	3.0	4.0
13656	JEFFERSON	91	466	10	121	5	107	2.8	31.8	39.6	1.0	0.0	18.3	36.6	100.0	7.5	4.0
14086	ERIE	1144	6314	56	1191	20	1001	6.9	15.1	4.7	2.4	5.0	5.8	16.3	165.0	15.2	4.0
14428	MONROE	303	1481	18	287	6	225	4.4	17.3	12.1	1.9	0.0	6.6	19.8	200.0	24.4	4.0
14450	MONROE	1463	7327	66	1442	25	1190	7.3	12.7	8.6	1.3	4.2	5.7	15.0	160.0	18.9	4.0
14487	LIVINGSTON	243	1241	13	229	5	187	5.3	23.0	16.8	1.7	0.0	6.9	17.8	160.0	19.3	4.0
14750	CHAUTAUQUA	129	707	12	164	8	134	6.0	26.9	6.8	1.5	7.5	20.7	31.0	25.0	15.7	4.0
14845	CHEMUNG	675	3719	40	638	28	551	6.9	32.1	28.5	1.8	1.8	13.8	19.8	39.3	12.0	4.0

Attachment 2.1  
 Age-Specific population, Pregnancy and Birth Counts and Vital Statistics Risk Indicators for New York City ZipCodes with 100 or More Births in 2004-2006

Zip Code	County	2004 Population		2004-2006 Total Pregnancies		2004-2006 Total Births		Vital Statistics Risk Indicators							Average Decile Rank		
		15-19	15-44	15-19	15-44	15-19	15-44	LBW%	%OOW	%MA	%PNC	Inf Mort Rate	Birth Rate 15-19	Preg Rate 15-19		Abortion Ratio 15-19	15-44
11212	KINGS	3419	15600	1705	11252	570	4433	14.6	77.3	79.9	11.7	10.4	55.6	166.2	189.3	141.7	9.6
10030	NEW YORK	932	5063	443	2929	155	1196	11.9	71.2	77.1	11.4	7.5	55.4	158.4	180.6	137.0	9.3
10037	NEW YORK	495	2695	242	1565	70	624	13.5	70.8	67.7	9.7	16.0	47.1	163.0	238.6	141.2	9.2
11233	KINGS	2582	12418	1166	7595	359	2940	12.9	75.2	74.8	8.5	8.5	46.3	150.5	212.3	146.6	9.1
11207	KINGS	3600	18265	1555	10536	546	4461	11.5	74.1	75.9	10.0	10.8	50.6	144.0	173.1	123.7	9.0
11216	KINGS	1926	10453	833	6061	246	2369	12.5	70.2	73.5	9.8	8.9	42.6	144.2	227.2	146.0	9.0
11221	KINGS	3048	15980	1405	8932	458	3760	9.9	74.1	79.2	8.5	7.4	50.1	153.7	192.1	124.4	8.7
11692	QUEENS	577	3037	283	1714	112	832	12.6	69.4	66.9	11.9	8.4	64.7	163.5	150.0	97.8	8.7
11226	KINGS	3610	20416	1420	11970	462	5306	10.9	65.5	76.9	10.0	6.8	42.7	131.1	200.2	115.6	8.6
10026	NEW YORK	1130	6915	465	3337	145	1564	11.1	62.6	67.5	9.5	8.3	42.8	137.2	214.5	105.5	8.4
11436	QUEENS	733	3706	266	1761	80	774	14.2	63.6	49.8	9.0	9.0	36.4	121.0	225.0	117.1	8.4
11203	KINGS	2643	15690	905	8042	251	3292	11.4	60.8	67.5	9.9	8.8	31.7	114.1	253.0	134.0	8.3
11208	KINGS	3540	18485	1428	9989	544	4625	11.1	67.1	65.8	8.7	8.0	51.2	134.5	155.0	105.4	8.3
11434	QUEENS	2094	10951	686	5302	209	2218	12.7	64.9	50.9	9.2	8.1	33.3	109.2	222.0	127.5	8.3
10035	NEW YORK	1194	7861	584	3447	224	1569	10.3	74.3	79.7	8.6	3.8	62.5	163.0	154.0	111.7	8.2
10456	BRONX	3451	17205	1644	10428	656	4833	11.4	74.7	72.1	7.8	4.6	63.4	158.8	143.4	106.0	8.2
11225	KINGS	1997	11604	717	6394	209	2823	10.1	56.4	68.9	8.8	8.9	34.9	119.7	235.9	116.2	8.2
10039	NEW YORK	895	4592	436	2782	140	1172	10.4	75.3	80.2	9.6	0.9	52.1	162.4	205.7	128.2	8.1
10454	BRONX	1643	8105	754	4362	331	2133	10.5	81.3	83.6	9.8	4.7	67.2	153.0	118.4	93.7	8.1
11412	QUEENS	1207	6706	425	3211	127	1386	11.4	63.3	48.9	9.9	13.7	35.1	117.4	224.4	122.0	8.1
11433	QUEENS	1241	6259	429	3120	169	1395	11.5	68.3	57.5	10.7	12.9	45.4	115.2	146.7	110.8	8.1
10451	BRONX	1804	8618	764	4556	316	2111	10.3	75.7	77.4	7.3	5.7	58.4	141.2	132.3	105.2	8.0
10459	BRONX	1782	9273	815	4879	325	2243	10.0	77.9	75.6	7.5	4.0	60.8	152.5	144.0	108.9	8.0
11224	KINGS	1548	8398	555	3287	189	1584	11.8	54.8	72.4	7.1	10.1	40.7	119.5	181.5	96.8	8.0
10029	NEW YORK	2765	17541	1249	7342	475	3354	10.2	71.6	77.7	7.0	3.3	57.3	150.6	156.0	109.9	7.9
10473	BRONX	2498	12270	827	5135	304	2230	12.6	69.2	66.1	5.7	5.4	40.6	110.4	164.8	121.4	7.9
11236	KINGS	3413	18089	976	8864	250	3827	11.7	55.7	57.5	7.9	11.2	24.4	95.3	281.6	119.7	7.9
11413	QUEENS	1269	7321	391	3139	105	1422	12.1	56.9	43.8	8.4	9.1	27.6	102.7	262.9	111.4	7.9
10027	NEW YORK	2907	14697	713	4836	208	2202	11.8	60.0	66.1	9.0	6.4	23.9	81.8	235.6	110.4	7.8
10455	BRONX	1697	8407	755	4644	336	2135	9.8	78.4	82.5	9.4	2.8	66.0	148.3	117.6	108.4	7.8
10466	BRONX	2758	14339	971	6761	384	3263	11.5	68.6	67.0	5.8	10.1	46.4	117.4	144.3	97.8	7.8
11101	QUEENS	767	5686	230	1966	86	1001	9.6	56.2	71.6	10.3	10.0	37.4	100.0	159.3	89.3	7.8
11213	KINGS	2378	11455	871	7692	272	3450	9.4	55.7	70.8	8.5	7.2	38.1	122.1	209.9	113.8	7.8
10031	NEW YORK	1996	13438	848	5446	331	2750	9.9	70.1	81.2	7.0	4.4	55.3	141.6	149.5	91.6	7.7
10460	BRONX	2289	12261	989	6194	422	2942	10.8	76.9	70.8	5.5	5.4	61.5	144.0	127.7	101.3	7.7
11429	QUEENS	904	5067	260	2142	75	948	11.5	54.2	49.9	6.7	12.7	27.7	95.9	244.0	114.3	7.7
11693	QUEENS	404	2038	115	814	44	425	12.2	50.1	48.1	9.4	11.8	36.3	94.9	159.1	83.8	7.4
10452	BRONX	3062	16861	1241	8934	507	4582	9.4	70.3	76.0	7.7	4.1	55.2	135.1	135.7	85.7	7.3
10453	BRONX	3042	15815	1404	9348	564	4528	9.3	74.1	70.9	5.9	4.2	61.8	153.8	140.8	96.8	7.3
10472	BRONX	2666	14541	997	7318	455	3607	10.2	71.8	79.2	7.1	3.0	56.9	124.7	111.9	93.6	7.3
11422	QUEENS	1000	5581	264	2499	75	1143	11.3	53.2	38.9	7.7	10.5	25.0	88.0	245.3	110.4	7.3
10469	BRONX	2303	12135	583	5129	191	2566	11.3	56.9	61.0	7.1	7.0	27.6	84.4	200.5	92.1	7.2
10474	BRONX	1911	12310	255	1475	100	667	9.4	81.7	77.7	8.0	7.5	17.4	44.5	147.0	111.1	7.2
11239	KINGS	470	2641	144	1037	41	434	7.4	60.8	54.8	6.7	9.2	29.1	102.1	236.6	127.9	7.2
11691	QUEENS	2009	10737	620	5263	254	2925	10.5	51.1	55.7	10.2	8.2	42.1	102.9	136.6	71.9	7.2
10032	NEW YORK	1974	14074	788	5327	306	2706	8.9	64.8	77.4	6.0	2.6	51.7	133.1	152.6	90.3	7.1
10457	BRONX	2997	16102	1344	8809	563	4271	11.2	76.4	63.8	5.5	3.0	62.6	149.5	128.8	95.1	7.1
11411	QUEENS	582	3524	140	1374	30	607	11.2	50.4	40.2	6.9	11.5	17.2	80.2	356.7	116.0	7.1
11419	QUEENS	1567	10140	424	4106	136	2061	13.1	44.7	49.1	9.0	8.2	28.9	90.2	200.7	89.4	7.1
11423	QUEENS	951	5785	239	2324	61	1142	10.3	46.4	48.4	8.1	7.9	21.4	83.8	283.6	93.8	7.1
10303	RICHMOND	969	5020	386	2370	152	1218	9.4	56.2	59.4	6.6	4.1	52.3	132.8	148.7	83.4	7.0
10468	BRONX	2752	15527	1038	7731	425	3930	9.1	68.6	73.1	5.1	4.6	51.5	125.7	136.0	87.3	7.0
11206	KINGS	2999	15923	1105	8010	416	4202	8.1	50.3	74.9	5.8	5.5	46.2	122.8	156.0	79.9	7.0
11368	QUEENS	2826	20280	1064	9817	574	6309	7.2	63.7	82.6	13.8	5.2	67.7	125.5	79.6	48.0	7.0

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10458	BRONX	3602	17947	1235	8751	530	4443	9.3	70.1	66.1	4.9	5.0	49.0	114.3	125.5	88.2	6.9
10467	BRONX	3517	19415	1256	9772	447	4887	9.1	62.9	73.9	5.9	3.3	42.4	119.0	172.0	91.5	6.9
11238	KINGS	1466	10568	420	4262	118	1985	10.0	46.7	46.1	5.8	7.1	26.8	95.5	248.3	104.3	6.9
11237	KINGS	1935	11439	728	5614	367	3149	7.3	72.4	88.0	7.4	2.9	63.2	125.4	86.9	65.0	6.7
11416	QUEENS	799	4925	240	2029	82	1090	10.6	46.1	48.9	6.4	6.4	34.2	100.1	176.8	75.5	6.7
11420	QUEENS	1478	9328	378	3715	114	1851	12.6	44.0	45.5	6.7	5.9	25.7	85.3	222.8	90.0	6.7
11432	QUEENS	1855	11363	403	4480	127	2542	9.5	41.8	58.6	9.5	7.1	22.8	72.4	211.0	67.8	6.7
10304	RICHMOND	1573	8480	454	3628	180	1897	9.4	51.9	57.8	5.7	4.7	38.1	96.2	145.0	80.3	6.4
10475	BRONX	1225	6481	299	2188	73	1001	10.4	57.0	43.8	3.5	6.0	19.9	81.4	301.4	109.6	6.4
10034	NEW YORK	1366	9403	449	3381	163	1781	7.4	58.5	72.4	4.6	3.9	39.8	109.6	169.9	82.8	6.3
10036	NEW YORK	165	3678	62	1055	14	582	13.2	28.9	33.2	4.8	3.4	28.3	125.3	328.6	73.5	6.2
11421	QUEENS	1231	7759	336	2852	128	1648	7.6	48.4	46.5	8.1	7.3	34.7	91.0	153.9	63.7	6.2
11428	QUEENS	687	4196	175	1491	51	803	9.8	37.5	49.2	5.5	5.0	24.7	84.9	243.1	78.3	6.2
10462	BRONX	2778	15523	671	6799	236	3502	9.6	52.1	61.5	5.5	3.1	28.3	80.5	177.1	86.2	6.0
10470	BRONX	456	2922	114	1091	33	643	10.7	49.1	50.5	3.5	4.7	24.1	83.3	233.3	62.7	6.0
11205	KINGS	1487	8262	436	3357	159	1816	9.3	45.9	65.2	5.8	2.8	35.6	97.7	161.0	75.9	6.0
11427	QUEENS	751	4460	115	1356	26	805	12.3	26.7	40.7	4.7	11.2	11.5	51.0	338.5	60.4	6.0
11435	QUEENS	1650	10724	445	4365	185	2548	9.2	48.2	50.2	8.2	5.1	37.4	89.9	131.4	62.4	6.0
10033	NEW YORK	1799	12583	598	4310	222	2436	7.7	56.1	70.4	4.5	2.1	41.1	110.8	164.4	71.2	5.9
10302	RICHMOND	683	4013	220	1509	104	943	7.5	54.3	62.5	4.1	8.5	50.8	107.4	104.8	50.9	5.9
11106	QUEENS	1095	9375	225	2528	92	1491	8.1	40.0	65.0	10.4	5.4	28.0	68.5	138.0	62.1	5.9
11369	QUEENS	1240	7662	313	2713	136	1661	6.8	60.1	74.2	14.8	3.6	36.6	84.1	122.8	54.8	5.9
10040	NEW YORK	1428	9228	426	3460	169	1999	7.6	58.3	71.1	5.6	2.0	39.4	99.4	145.0	66.6	5.8
10301	RICHMOND	1503	8742	402	2897	162	1585	8.7	51.0	55.0	4.8	4.4	35.9	89.2	138.3	73.3	5.8
10038	NEW YORK	706	4762	90	950	20	590	8.3	32.7	50.0	4.9	8.5	9.4	42.5	340.0	55.3	5.7
10461	BRONX	1358	10189	393	3174	77	1817	9.1	33.3	40.0	2.9	6.1	18.9	96.5	402.6	68.4	5.7
11372	QUEENS	1817	14273	466	5288	204	3233	7.0	47.3	73.7	12.9	2.2	37.4	85.5	123.5	56.8	5.7
11418	QUEENS	1146	7545	281	2985	107	1683	8.8	45.2	41.0	7.2	4.8	31.1	81.7	157.0	67.4	5.7
11234	KINGS	2745	15907	478	5649	132	3167	9.4	32.0	38.4	5.6	4.4	16.0	58.0	256.1	69.3	5.6
10001	NEW YORK	586	4823	120	1093	29	536	8.2	32.5	35.0	5.6	3.7	16.5	68.3	300.0	92.4	5.4
11102	QUEENS	998	7753	285	2454	133	1496	8.0	42.4	61.3	13.4	1.3	44.4	95.2	108.3	58.8	5.4
11210	KINGS	2555	13977	427	5400	135	3028	10.2	35.4	48.3	6.5	3.6	17.6	55.7	205.2	68.0	5.4
11217	KINGS	811	7588	254	2557	99	1385	7.6	34.9	35.8	3.6	4.3	40.7	104.4	151.5	75.9	5.4
11356	QUEENS	631	4200	112	1418	40	924	7.9	32.6	50.3	5.7	7.6	21.1	59.2	177.5	46.6	5.4
11370	QUEENS	870	5965	152	1867	59	1222	7.5	41.4	65.5	11.7	3.3	22.6	58.2	154.2	45.2	5.4
11417	QUEENS	964	5873	224	2163	76	1276	9.5	39.7	42.3	6.2	4.7	26.3	77.5	184.2	61.4	5.4
10009	NEW YORK	1190	12232	361	3295	121	1648	6.9	39.2	39.8	4.9	3.6	33.9	101.1	186.8	90.2	5.2
10463	BRONX	2047	13082	442	4461	165	2690	9.8	43.2	48.0	3.4	3.3	26.9	72.0	164.8	60.3	5.1
11103	QUEENS	1047	10066	106	2245	47	1463	7.9	31.6	60.6	11.9	6.8	15.0	33.7	119.1	47.9	5.1
11105	QUEENS	946	8972	111	1828	31	1155	6.2	24.9	45.2	8.0	6.1	10.9	39.1	254.8	52.6	5.1
11201	KINGS	1178	11166	293	3211	77	1791	8.2	23.6	25.2	3.5	4.5	21.8	82.9	267.5	68.7	5.1
11373	QUEENS	2554	21187	564	7381	278	5216	6.1	47.0	77.7	12.6	2.7	36.3	73.6	97.5	35.5	5.1
11377	QUEENS	2337	19236	442	5979	184	3876	6.9	44.7	70.8	12.7	2.6	26.2	63.0	134.2	47.4	5.1
10310	RICHMOND	862	4672	219	1723	89	1034	8.0	43.2	48.6	4.7	3.9	34.4	84.7	139.3	55.4	5.0
10465	BRONX	1476	8396	241	2271	63	1300	9.0	38.5	34.5	2.7	5.4	14.2	54.4	276.2	68.8	5.0
11232	KINGS	960	6584	308	2485	173	1624	6.7	54.6	75.7	3.3	0.6	60.1	106.9	71.7	44.0	5.0

## Attachment 2.2

High Risk ZIP Codes for Upstate and NYC  
Unserved and Underserved  
by the NYS Family Planning Program

The following ZIP codes have both high risk indicators normally associated with unintended pregnancies and poor birth outcomes listed in Attachment 2.1b, and are unserved or underserved by current NYS Family Planning Providers.

Age-Specific population, Pregnancy and Birth Counts and Vital Statistics Risk Indicators for Designated High-Risk Upstate New York ZipCodes with 100 or More Births in 2004-2006

Zip Code	County	2004		2004-2006		2004-2006		Vital Statistics Risk Indicators						Average	
		Population		Total Pregnancies		Total Births		LBW%	%OOW	%MA	%PNC	Inf Mort Rate	Birth Rate 15-19	Preg Rate 15-19	Decile Rank
		15-19	15-44	15-19	15-44	15-19	15-44								
12202	ALBANY	345	2021	108	778	63	528	9.8	79.4	54.8	6.6	24.6	60.9	104.3	9.2
12206	ALBANY	585	3312	220	1239	140	845	11.2	75.7	52.7	6.7	9.5	79.8	125.4	9.2
12210	ALBANY	212	2178	77	660	47	435	12.4	71.7	45.9	6.3	20.7	73.9	121.1	9.2
13904	BROOME	272	1629	67	471	36	308	8.1	49.0	38.4	4.4	19.5	44.1	82.1	8.3
13905	BROOME	685	5650	223	1504	116	957	7.1	48.9	43.4	4.3	5.2	56.4	108.5	8.0
14048	CHAUTAUQUA	485	2912	121	733	83	541	7.9	53.8	46.6	9.3	9.2	57.0	83.2	8.2
13783	DELAWARE	81	437	18	123	13	106	13.2	52.8	64.8	6.4	9.4	53.5	74.1	8.0
12601	DUTCHESS	2247	10817	429	2898	182	1808	7.7	54.0	49.0	5.4	5.0	27.0	63.6	8.1
14201	ERIE	357	2341	172	969	119	629	9.4	68.7	39.0	7.6	14.3	111.1	160.6	8.9
14204	ERIE	324	1543	130	677	70	345	13.0	78.8	37.5	3.2	8.7	72.0	133.7	8.7
14206	ERIE	631	3767	142	1088	80	739	9.2	57.5	29.6	4.9	10.8	42.3	75.0	8.4
14207	ERIE	811	4667	286	1581	182	1039	9.3	70.9	45.9	4.5	7.7	74.8	117.6	8.6
14208	ERIE	657	2237	154	721	80	362	13.0	80.7	47.2	11.0	13.8	40.6	78.1	9.3
14209	ERIE	187	1387	87	473	43	270	10.0	66.7	36.4	4.6	7.4	76.6	155.1	8.8
14211	ERIE	974	4534	420	2196	243	1189	12.7	82.4	45.5	7.0	22.7	83.2	143.7	9.3
14212	ERIE	456	2386	203	960	124	592	14.9	79.9	49.2	5.8	23.6	90.6	148.4	9.1
14213	ERIE	1101	6094	345	1951	230	1281	9.7	71.1	42.1	7.1	4.7	69.6	104.5	8.3
14214	ERIE	935	4790	172	1124	74	628	12.7	53.0	33.4	5.2	6.4	26.4	61.3	8.4
14215	ERIE	1536	7700	749	3711	369	1787	13.5	76.6	42.3	6.5	15.1	80.1	162.5	9.4
14218	ERIE	585	3395	142	1007	91	740	11.2	48.1	26.5	7.2	13.5	51.9	80.9	8.4
14605	MONROE	573	2704	261	1239	164	758	13.1	85.6	86.9	4.5	10.6	95.4	151.8	9.0
14606	MONROE	917	5240	299	1746	184	1195	9.4	56.5	53.1	3.7	9.2	66.9	108.7	8.8
14608	MONROE	455	2255	229	1068	133	614	13.5	83.7	83.8	6.6	16.3	97.4	167.8	9.4
14609	MONROE	1406	7979	497	3172	292	2103	9.7	58.9	54.3	3.5	12.4	69.2	117.8	8.9
14611	MONROE	660	3227	348	1542	216	910	13.1	84.9	80.6	5.7	15.4	109.1	175.8	9.2
14613	MONROE	597	3146	255	1295	158	788	11.0	76.9	74.2	3.8	15.2	88.2	142.4	9.0
14615	MONROE	458	2958	129	1053	70	712	9.8	55.9	47.4	2.2	5.6	50.9	93.9	8.1
14619	MONROE	556	2636	235	1178	112	662	10.6	68.7	60.1	4.6	19.6	67.1	140.9	9.4
14621	MONROE	1258	5960	644	2912	413	1879	11.3	81.2	79.1	5.7	12.2	109.4	170.6	9.0
11550	NASSAU	2800	13413	601	4496	343	3213	9.8	65.2	64.0	5.8	7.8	40.8	71.5	8.6
11553	NASSAU	835	4607	175	1684	102	1236	9.9	55.3	56.8	5.3	5.7	40.7	69.9	8.2
11575	NASSAU	511	2902	190	1250	110	894	11.0	67.3	61.8	6.2	8.9	71.8	123.9	9.2
14301	NIAGARA	406	2346	178	836	105	520	12.9	73.7	43.0	4.5	17.3	86.2	146.1	8.9
14305	NIAGARA	584	3218	232	1083	132	659	10.9	66.0	37.4	4.4	7.6	75.3	132.4	8.6
13501	ONEIDA	1253	6683	405	2400	242	1665	9.2	58.2	69.4	8.5	15.0	64.4	107.7	9.1
13502	ONEIDA	1170	6533	281	1890	124	1222	10.5	51.4	56.6	7.5	9.8	35.3	80.1	9.1
13202	ONONDAGA	184	1217	119	514	61	293	10.6	76.1	79.9	4.9	17.1	110.5	215.6	9.4
13203	ONONDAGA	494	3221	147	1048	99	714	11.3	66.8	66.8	6.3	5.6	66.8	99.2	8.8
13204	ONONDAGA	726	4193	367	1788	268	1235	11.3	79.4	76.7	6.8	6.5	123.0	168.5	8.8
13205	ONONDAGA	645	3081	318	1448	211	954	12.5	74.1	70.8	7.2	15.7	109.0	164.3	9.2
13207	ONONDAGA	550	2670	199	1044	116	706	13.6	62.6	54.5	3.9	5.7	70.3	120.6	8.7
13208	ONONDAGA	680	4109	249	1623	182	1178	9.2	67.6	67.5	5.9	13.6	89.2	122.1	8.7
10940	ORANGE	1911	10574	375	2984	209	2191	8.6	51.4	48.0	5.8	7.8	36.5	65.4	8.2

Age-Specific population, Pregnancy and Birth Counts and Vital Statistics Risk Indicators for Designated High-Risk Upstate New York ZipCodes with 100 or More Births in 2004-2006

Zip Code	County	2004		2004-2006		2004-2006		Vital Statistics Risk Indicators						Average	
		Population		Total Pregnancies		Total Births		LBW%	%OOW	%MA	%PNC	Inf Mort	Birth Rate	Preg Rate	Decile
		15-19	15-44	15-19	15-44	15-19	15-44					Rate	15-19	15-19	Rank
12550	ORANGE	2271	12100	543	4098	295	2774	8.7	56.6	53.9	6.1	6.5	43.3	79.7	8.8
12304	SCHENECTADY	710	3944	192	1353	94	853	8.2	51.6	41.4	5.9	12.9	44.1	90.1	8.7
12305	SCHENECTADY	462	1798	52	311	19	178	11.8	62.9	54.0	7.2	0.0	13.7	37.5	8.0
12307	SCHENECTADY	232	1154	141	816	84	483	12.6	76.8	56.4	11.7	6.2	120.7	202.6	9.0
12308	SCHENECTADY	399	2796	162	1070	81	665	9.2	55.9	42.9	6.8	6.0	67.7	135.3	8.8
11798	SUFFOLK	660	3299	185	1221	133	926	12.5	64.6	61.5	11.1	9.7	67.2	93.4	8.8
12701	SULLIVAN	496	2677	141	769	80	508	11.2	65.4	63.8	6.9	15.7	53.8	94.8	9.4
12754	SULLIVAN	235	1360	57	413	30	282	8.2	58.2	57.9	5.2	10.6	42.6	80.9	8.9
12779	SULLIVAN	39	233	28	180	20	129	10.1	72.1	75.0	6.3	0.0	170.9	239.3	8.0
12401	ULSTER	1146	6748	270	1970	138	1299	8.4	53.0	45.3	4.0	9.2	40.1	78.5	8.6
12839	WASHINGTON	407	2577	121	711	62	499	9.8	49.1	42.3	2.9	14.0	50.8	99.1	8.6
10550	WESTCHESTER	1278	6689	364	2837	180	1829	11.7	64.5	66.3	8.0	7.7	46.9	94.9	9.3
10553	WESTCHESTER	382	2047	71	584	32	397	13.6	59.2	47.8	7.4	15.1	27.9	62.0	9.1
10566	WESTCHESTER	823	5094	169	1590	101	1198	8.2	47.4	53.9	6.2	6.7	40.9	68.4	8.0
10601	WESTCHESTER	270	2287	69	627	31	443	8.4	43.6	52.3	5.5	11.3	38.3	85.2	8.8
10701	WESTCHESTER	2176	12486	621	4470	358	3178	9.8	58.4	67.6	8.5	4.4	54.8	95.1	8.7
10705	WESTCHESTER	1365	7836	316	2468	207	1899	8.8	53.9	67.2	7.0	6.8	50.5	77.2	8.3
10801	WESTCHESTER	1284	7396	281	2343	129	1723	9.9	41.1	59.1	6.2	3.5	33.5	72.9	8.0

Age-Specific population, Pregnancy and Birth Counts and Vital Statistics Risk Indicators for Designated High-Risk New York City ZipCodes with 100 or More Births in 2004-2006

Zip Code	County	2004		2004-2006		2004-2006		Vital Statistics Risk Indicators						Average	
		Population 15-19	15-44	Total Pregnancies 15-19	15-44	Total Births 15-19	15-44	LBW%	%OOW	%MA	%PNC	Inf Mort Rate	Birth Rate 15-19	Preg Rate 15-19	Decile Rank
10451	BRONX	1804	8618	764	4556	316	2111	10.3	75.7	77.4	7.3	5.7	58.4	141.2	8.0
10454	BRONX	1643	8105	754	4362	331	2133	10.5	81.3	83.6	9.8	4.7	67.2	153.0	8.1
10456	BRONX	3451	17205	1644	10428	656	4833	11.4	74.7	72.1	7.8	4.6	63.4	158.8	8.2
10459	BRONX	1782	9273	815	4879	325	2243	10.0	77.9	75.6	7.5	4.0	60.8	152.5	8.0
11203	KINGS	2643	15690	905	8042	251	3292	11.4	60.8	67.5	9.9	8.8	31.7	114.1	8.3
11207	KINGS	3600	18265	1555	10536	546	4461	11.5	74.1	75.9	10.0	10.8	50.6	144.0	9.0
11208	KINGS	3540	18485	1428	9989	544	4625	11.1	67.1	65.8	8.7	8.0	51.2	134.5	8.3
11212	KINGS	3419	15600	1705	11252	570	4433	14.6	77.3	79.9	11.7	10.4	55.6	166.2	9.6
11216	KINGS	1926	10453	833	6061	246	2369	12.5	70.2	73.5	9.8	8.9	42.6	144.2	9.0
11221	KINGS	3048	15980	1405	8932	458	3760	9.9	74.1	79.2	8.5	7.4	50.1	153.7	8.7
11224	KINGS	1548	8398	555	3287	189	1584	11.8	54.8	72.4	7.1	10.1	40.7	119.5	8.0
11225	KINGS	1997	11604	717	6394	209	2823	10.1	56.4	68.9	8.8	8.9	34.9	119.7	8.2
11226	KINGS	3610	20416	1420	11970	462	5306	10.9	65.5	76.9	10.0	6.8	42.7	131.1	8.6
11233	KINGS	2582	12418	1166	7595	359	2940	12.9	75.2	74.8	8.5	8.5	46.3	150.5	9.1
10026	NEW YORK	1130	6915	465	3337	145	1564	11.1	62.6	67.5	9.5	8.3	42.8	137.2	8.4
10030	NEW YORK	932	5063	443	2929	155	1196	11.9	71.2	77.1	11.4	7.5	55.4	158.4	9.3
10035	NEW YORK	1194	7861	584	3447	224	1569	10.3	74.3	79.7	8.6	3.8	62.5	163.0	8.2
10037	NEW YORK	495	2695	242	1565	70	624	13.5	70.8	67.7	9.7	16.0	47.1	163.0	9.2
10039	NEW YORK	895	4592	436	2782	140	1172	10.4	75.3	80.2	9.6	0.9	52.1	162.4	8.1
11412	QUEENS	1207	6706	425	3211	127	1386	11.4	63.3	48.9	9.9	13.7	35.1	117.4	8.1
11433	QUEENS	1241	6259	429	3120	169	1395	11.5	68.3	57.5	10.7	12.9	45.4	115.2	8.1
11434	QUEENS	2094	10951	686	5302	209	2218	12.7	64.9	50.9	9.2	8.1	33.3	109.2	8.3
11436	QUEENS	733	3706	266	1761	80	774	14.2	63.6	49.8	9.0	9.0	36.4	121.0	8.4
11692	QUEENS	577	3037	283	1714	112	832	12.6	69.4	66.9	11.9	8.4	64.7	163.5	8.7

## Attachment 2.3

**Component 1**  
**Application Checklist**  
**Comprehensive Family Planning and Reproductive Health Care Services**

Use this checklist to confirm that all sections are included and in the proper sequence in your application for submission to the Bureau of Maternal and Child Health.

***For applicants applying for Part A, Part B, or Part A and B***

**SECTION A - ADMINISTRATIVE FORMS and APPLICATION**

- \_\_\_\_\_ Application Checklist (this form)
- \_\_\_\_\_ Cover Letter (with original signature)
- \_\_\_\_\_ Application Cover Sheet (see Attachment 2.4a)
- \_\_\_\_\_ Attestation of Commitment (see Attachment 2.4b)
- \_\_\_\_\_ Executive Summary
- \_\_\_\_\_ Experience and Organizational Capability
  - Organizational Chart
  - Resumes of Key Staff
- \_\_\_\_\_ Statement of Need
- \_\_\_\_\_ Project Narrative
- \_\_\_\_\_ Program Performance

**SECTION B – BUDGET**

- \_\_\_\_\_ Justification (see Attachment 2.8)
- \_\_\_\_\_ Budget Forms (see Attachment 2.9)

**SECTION C - WORK PLAN (see Attachment 2.5)**

- \_\_\_\_\_ Work Plan Worksheets

**SECTION D – Administrative Documents for Clinical Services (see Attachment 2.6 and 2.7)**

- \_\_\_\_\_ Title X Assurance of Compliance
- \_\_\_\_\_ Clinic Site Demographic Info
- \_\_\_\_\_ Clinic Services Schedule
- \_\_\_\_\_ Family Planning Services Provided
- \_\_\_\_\_ Patient Cost Share Schedule/Sliding Fee Scale
- \_\_\_\_\_ Family Planning Formulary

- \_\_\_\_\_ Limited English Proficiency Services
- \_\_\_\_\_ Staff Training Calendar
- \_\_\_\_\_ Attestation for Required Policies and Procedures

***For applicants applying for Parts C, Subpart 1 (a)***

- \_\_\_\_\_ Attachment 2.10
- \_\_\_\_\_ Budget Forms (see Attachment 2.9)

***For applicants applying for Parts C, Subpart 1 (b)***

- \_\_\_\_\_ Attachment 2.11
- \_\_\_\_\_ Budget Forms (see Attachment 2.9)

***For applicants applying for Parts C, Subpart 1 (c)***

- \_\_\_\_\_ Attachment 2.12
- \_\_\_\_\_ Budget Forms (see Attachment 2.9)

***For applicants applying for Part C, Subpart 2***

- \_\_\_\_\_ Attachment 2.1

## Attachment 2.4a

NEW YORK STATE DEPARTMENT OF HEALTH  
Comprehensive Family Planning and Reproductive Health Care Services RFA  
Component 1 Coversheet

NEW YORK STATE DEPARTMENT OF HEALTH  
Comprehensive Family Planning and Reproductive Health Care Services RFA  
Component 1 Coversheet

1. Title of Project (Program):	
2. Name and Address of Applicant:  Internet Address:	
3. Employer's Identification Number: (Federal E.I.N)	6. Budget Period: <b>January 1, 2011 – December 31, 2011</b>
4. NYS Charity Registration Number:	7. Total Amount Requested for budget period:

**PROGRAM AND SERVICES** (Indicate categories for which support is being requested)

**Part A Required Core Family Planning Services** ( If applying for multiple FPSAs, make additional copies, submit one coversheet for each FPSA)

**Region (Attachment 2.1a):**

**FPSA Designation(Attachment 2.1a):** \_\_\_\_\_ **Total Funding Requested (Part A):** \_\_\_\_\_

**Projected Client Volume for FPSA (Attachment 2.1a):** \_\_\_\_\_

**For each proposed clinic site enter each site in one of the boxes below using the following format (use a separate box for each site): County/Zip Code/Address of each clinic site/Client volume at each site.**

Example: Allegany/14813/7Court Street Belmont/250

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- 
- 
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- 
- 

**Part B Targeted Expansion to High-Need Underserved Geographic Area**

Region (Attachment 2.1a):  Amount Funding Requested:

The proposed clinic should be located in an area accessible to one of the ZIP codes listed in Attachment 2.1b.

Enter ZIP code from Attachment 2.1b:

**In the text box below enter County/Zip code/Address of clinic site /Proposed client volume (must be at least 1000**

NEW YORK STATE DEPARTMENT OF HEALTH  
Comprehensive Family Planning and Reproductive Health Care Services RFA  
Component 1 Coversheet

clients).

[Click here to enter text.](#)

### ENHANCED SERVICES Part C

**Subpart 1(a)** Increase access to Family Planning Benefit Program

Region: [Click here to enter text.](#)

Amount Funding Requested: **Enter Amount**

**Subpart 1(b)** Enhanced Services for High-risk and Underserved Populations

Incarcerated Populations  Other High-risk and Underserved Populations

Amount Funding Requested: **Enter Amount**

**Subpart 1(c)** Strengthening Cultural Competency Project

Amount Funding Requested: **Enter Amount**

**Subpart 2** Participation in the Infertility Prevention Program (IPP)

Enter Annual Volume of Chlamydia tests: [Click here to enter text.](#)

Enter Prevalence Rate among Eligible Clients Tested: [Click here to enter text.](#)

**Subpart 3** Purchase of HPV Vaccinations (Check if agency agrees to provide vaccinations to eligible clients)

Accept HPV funding  Decline HPV funding

### Is applicant:

Article 28 Family Planning Provider

Section 330 Facility

Adding Family Planning to Operating Certificate /Signed Attestation Included

Family Planning on Operating Certificate

### 5. Project Director :

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Telephone (area code and extension):

[Click here to enter text.](#)

Fax Number: [Click here to enter text.](#)

E-mail Address: [Click here to enter text.](#)

### 8. Financial Management Official:

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Telephone (area code and extension):

[Click here to enter text.](#)

Fax Number: [Click here to enter text.](#)

E-mail Address: [Click here to enter text.](#)

### Authorized Representative

Print Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

### Authorized Representative

Signature:

Date:

Attachment 2.4b

**Attestation of Commitment**  
to include Family Planning Services to Operating Certificate

*Note: For applicants that do not already have Family Planning on your facility's operating certificate, submission of this form is required. Applications that do not include this completed attestation form will not be reviewed.*

By signing this Attestation the Chief Executive Officer (CEO) of Applicant Agency hereby commits to work with the NYSDOH's Office of Health System Management to ensure that they are actively pursuing the Certificate of Need process (if necessary) and are in the process of acquiring a new or amended Operating Certificate which includes family planning. Applicants will take into account that the process may be lengthy and will plan an appropriate timeline.

Please refer to the following website for an overview of the process:

[http://www.nyhealth.gov/facilities/cons/more\\_information/index.htm#introduction](http://www.nyhealth.gov/facilities/cons/more_information/index.htm#introduction)

Applicant Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CEO name: \_\_\_\_\_

CEO signature: \_\_\_\_\_

## Attachment 2.5

## Attachment 2.5

### NYSDOH Family Planning Program Work Plan Template and Instructions

#### Component 1

**Purpose:** The purpose of this Request for Applications (RFA) is to support agencies that provide low income, uninsured and underinsured women, men, adolescents, and racial and ethnic minorities in New York State (NYS) with high quality clinical family planning and reproductive health services, with the overall goals of reducing unintended pregnancies, improving the health of families, and reducing health disparities in individuals living in NYS. These family planning programs will provide comprehensive reproductive health care and family planning services targeting eligible women, men, adolescents, and racial and ethnic minorities who are either low income, uninsured or underinsured for these services through public education, outreach and inreach efforts. Applicants should strive to include activities which are intended to reduce health disparities in their communities.

Agencies funded as a result of this RFA will ensure that the priority populations, as defined in this RFA, are recruited and provided with access to comprehensive reproductive health care and family planning services. To achieve this end, applicants should develop work plan activities that include required activities (as stated in the RFA, Attachment 1.1, Core Program Activities and Services). The applicant must develop a workplan which includes objectives and activities designed to achieve the required health outcomes listed below:

- 1. Outreach and Access** –Recruit, maintain and serve priority populations (women, men, adolescents, and racial and ethnic minorities who are either low income, uninsured or underinsured) through public education, social marketing, mass media and active outreach and inreach activities.
- 2. Effective Contraceptive Methods** – Ensure that a full range of Food and Drug Administration (FDA) approved contraceptive methods are available including oral contraceptives, implants and intrauterine devices (IUD), direct provision of injectable contraceptives, barrier contraceptive methods, contraceptive patches and rings, and Emergency Contraception (EC). This also includes the provision of contraceptive counseling and instructions regarding contraceptive methods of choice.
- 3. STI Screening and Treatment** – Screen all clients for sexually transmitted infections and follow CDC comprehensive guidelines for the treatment of persons who have sexually transmitted infections. All women under age 26 should be tested for Chlamydia at initial and annual family planning visits.
- 4. Cancer Services** – Provide clinical breast exams and cervical cancer screening and follow up on abnormal results. Agencies will have written policies/procedures for follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings. For services determined to be necessary, but which are beyond the scope of the family planning program, clients will be referred to other providers for care. Provide HPV vaccine to eligible individuals when additional funding is available.

**5. Adolescent Sexual Health** – All adolescents will receive age-appropriate information and confidential services. Provide comprehensive planning services (education, FDA approved contraceptive methods, STI counseling and testing, etc.) to all adolescents age nineteen years and younger.

**6. Sliding Fee Scale** - Ensure Family Planning services are accessible to all clients and inability to pay is not a barrier to service.

**7. Program Management-** Administer the program to implement all required activities and meet contractual and reporting requirements in a timely manner, ensuring that barriers to implementation of the required activities are addressed to reduce potential effects on program performance.

**APPLICANTS APPLYING TO SERVE A SPECIAL POPULATION(S):**

**8. Access to Comprehensive Family Planning Services to defined special population-** Develop expanded family planning programs and services designed to serve special populations, such as males, populations involved with the criminal justice system, disconnected youth, or other segments of the population at high risk for poor reproductive health outcomes.

**Family Planning Program Work Plan Instructions:**

1. **The objectives and activities outlined in the work plan should reflect the overall program purpose and activities listed in Attachment 1.1 Required Program Activities and Services.**
2. The work plan template on the following pages should be completed using a font size of at least 10 pt.
3. The work plan should cover the one-year period, January 1, 2011 – December 31, 2011.
4. Work plan development should conform to the format in the templates, as follows:
  - a) Address each of the work plan goals in a separate table.
  - b) Develop SMART objectives and activities to address the required health outcomes as defined in this workplan. See section 5.c below for definitions and examples of SMART objectives.
  - c) Applicants will project total # of unduplicated clients to be served by your agency for Year 1. Use past year's data, as available, to make realistic **projections** of unduplicated clients.
  - d) Note that measures of effectiveness have been included and are consistent with the Program Performance Measures (PMs) developed by the Family Planning Program.

Definitions to aid in completion of each column in the templates are provided here:

5. a) **Goals** – A goal is a general, “big picture” statement of an outcome a program intends to accomplish to fulfill its mission. The goals for these funded programs have been written and are included in each of the work plan template tables.

b) **Measures of effectiveness:** These are the standards that a program uses to measure progress in achieving goals through program objectives. The measures of effectiveness included in the RFA are based on available Family Planning Data (CVR data), and are not exhaustive. Many measures of effectiveness may be required to fully assess progress toward an objective. The Family Planning Program provides the data to measure the effectiveness of implementation of the program objectives and activities. Measures of effectiveness that are consistent with specific PMs and appropriate to required objectives are already written in the work plan template. Applicants should use these PMs, and may include additional measures of effectiveness, where appropriate.

Measures of effectiveness should be based on the available data. When writing measures of effectiveness, be sure they are measurable; and contain a numeric value, or an observable behavior. They should be significant and truly gauge success in working toward or meeting the goal.

**Ask:** How will we know if our program has achieved this objective? What would it take to convince me that our program has achieved this objective?

Program Performance Measures document (follows the workplan), should be utilized in developing and reporting measures of effectiveness.

Examples of other sources of data from which to measure effectiveness are: scores on training pre/post tests, information from focus groups of members of the priority populations, data from the Family Planning Program and other government sources, Census data, participants completing a quiz during training and clients completing a service satisfaction survey.

c) **SMART Objectives** – Work plans must contain SMART objectives for each goal. (SMART = Specific, Measurable, Achievable, Relevant, and Time-bound) Inclusion of as many SMART objectives as appropriate to accomplish the goals within the work plan time period is encouraged.

Note: SMART objectives have been included for each goal and are listed in the work plan template.

Definitions of the components of a SMART objective follow, along with examples to help you create your own.

**SMART Objectives** include specific activities, events, and/or interactions to be completed by a certain date in order to accomplish the overall goal. Objectives are written in an active tense and use active verbs such as convene, write, conduct, produce, develop, identify, visit, organize, design, promote, educate, train, distribute, etc.

- **Specific** – an observable action, behavior, or achievement is described and linked to a rate, number, percentage, or frequency. When reaching individuals, a specific population description must be included in the objective  
*Ask:* Is there a description of a precise or specific action or event, which is linked to a rate, number, percentage or frequency?

- **Measurable** – a system, method, or procedure exists that allows the tracking and recording of the event, behavior or action  
Ask: Is there a reliable system in place to measure progress toward the achievement of the objective?
- **Achievable** – the objective has a likelihood of success and is realistic given the resources and time period  
Ask: With a reasonable amount of effort can the objective be achieved?
- **Relevant** – the target directly supports the corresponding goal  
Ask: Will this objective lead to the desired results?
- **Time-bound** – specifically lists the dates for the task to be started and completed  
Ask: Is there a start and/or finish date clearly stated and defined?

**Examples of SMART objectives:**

- ◆ By September 30, 2011, establish referral and service partnerships with 3 Community and Faith Based Organizations located in each high risk zip codes in your agency's service area.
- ◆ By March, 2011, conduct an agency wide in-service training for clinicians to promote the use of the "quick start" method of oral contraceptive for all negative pregnancy test clients.
- ◆ By December 2011, develop an intensive care coordination program to serve all adolescents clients age nineteen and younger.

**Examples of objectives that are NOT SMART:**

- Reduce the incidence of STIs in adolescents by next month.  
*(Not achievable)*
- Reduce the amount of HIV in women by June 2011.  
*(Not specific or measurable)*
- Create a family planning media plan.  
*(Not specific, measurable, or time-bound)*
- Increase breast cancer knowledge by developing a poster contest.  
*(Not specific, measurable, achievable, time-bound, or relevant)*

d) **Activities planned to achieve this objective** –Activities are what a program does, or its specific tasks, to meet the stated objectives and ultimately fulfill the goal.

Ask: To meet the objectives, what action is needed? What else might work? Do we have the resources to do this?

e) **Staff member(s) responsible** – Identify individual staff responsible for specific tasks within each activity.

f) **Completed by (month & year)** – These are the dates (e.g., by month, quarter) for assessing progress. Timeframes should include regularly scheduled, periodic check-in points for assessing progress in addition to start and end dates. Use established

timeframes to help organize activities. Ask: What activities need to come first? When do we plan to have this finished.

## Sample Work Plan

### Outcome 7: Effective and Efficient Program Management that ensures delivery of quality reproductive health services.

<p><b>Goal 7: Accurate and Timely Contractual and Reporting Requirements</b>                  Family Planning Providers will administer their family planning program to implement all required activities and meet contractual and reporting requirements in a timely manner.</p>		<p><b>Measures of Effectiveness:</b>  <u>Project</u> and fill in data for Year 1 as indicated below.</p> <p><b>PM26</b> % Monthly CVR (Attachment 1.2) reports submitted accurately and on time _____</p> <p><b>PM27</b> % Quarterly vouchers submitted accurately and on time _____</p> <p><b>PM28</b> % Total grant funds expended _____</p> <p><b>PM29</b> Annual Health Education Report submitted accurately and on time <u>Yes</u> or <u>No</u></p> <p><b>PM30</b> Annual Report submitted accurately and on time <u>Yes</u> or <u>No</u></p>	
Objectives	Activities planned to achieve this objective	Responsible Staff	Completed by (month & year)
By 3/2011, develop a system to ensure that all CVR data is entered internally monthly, and all CVR data is submitted to data vendor by the 15 <sup>th</sup> of each month.	<ol style="list-style-type: none"> <li>1. Evaluate current system for data entry.</li> <li>2. Ensure that all data entry staff are adequately trained, and have enough time to complete data entries routinely.</li> <li>3. Implement necessary changes to current system to correct inadequacies.</li> </ol>	<ol style="list-style-type: none"> <li>1. Data Manager</li> <li>2. Data Manager</li> <li>3. Data manager/staff</li> </ol>	<ol style="list-style-type: none"> <li>1. January, 2011</li> <li>2. February, 2011</li> <li>3. February, 2011</li> </ol>
By 3/2011, develop and implement a policy and procedure to ensure quarterly vouchers are prepared and submitted completely and accurately	<ol style="list-style-type: none"> <li>1. Evaluate current accounting policies and procedures.</li> <li>2. Ensure that budget lines are spent appropriately.</li> </ol>	<ol style="list-style-type: none"> <li>1. Fiscal Manager</li> <li>2. Fiscal Manager</li> </ol>	<ol style="list-style-type: none"> <li>1. January, 2011</li> </ol>

for timely submission (45 days after the end of the quarter).	3. Ensure that staff are trained to complete a Budget Statement and Report of Expenditures ( <b>BSROE</b> ) accurately	. Fiscal Manager/staff	2. February, 2011
	4. Implement necessary changes to current system to correct inadequacies.	. Fiscal Manager/staff	3. February, 2011
			4. March, 2011

**Outcome 1: Ensure Access to Comprehensive Family Planning Services to target population in New York State.**

<p><b>Goal 1: Outreach and Access</b> Family Planning providers will attract and maintain new family planning clients with emphasis on increasing the number of low income, uninsured women, adolescents, men, and racial and ethnic minorities served through public education, social marketing, mass media and active outreach and inreach activities.</p>	<p><b>Measures of Effectiveness:</b></p> <p><i><b>Project</b> and fill in unduplicated clients to be served by agency in Year 1 (using CVR data as a basis when available) as indicated below. If applicant is not a current NYS Family Planning Provider, use a data source when available, and define that source. (If client has multiple visits, use data from last visit.)</i></p> <p><b>PM1</b> Total # Unduplicated clients served _____</p> <p><b>PM2</b> # Unduplicated clients with Medicaid coverage (including Medicaid managed care) _____</p> <p><b>PM3</b> # Unduplicated clients covered by expanded Medicaid programs FPBP _____ FPEP _____</p> <p><b>PM4</b> # Unduplicated clients residing in high risk zip code areas (Attachment 2.1) _____</p> <p><b>PM5</b> # Unduplicated adolescent clients (age 19 and under) _____</p> <p><b>PM6</b> # Unduplicated clients identified as racial/ethnic minority populations</p> <p>1. # Hispanic _____</p> <p>2. # African American/Black _____ <b>(Non- Hispanic)</b></p> <p>3. # Other _____ <b>(Non- Hispanic)</b></p>
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Objectives	Activities planned to achieve this objective	Responsible Staff	Completed by (month & year)

**Outcome 2: Reduce the Incidence of Unintended Pregnancies in New York State/Reduce Health Disparities for Women and Men of Reproductive Age in New York State.**

<p><b>Goal 2: Provision of Effective Contraceptive Methods</b>          Family Planning Providers will ensure the availability and encourage the use of the most effective FDA-approved contraceptive method for clients. Effective contraceptive methods include the following: Oral, Hormonal Injection, Implant, IUD, Hormonal Patch, Vaginal Ring or Sterilization.</p>	<p><b>Measures of Effectiveness:</b></p> <p><i><b>Project</b> and fill in unduplicated clients to be served by agency in Year 1 (using CVR data as a basis when available) as indicated below. If applicant is not a current NYS Family Planning Provider, use a data source when available, and define that source.</i></p> <p><b>PM7</b> % Unduplicated female clients leaving with an effective method. (If client has multiple visits, use data from last visit.)</p> <p>1. %Total _____          2. % Hispanic _____          3. % White _____  <b>(Non- Hispanic)</b>          4. % African American/Black _____  <b>(Non- Hispanic)</b></p> <p><b>PM8</b> % Unduplicated negative pregnancy test clients leaving with an effective method (If client has multiple visits, use data from last visit.)</p> <p>1. %Total _____          2. % Hispanic _____          3. % White _____  <b>(Non- Hispanic)</b>          4. % African American/Black _____  <b>(Non- Hispanic)</b></p> <p><b>PM9</b> Total # Unduplicated female clients leaving with emergency contraception at any visit. _____</p>		
<p><b>Objectives</b></p>	<p><b>Activities planned to achieve this objective</b></p>	<p><b>Responsible Staff</b></p>	<p><b>Completed by (month &amp; year)</b></p>

**Outcome 3: Reduce the Incidence of Sexually Transmitted Infections in New York State/ Reduce Health Disparities in New York State.**

**Goal 3: Sexually Transmitted Infection Screening and Treatment**

Family Planning Providers will screen all clients for sexually transmitted infections (HIV, Chlamydia, gonorrhea, syphilis, herpes and HPV) and follow CDC comprehensive guidelines for the treatment of persons who have sexually transmitted infections.

**Measures of Effectiveness:**

***Project*** and fill in unduplicated clients to be served by agency in Year 1 (using CVR data as a basis when available) as indicated below. If applicant is not a current NYS Family Planning Provider, use a data source when available, and define that source.

**PM10** % Unduplicated clients 25 and under receiving Chlamydia testing at any visit.

1. % Total \_\_\_\_\_
2. % Hispanic \_\_\_\_\_
3. % White \_\_\_\_\_  
**(Non- Hispanic)**
4. % African American/Black \_\_\_\_\_  
**(Non- Hispanic)**

**PM11** % Unduplicated clients receiving HIV Pretest Counseling and / or Testing at any visit.

1. % Total \_\_\_\_\_
2. % Hispanic \_\_\_\_\_
3. % White \_\_\_\_\_  
**(Non- Hispanic)**
4. % African American/Black \_\_\_\_\_  
**(Non- Hispanic)**

**PM12** % Unduplicated clients receiving STI screening (i.e., for Chlamydia, gonorrhea, syphilis, herpes, or HPV) at any visit.

1. % Total \_\_\_\_\_
2. % Hispanic \_\_\_\_\_
3. % White \_\_\_\_\_  
**(Non- Hispanic)**
4. % African American/Black \_\_\_\_\_  
**(Non- Hispanic)**

**PM13** % Unduplicated Pregnancy Test clients receiving HIV Pretest C &/or T or other STI screening (as specified above) at any visit.

1. % Total \_\_\_\_\_

		2. % Hispanic _____ 3. % White _____ <b>(Non- Hispanic)</b> 4. % African American/Black _____ <b>(Non- Hispanic)</b>	
<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by (month &amp; year)</b>

**Outcome 4: Increase the Early Detection of Breast and Cervical Cancers in New York State/Reduce Health Disparities in New York State.**

<p><b>Goal 4: Cancer Services</b>          Family Planning Providers will provide clinical breast exams (CBE) and cervical cancer screening (Thin Prep/PAP), and provide appropriate referrals for follow up. Providers may elect to provide vaccinations against HPV.</p>	<p><b>Measures of Effectiveness:</b></p> <p><i><b>Project</b> and fill in unduplicated clients to be served by agency in Year 1 (using CVR data as a basis when available) as indicated below. If applicant is not a current NYS Family Planning Provider, use a data source when available, and define that source.</i></p> <p><b>PM14</b> % Unduplicated female clients receiving a clinical breast exam (CBE) at any visit.</p> <p>1. %Total _____          2. % Hispanic _____          3. % White _____              <b>(Non- Hispanic)</b>          4. % African American/Black _____              <b>(Non- Hispanic)</b></p> <p><b>PM15</b> % Unduplicated female clients receiving cervical cancer screening (Thin Prep/ PAP) at any visit</p> <p>1. %Total _____          2. % Hispanic _____          3. % White _____              <b>(Non- Hispanic)</b>          4. % African American/Black _____              <b>(Non- Hispanic)</b></p> <p><b>PM16</b> Total # Unduplicated Female clients with abnormal CBE results receiving appropriate follow up referral at any visit _____</p> <p><b>PM17</b> % Female clients with abnormal Thin Prep/PAP results receiving appropriate referral at any visit _____</p> <p><b>PM18</b> Total # female clients (age 11-26) receiving HPV vaccination<sup>7</sup> at any</p>
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<sup>7</sup> Since data is not available to indicate which dose in the series of three vaccines was given, report clients receiving any of the three doses of vaccine.

	visit _____
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<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by (month &amp; year)</b>

## Outcome 5: Improve Adolescent Sexual Health in New York State/Reduce Health Disparities in Adolescent Sexual Health

### Goal 5: Improve Adolescent Sexual Health

Family Planning Providers will provide comprehensive family planning services (education, FDA approved contraceptive methods, STI counseling and testing, etc.) to all adolescents age nineteen years and younger.

### Measures of Effectiveness:

***Project*** and fill in unduplicated adolescent clients (age nineteen and younger) to be served by agency in Year 1 (using CVR data as a basis when available) as indicated below. If applicant is not a current NYS Family Planning Provider, use a data source when available, and define that source

**PM19** % Unduplicated clients (age 19 and under) leaving with a contraceptive method at any visit

1. %Total \_\_\_\_\_
2. % Hispanic \_\_\_\_\_
3. % White \_\_\_\_\_  
**(Non- Hispanic)**
4. % African American/Black \_\_\_\_\_  
**(Non- Hispanic)**

**PM20** % Unduplicated clients (age 19 and under) receiving Chlamydia testing at any visit

1. %Total \_\_\_\_\_
2. % Hispanic \_\_\_\_\_
3. % White \_\_\_\_\_  
**(Non- Hispanic)**
4. % African American/Black \_\_\_\_\_  
**(Non- Hispanic)**

**PM21** % Unduplicated clients (age 19 and under) receiving HIV Pretest Counseling and/or Testing at any visit

1. %Total \_\_\_\_\_
2. % Hispanic \_\_\_\_\_
3. % White \_\_\_\_\_  
**(Non- Hispanic)**
4. % African American/Black \_\_\_\_\_  
**(Non- Hispanic)**

	<p><b>PM22</b> % Unduplicated clients (age 19 and under) receiving STI screening (i.e., for Chlamydia, gonorrhea, syphilis, herpes, or HPV) at any visit</p> <p>1. %Total _____</p> <p>2. % Hispanic _____</p> <p>3. % White _____ <b>(Non- Hispanic)</b></p> <p>4. % African American/Black _____ <b>(Non- Hispanic)</b></p>
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<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by (month &amp; year)</b>

**Outcome 6: Ensure Family Planning services are accessible to all clients and inability to pay is not a barrier to service.**

<p><b>Goal 6:</b> Family Planning Providers will develop and implement a schedule of discounts (sliding fee scale) with sufficient proportional increments to ensure access to services.</p>		<p><b>Measures of Effectiveness:</b></p> <p><i><b>Project</b> and fill in unduplicated clients to be served by agency in Year 1 (using CVR data as a basis when available) as indicated below. If applicant is not a current NYS Family Planning Provider, use a data source when available, and define that source. If client has multiple visits, use data from last visit.</i></p> <p><b>PM23</b> % Unduplicated clients with incomes &lt;=100% FPL _____</p> <p><b>PM24</b> % Unduplicated clients with incomes 101-250% FPL _____</p> <p><b>PM25</b> % Unduplicated clients with incomes &gt;250% FPL _____</p>	
<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by (month &amp; year)</b>

**Outcome 7: Effective and Efficient Program Management that ensures delivery of quality reproductive health services.**

<p><b>Goal 7: Accurate and Timely Contractual and Reporting Requirements</b>                  Family Planning Providers will administer their family planning program to implement all required activities and meet contractual and reporting requirements in a timely manner.</p>		<p><b>Measures of Effectiveness:</b>  <u>Project</u> and fill in data for Year 1 as indicated below.</p> <p><b>PM26</b> % Monthly CVR (Attachment 1.2) reports submitted accurately and on time _____</p> <p><b>PM27</b> % Quarterly vouchers submitted accurately and on time _____</p> <p><b>PM28</b> % Total grant funds expended _____</p> <p><b>PM29</b> Annual Health Education Report submitted accurately and on time <u>Yes</u> or <u>No</u></p> <p><b>PM30</b> Annual Report submitted accurately and on time <u>Yes</u> or <u>No</u></p>	
Objectives	Activities planned to achieve this objective	Responsible Staff	Completed by (month & year)

	Indicator Type	Performance Measure Description Use unduplicated counts for each measure	Goal
1	Outreach and Access	Total Number of unduplicated clients served	
2	Outreach and Access	Number of unduplicated clients with Medicaid coverage (including Medicaid Fee for Service and Medicaid Managed Care)	
3	Outreach and Access	Number of unduplicated clients covered by expanded Medicaid programs: FPBP _____ FPEP _____	
4	Outreach and Access	Number of unduplicated clients residing in high risk zip codes (See attachment 2.1)	
5	Outreach and Access	Number of unduplicated adolescents clients (age 19 and under) served	
6	Outreach and Access	Number of unduplicated racial/ethnic minority populations served 1. Number of Hispanic 2. Number of African American/Black <b>(Non- Hispanic)</b> 3. Number of Other race <sup>8</sup> <b>(Non- Hispanic)</b>	
7	Effective Contraceptives	Percent of unduplicated female clients leaving with an effective method <sup>9</sup> . ( <b>Numerator</b> = Number of women leaving with an effective method and <b>Denominator</b> = Number of women served). 1. % Total 2. % Hispanic 3. % White <b>(Non- Hispanic)</b> 4. % African American/Black <b>(Non- Hispanic)</b>	
8	Effective Contraceptives	Percent of unduplicated negative pregnancy test clients leaving with a method. ( <b>Numerator</b> = number of women with a negative pregnancy test leaving with a contraceptive method and <b>Denominator</b> = number of women with a negative pregnancy test).	

<sup>8</sup> American Indian, Alaskan Native, Asian, Pacific Islander/Hawaiian Native

<sup>9</sup> Oral, Hormonal Injection, Implant, IUD, Hormonal Patch, Vaginal Ring or Sterilization.

		<ul style="list-style-type: none"> <li>1. %Total</li> <li>2. % Hispanic</li> <li>3. % White</li> <li style="padding-left: 20px;"><b>(Non- Hispanic)</b></li> <li>4. % African American/Black</li> <li style="padding-left: 20px;"><b>(Non- Hispanic)</b></li> </ul>	
9	Effective Contraceptives	Total number of unduplicated female clients leaving with EC at any visit.	
10	STI Screening and Treatment	<p>Percent of unduplicated clients 25 and under receiving Chlamydia testing at any visit. (<b>Numerator</b> = Number of Unduplicated Clients under 25 receiving Chlamydia testing and <b>Denominator</b> =Number of Unduplicated Clients under 25).</p> <ul style="list-style-type: none"> <li>1. %Total</li> <li>2. % Hispanic</li> <li>3. % White</li> <li style="padding-left: 20px;"><b>(Non- Hispanic)</b></li> <li>4. % African American/Black</li> <li style="padding-left: 20px;"><b>(Non- Hispanic)</b></li> </ul>	
11	STI Screening and Treatment	<p>Percent of unduplicated clients receiving HIV Counseling and Testing at any visit. (<b>Numerator</b> = Number clients receiving HIV Counseling and Testing and <b>Denominator</b> = Number of Unduplicated Clients served by the agency).</p> <ul style="list-style-type: none"> <li>1. %Total</li> <li>2. % Hispanic</li> <li>3. % White</li> <li style="padding-left: 20px;"><b>(Non- Hispanic)</b></li> <li>4. % African American/Black</li> <li style="padding-left: 20px;"><b>(Non- Hispanic)</b></li> </ul>	
12	STI Screening and Treatment	<p>Percent of unduplicated clients receiving STI screening (i.e., for Chlamydia, gonorrhea, syphilis, herpes, or HPV) at any visit. (<b>Numerator</b> = Number of Unduplicated Clients receiving STI screening and <b>Denominator</b> = Number of clients served by the agency).</p> <ul style="list-style-type: none"> <li>1. %Total</li> <li>2. % Hispanic</li> <li>3. % White</li> <li style="padding-left: 20px;"><b>(Non- Hispanic)</b></li> <li>4. % African American/Black</li> <li style="padding-left: 20px;"><b>(Non- Hispanic)</b></li> </ul>	

13	STI Screening and Treatment	<p>Percent of unduplicated pregnancy test clients receiving HIV pretest C&amp;/or T and STI screening (as specified above) at any visit. (<b>Numerator</b> = Number of pregnancy test women receiving STI screening and <b>Denominator</b> = pregnancy test women served by the agency).</p> <ol style="list-style-type: none"> <li>1. %Total</li> <li>2. % Hispanic</li> <li>3. % White</li> </ol> <p><b>(Non- Hispanic)</b></p> <ol style="list-style-type: none"> <li>4. % African American/Black</li> </ol> <p><b>(Non- Hispanic)</b></p>	
14	Cancer Services	<p>Percent of unduplicated female clients receiving CBE at any visit. (<b>Numerator</b> = Number of women receiving CBE and <b>Denominator</b> = Number of women served by the agency).</p> <ol style="list-style-type: none"> <li>1. %Total</li> <li>2. % Hispanic</li> <li>3. % White</li> </ol> <p><b>(Non- Hispanic)</b></p> <ol style="list-style-type: none"> <li>4. % African American/Black</li> </ol> <p><b>(Non- Hispanic)</b></p>	
15	Cancer Services	<p>Percent of unduplicated female clients receiving cervical cancer screening (Thin Prep/PAP) at any visit. (<b>Numerator</b> = Number of women receiving Thin Prep/PAP testing and <b>Denominator</b> = Number of women served by the agency).</p> <ol style="list-style-type: none"> <li>1. %Total</li> <li>2. % Hispanic</li> <li>3. % White</li> </ol> <p><b>(Non- Hispanic)</b></p> <ol style="list-style-type: none"> <li>4. % African American/Black</li> </ol> <p><b>(Non- Hispanic)</b></p>	
16	Cancer Services	<p>Percent of female clients with abnormal CBE result receiving appropriate follow up referral at any visit. (<b>Numerator</b> = Number women with referral and <b>Denominator</b> = Number of women with abnormal CBE).</p>	
17	Cancer Services	<p>Percent of female clients with abnormal Thin Prep/PAP result receiving appropriate referral at any visit. (<b>Numerator</b> = Number women with referral and <b>Denominator</b> = Number of women with</p>	

		abnormal Thin Prep/PAP).	
18	Cancer Services	Total number of female clients (ages 11-26) receiving HPV vaccination at any visit. Since data is not available to indicate which dose in the series of three vaccines was given, report on women receiving any of the three doses of vaccine.	
19	Adolescent Sexual Health	Percent of unduplicated clients (age nineteen and under) leaving with a contraceptive method at any visit. ( <b>Numerator</b> = Number of adolescent clients leaving with a contraceptive method and <b>Denominator</b> = Number of adolescent clients served by agency). 1. % Total 2. % Hispanic 3. % White <b>(Non- Hispanic)</b> 4. % African American/Black <b>(Non- Hispanic)</b>	
20	Adolescent Sexual Health	Percent of unduplicated clients (age nineteen and under) receiving Chlamydia testing at any visit. ( <b>Numerator</b> = Number of adolescent clients receiving Chlamydia testing and <b>Denominator</b> = Number of adolescents served by agency). 1. % Total 2. % Hispanic 3. % White <b>(Non- Hispanic)</b> 4. % African American/Black <b>(Non- Hispanic)</b>	
21	Adolescent Sexual Health	Percent of unduplicated clients (age nineteen and under) receiving HIV Counseling and Testing at any visit. ( <b>Numerator</b> = Number of adolescents receiving HIV counseling and testing and <b>Denominator</b> = Number of adolescents served by the agency). 1. % Total 2. % Hispanic 3. % White <b>(Non- Hispanic)</b> 4. % African American/Black <b>(Non- Hispanic)</b>	
22	Adolescent Sexual Health	Percent of unduplicated clients (age nineteen and under) receiving STI screening (i.e., for Chlamydia,	

		gonorrhea, syphilis, herpes, or HPV) at any visit. ( <b>Numerator</b> = Number of adolescents receiving STI screening and <b>Denominator</b> = Number of adolescents served by the agency). 1. % Total 2. % Hispanic 3. % White <b>(Non- Hispanic)</b> 4. % African American/Black <b>(Non- Hispanic)</b>	
23	Program Accessibility	Percent of unduplicated clients with incomes <= 100% FPL. ( <b>Numerator</b> = Number of clients with income of < or =100% FPL and <b>Denominator</b> = Number of clients served by the agency).	
24	Program Accessibility	Percent of unduplicated clients with incomes 101-250% FPL. ( <b>Numerator</b> = Number of clients with income =101-250% FPL and <b>Denominator</b> = Number of clients served by the agency).	
25	Program Accessibility	Percent of unduplicated clients with incomes >250% FPL. ( <b>Numerator</b> = Number of clients with income >250% FPL and <b>Denominator</b> = Number of clients served by the agency).	
26	Program Management	Percent of monthly CVR reports submitted accurately and on time. ( <b>Numerator</b> = Number of monthly data transmissions and <b>Denominator</b> = 12).	
27	Program Management	Percent of quarterly vouchers submitted accurately and on time. ( <b>Numerator</b> = Number of quarterly vouchers submitted accurately and on time and <b>Denominator</b> = 4).	
28	Program Management	Percent of total grant funds expended. ( <b>Numerator</b> = Total grant funds expended and <b>Denominator</b> = Total grant award).	
29	Program Management	Annual Health Education Report submitted accurately and on time. <b>Yes or No</b>	
30	Program Management	Annual Report submitted accurately and on time. <b>Yes or No</b>	

## **Attachment 2.6**

# **Family Planning Program**

**Administrative Documents for Clinical Services**

### **Instructions for Completion**

The administrative forms contained here are to be completed by all applicants and submitted as attachments to their application. Those agencies who are awarded grant funds will then be required to submit Required Administrative forms on an annual basis.

This form is for the applicant organization's use to ensure that all required documents are included in the application. All required documents in Section A follow this page.

- Statement of Assurances**
- Clinic Site Demographic Info**
- Clinic Services Schedule**
- Family Planning Services Provided**
- Patient Cost Share Schedule/Sliding Fee Scale**
- Family Planning Formulary**
- Limited English Proficiency Services**
- Staff Training Calendar**
- Continuous Quality Improvement**

## TITLE X ASSURANCE OF COMPLIANCE

\_\_\_\_\_ assures that it will:  
(Name of Organization)

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

Further: \_\_\_\_\_ certifies that it will:  
(Name of Organization)

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

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

# CLINIC SITE DEMOGRAPHIC INFO

CLINIC SITE(S) - The locations where the project provides family planning medical/clinical services, including mobile vans.

AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:	AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:
AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:	AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:
AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:	AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:
AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:	AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:
AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:	AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:
AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:	AHLERS' CLINIC SITE NUMBER: NAME:  ADDRESS (Street Number and Name, City, County, State, Zip):   PHONE NUMBER: Congressional District:

\*NOTE: Clinic site number must correspond to the clinic number used on the Clinic Services Schedule.

Applicant:

Clinic Site Name:  
 Ahlers' Site Number:

**CLINIC SERVICES SCHEDULE <sup>1</sup>**  
**NYS FPP, FY 2011**

	<b>MONDAY</b> Clinic Site Hours: 9-3	<b>TUESDAY</b> Clinic Site Hours:	<b>WEDNESDAY</b> Clinic Site Hours:	<b>THURSDAY</b> Clinic Site Hours:	<b>FRIDAY</b> Clinic Site Hours:	<b>SATURDAY</b> Clinic Site Hours:
<b>CLINICAL <sup>2</sup></b> (List staff initials, title and clinic hours – see ex.)	Staff Hrs: <i>ex. T.K. (NP) 8-4</i>	Staff Hrs:	Staff Hrs:	Staff Hrs:	Staff Hrs:	Staff Hrs:
<b>PROGRAM SUPPORT STAFF</b>						
<b>USUAL # AND TYPE OF PATIENTS SCHEDULED</b>						
<b>AVERAGE # OF PATIENTS SEEN</b>						

<b>AVERAGE NO SHOW (PERCENT)</b>	
<b>LENGTH OF CLINIC VISIT</b>	
New Patient	
Annual Exam	
Other Revisit	

Note: Indicate method pickup and pregnancy test hours on schedule.

<sup>1</sup> Counseling staff and associated visits are not included on this schedule.  
<sup>2</sup> Include MD, CNM, NP, PA, RN, LPN and other staff that have direct patient care for which special training is required.

## Family Planning Services Provided

For each family planning service, indicate (with a check mark) if the service or methods are provided at all sites, some but not all sites, by referral, or not provided. A prescription is not considered a referral.

Family Planning Service	At all sites	Not at all sites	By referral	Not provided
<b>Services Provided</b>				
1. Informed Consent				
2. Method Specific Consent				
3. History				
4. Physical assessment				
5. Lab testing				
6. PAP testing				
7. Client Education and Counseling				
8. Pregnancy Diagnosis/Counseling				
9. STI Counseling				
10. STI Treatment				
11. Male Services				
12. HIV Services				
13. Identification of Estrogen-Exposed Offspring				
14. Level 1 Infertility Services				
15. Minor GYN Problems				
16. Health Promotion/Disease Prevention				
17. Special GYN Procedures				
18. Emergency Contraception				
<b>Fertility Regulation</b>				
1. Female Sterilization				
2. IUD				
3. Hormonal Implant				
4. 3-Month Hormonal Injection				
5. Oral Contraception				
6. Hormonal/Contraceptive Patch				
7. Vaginal Ring				
8. Cervical Cap/ Diaphragm				
9. Contraceptive Sponge				
10. Female Condom				
11. Spermicidal Methods or Products				
12. Fertility Awareness Method				
13. Abstinence Education				
14. Vasectomy				
15. Male Condom				

16. Other Methods				
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*\* Clients should leave the clinic with at least a 1-3 month supply of their contraceptive method, even if it is available over the counter. Not only is it more convenient for the clients, but many do not have the financial resources to purchase methods that are available on the agency's patient cost-share schedule.*

### **Patient Cost Share Schedule**

Title X guidelines stipulate that a schedule of discounts must be developed and implemented with sufficient proportional increments so inability to pay is never a barrier to service. Following this page, insert a copy of your proposed patient cost-share (sliding fee) schedule. The schedule must include a list of medical services offered to family planning clients **that includes corresponding charges, as well as percent of cost-share for each payment category**. Ensure that your patient co-pay schedule is consistent with **2010** Federal Poverty Level Guidelines.

### **Family Planning Formulary**

1. Insert after this page, a list of *all contraceptive methods and other medications*, for family planning program clients, that are in your agency's formulary.

2. *Include Contraceptive method specific consent forms as attachments*

### **Limited English Proficiency Service**

1. Describe how staff will ensure that verbal and written information is clearly understood by all clients, including those with Limited English Proficiency (LEP). If your agency utilizes the services of a Language Line, please provide details.

### **Staff Training Calendar**

1. Append to this page a staff training calendar for 2010. Include training topics, staff attending, length of training, etc. This may include in-service training as well as outside training seminars and conferences. Topics such as HIPAA, cultural diversity, clinical training, orientation of new employees, family-centered care, child abuse, domestic violence, confidentiality and OSHA should be identified.

NOTE: Staff training calendar must be consistent with amounts allocated in the budget for staff training.

## **CONTINUOUS QUALITY IMPROVEMENT**

### **CONTINUOUS QUALITY IMPROVEMENT PROGRAM**

1. Describe in each section below the procedure for a systematic and ongoing method to evaluate program/project activities that include:

- a. Medical record audits
- b. Summaries of quality assurance activities
- c. Patient complaint reviews
- d. Patient satisfaction surveys
- e. Corrective action and follow-up of problems
- f. Confidentiality of medical records
- g. Quality assurance process for follow-up of abnormal test results
- h. Description of Quality Assurance Committee(s) and how family planning Quality Improvement (QI) activity is reported to the overall QI committee of the organization on a routine basis.
- i. Description of methods for assuring data quality, including completeness, accuracy and timeliness of reporting.
- j. In the appendix include copies of:
  - Medical Records Audit Tool
  - Medical Record Policy and Procedures

### **EVALUATION METHODS**

1. Discuss the process for evaluating the effectiveness of family planning client education activities in the clinic. Include information on referral, outreach and education evaluation strategies.
2. Discuss how the agency utilizes Ahler's and/or in-house data in this process.
3. How does the agency ensure clinic location, staff, and services meet the needs of current and potential clients regarding accessibility, cultural sensitivity, etc.?

## Attachment 2.7

# **Family Planning Program**

## **Required Assurance of Policies and Procedures**

## ATTESTATION

By signing this Attestation, the Chief Executive Officer (CEO) of Applicant Agency hereby assures the New York State Department of Health that the applicant agency has current Required Policy and Procedure documents related to the service delivery of Title X and New York State Family Planning Services, as defined in this document prepared and available to the Department for review. The Required Policy and Procedure documents include the following:

- Medical History/Physical Assessment
- Laboratory Testing
- Pregnancy Testing
- Cancer Screening
- HIV/STI Counseling and Testing and Referral and Follow Up Mechanisms
- Pharmaceuticals/FDA Approved Contraceptive Methods
- Client Education and Counseling Services
- Continuous Quality Improvement Documents
- Evaluation Methods
- Security Policy
- Intimate Partner Violence Policy
- Family Involvement Policy
- Contraceptive Method Consent Forms
- Medical Records Audit Tool/MR Policy & Procedure

Applicant Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CEO name: \_\_\_\_\_

CEO signature: \_\_\_\_\_

## Required Policies and Procedures

This list of Required Policies and Procedures is for the applicant's use to ensure that all required documents are prepared and available for review. A description of Required Policies and Procedures follows.

### **Medical History/Physical Assessment**

1. Describe the procedure for providing a comprehensive physical assessment, including medical, personal and immediate family history at the initial/annual visit.
2. Describe the agency's policy for deferring pelvic exams when providing oral contraceptives?

### **Laboratory Testing**

1. Describe the agency's procedure for providing quality laboratory testing that meets federal and state requirements.
2. If more than one laboratory is used, list each laboratory with the test(s) they conduct for the program. Include the assigned CLIA numbers for laboratories currently being utilized.
3. Describe Quality Assurance (QA) and specimen adequacy training protocols, including proficiency testing and other QA protocols.

### **Pregnancy Testing**

1. Indicate the number of pregnancy tests anticipated on an annual basis. If available, give the Ahlers' data for January 1-December 31, 2009: \_\_\_\_\_
2. Describe the counseling protocol, including full options counseling, for positive pregnancy test clients.
3. Describe the follow-up protocol for negative pregnancy test clients.
4. Describe how pregnancy testing will be offered in the program. Indicate if separate clinic hours are proposed for pregnancy testing. Include the setting and staffing for this clinic.

### **Cancer Screening**

1. Identify the type(s) of test used for cervical cancer screening. If more than one type is used, what factors determine which test is used?

2. What is the procedure for referral of clients with abnormal pap results? What is done for clients who are uninsured?

3. What is the procedure for referral of clients with abnormal clinical breast exam? What is done for clients who are uninsured?

### **HIV/STI Counseling and Testing**

1. Describe the policy for providing HIV counseling and recommendation for testing to family planning clients.

2. What is the procedure for referring HIV positive clients for treatment?

3. Describe the partner notification procedure.

4. Does your agency currently use HIV rapid testing? \_\_\_ Y \_\_\_ N  
If yes, at how many sites? \_\_\_\_\_ out of the total number of sites \_\_\_\_\_  
What percentage of total tests are HIV rapid tests \_\_\_\_\_%?

If no, explain why your program is not using this method.

5. Laboratory approval number \_\_\_\_\_ and expiration date \_\_\_\_\_

Federal Region II Infertility Prevention Project Protocols and Guidelines recommend age-based screening for Chlamydia. The guidelines for Title X clinics state that all women age 25 and under should be tested for Chlamydia at initial or annual family planning visits. Testing is also appropriate for older women with risk factors (multiple partners, etc.)

1. Describe the policy and procedure for ensuring Chlamydia testing and treatment (or referral for treatment) is offered to initial and annual family planning clients and to those at risk.

2. What types of tests will be used for Chlamydia testing? If urine-based tests are not used, please explain why not.

3. Describe how pregnancy test clients are tested for Chlamydia?  
\_\_\_ Yes \_\_\_ No

If no, please explain (if you are a new applicant, not currently funded by DOH, please state so).

4. Describe the procedures for providing STD (including gonorrhea, syphilis, herpes and HPV) screening, treatment and referral services to family planning clients.

5. Describe the process for providing STD treatment and referral services to partners of clients who have tested positive for STDs

## Pharmaceuticals/FDA Approved Contraceptive Methods

1. What is the procedure for providing family planning clients with emergency contraception (EC)? Include the method used to provide it to clients (prescription, supply of EC) and the charge associated with the method of provision (free, set fee, or based on patient cost-share schedule). Fee schedule should not prohibit access.
2. What is the procedure for provision of emergency contraception when the clinic is closed?
3. Describe the process for ensuring Level I infertility services are provided for all family planning clients who request them. Include the process for referring clients who request Level II and Level III infertility services.

4. Providers must ensure that contraceptives and other pharmaceuticals are safe, accessible, available and affordable for family planning clients. Please list and/or discuss the following:

The availability of a consulting pharmacist and their function. Indicate the contractual relationship.

Recall procedures

Procedures to ensure prescription and non-prescription drugs and devices are stocked, stored and provided to clients in a safe and accountable manner.

Ensuring that medications other than contraceptive methods are safe, accessible, available and affordable is of critical importance for family planning clients. It is expected that family planning providers will maximize grant funding by participation in these discount pharmacy programs.

1. Indicate if your program participates or plans to participate in the following programs:

\_\_\_\_\_ 340B Drug Pricing Program - Section 340B of the Public Health Service Act of 1992 requires drug manufacturers to provide outpatient drugs at reduced prices to "covered entities" which includes, but is not limited to, Title X family planning clinics, clinics receiving STD funding through Section 318 of the Public Health Services Act, community health centers, and disproportionate share hospitals. Significant savings on pharmaceuticals may be seen by the entities that participate in this program.

\_\_\_\_\_ 340B Prime Vendor Program (PVP) – The primary mission of this program is to improve access to affordable medications for covered entities and their patients. The program is free to facilities that are already 340B eligible. All 340B eligible facilities should join the PVP to access sub-340B discounts on outpatient drug purchases.

\_\_\_\_\_ Family Planning Cooperative Purchasing Program (FPCPP) (1992) is funded by a Title X federal family planning grant to assist Title X funded agencies in managing high cost/ usage products and services. Any agency, delegate agency or clinic which

receives funding from a Title X federal grant may participate in the FREE Family Planning Cooperative Purchasing Program. Some of the prices negotiated are as low as or lower than 340B Public Health Pricing.

\_\_\_\_\_ Cooperative Purchasing Network (CPN) (2001) – Any agency, delegate agency or clinic which is non profit and licensed, but does not receive Title X funding may become a member of the Cooperative Purchasing Network. There is an annual membership fee of \$199.

## Attachment 2.8

**Budget Instructions for  
Component 1**

- The budget should reflect all costs and funding sources for the family planning project supported by this grant (including any third party and federal funding, e.g. direct Title X funds, Section 330 grants).
- All amounts are to be expressed in whole dollars.
- 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.
- Indirect costs, applied as a percentage to the budget, will not be allowed. Indirect costs are those that have been incurred for common or joint projects that benefit more than one cost objective (grant, program, or project) and cannot be readily identified or assigned to a particular cost objective.
- All narrative justification information should be provided in the first column of the OTPS Detailed Narrative Budget pages. Include the allocation methodology used to calculate shared expenses.
- 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, Grant Contract (Standard), Appendix A-1 (Agency Specific Clauses for All Department of Health Contracts), (3)(a) Administrative Rules and Audits.
- A minimum of 15% of DOH funds requested must be allocated to support family planning program OTPS expenses.

**Summary Budget Request (Page B1):**

The Summary Budget Request summarizes all project costs on a single page. The Detailed Budget forms provide the complete cost breakdown and should be completed prior to the Summary form.

**Sections 1-3 Personal Service, Other Than Personal Service and Total Direct Costs:**

Carry over the grand total from Page B2a of the Personal Service forms and the category totals from Pages B3a through B3c of the Other Than Personal Service forms to the Summary Budget Request page.

**Section 4. Source of Applicant Funds:**

Carry over figures from Page B4 Detail of Contractor Funds Supporting Initiative

- a) Applicant: Unrestricted and In-Kind – Funds available from the applicant’s own sources and monetary value of in-kind services. This can also include fees from education services and fundraising efforts.
- b) Other Grant Funds: Include other state, local or federal grants(including any federal funding, e.g. direct Title X funds, Section 330 grants) not requested in this application. Private foundation grants should also be included.
- c) Payment for Services: Include payments generated by services provided by the projects (including all third party reimbursement). Title XIX funds (Medicaid) are to be shown separately from Other payments.
- d) Total Applicant Funds: The total must equal the sum of Number 4 a, b + c. The total must also equal the total in Number 3, Column 2, “Applicant Funds” above.

**Detailed Personal Service Budget Request (Pages B2a, B2b)**

**In Column 1**, enter all job titles connected with administration or service provision of the program. Include all titles, regardless of funding source or present vacancy. **List each item separately and subtotal by similar title.** (See example on Page \_\_\_)

**In Column 2**, enter employee initials.

**In Column 3**, enter the Professional Staff License or Certificate number and type of licensure (MD, CNM, NP, RN, etc.), if applicable.

**In Column 4**, enter the annual **full-time** (12-month) salary rate for each position that will be filled for all or any part of the January 1- December 31, 2011 fiscal year. Provide a subtotal by similar title.

**In Column 5**, enter the number of months the position will be filled during the January 1- December 31, 2011 fiscal year.

**In Column 6**, enter the percent of time the staff person will devote to the family planning program during the number of months indicated in Column 5. **Provide a subtotal by similar title.**

**Columns 7 through 11** represent a functional cost center. The sum of columns 7 through 11 must equal 100%. Each job title will dedicate a certain percent of work time (zero to one hundred percent) to each of the five functional cost centers. Please refer to the explanation of each functional cost center, as listed below to ensure accurate reporting:

**Administrative** - This includes Executive Directors in the course of their program administrative work, fiscal and payroll staff, reimbursement specialists, billing staff, hotline/call center staff that provides non-clinical services and other staff without clinical duties and skills. **Note: Administrative expenses should be in line item detail and not exceed 10% of the amount requested from the state under the RFA. Lump sum administrative costs or rates will not be considered. Total administrative costs exceeding 10% should be substantially justified in order to be considered as potentially acceptable and fundable.**

**Program Support** - This includes the proportion of time spent in providing overall program guidance or support, or clerical or other services in order to support clinical activities or any of the non-clinical aspects of patient services.

**Clinical** - To be classified as a clinical position, in whole or in part, the individual must have direct clinical patient contact/care for which special training has been received and for a purpose that requires an entry into the patient's chart.

**Outreach/Education** - To be classified as outreach and/or education, the individual must be appropriately trained or credentialed as a health educator or clinically-trained with experience in health education. Education now includes the percentage of effort of clinical staff with experience/training in patient education, that provide counseling regarding methods, STDs, and HIV as part of a clinic visit.

**Other** - Any activity that does not clearly fit into one of the above four categories should be considered "Other." Examples include facility maintenance or cleaning personnel, and security staff, who have no clinical, administrative or outreach and education role. Please specify. **NOTE: Indirect costs, applied as a percentage to the budget, will not be allowed. Indirect costs are those that have been incurred for common or joint projects that benefit more than one cost objective (grant, program, or project) and cannot be readily identified or assigned to a particular cost objective.**

In **Column 12**, enter the total amount required for each position. Use the following formula to determine "Total Amount Required":

**EXAMPLE:**

Annual Salary Rate (Column 4)	X	Number of Months Budgeted divided by 12 (Column 5)	X	Percent of Time (Column 6)	=	Total Amount Required (Column 12)
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>	<b>Column 4</b>	<b>Column 5</b>	<b>Column 6</b>	<b>Column 12</b>
Personal Service Item /	Employee Initials	Prof License or cert #	Annual Salary Rate	# Mos.	% of Time on Project	Total Amount Required
NP (Site #1)	M.J.	CCCCCCC –NP	40,000	5	80%	13,333
NP (Site #2)	D.D.	CCCCCCC –NP	38,000	7	80%	17,733
NP (Site #3)	C.J.	CCCCCCC – NP	40,000	7	75%	30,000
<b>(SUBTOTAL)</b>			<b>118,000</b>		<b>235%</b>	<b>61,066</b>
Hlth Ed (Site #1)	T.Y.		22,000	10	50%	9,166
Hlth Ed (Site #2)	B.D.		25,000	12	50%	12,500
<b>(SUBTOTAL)</b>			<b>47,000</b>		<b>100%</b>	<b>21,666</b>
Nurse (Site #1)	L.M.	CCCCCCC -RN	20,000	12	90%	18,000
Nurse (Site #1)	C.L.	CCCCCCC – RN	22,000	12	20%	4,400
Nurse (Site #2)	R.W.	CCCCCCC – RN	20,000	12	100%	20,000
Nurse (Site #3)	W.W.	CCCCCCC – LPN	22,000	6	90%	9,900
Nurse (Site #3)	C.D.	CCCCCCC - LPN	20,000	6	90%	9,000
<b>(SUBTOTAL)</b>			<b>104,000</b>		<b>390%</b>	<b>61,300</b>
					-	-

Analyze the work schedule of each job title and determine how the percent of time dedicated to program work is allocated among the five functional cost centers. Continue on additional pages, if required. Copy as needed, numbering each page B2b \_\_\_ of \_\_\_.

**In Column 13**, enter the amount of funding the applicant will be providing for each position. This includes both "in kind" contributions and funds from all other sources.

**In Column 14**, enter the amount of funding requested from the State for Family Planning Services. The sum of Columns 13 and 14 should equal the Total Amount Required in Column 12.

Enter subtotals and totals for each Column (12 through 14). Enter the fringe benefit rate applicable to employees of the agency and multiply the total in each column to arrive at the grand total for personal services. Fringe benefit components must be detailed on Page B2c.

**See Sample on next page**

**SAMPLE of Page B2a**

Personal Service Items	Employee Initials	Professional License or Certificate # and Type	Annual Salary Rate	# Mos	%Time	Functional Cost Centers					Total Amount Required	Applicant Funds	State Funds Requested
						% Time Administrative	% Time Program Support	% Time Clinical	% Time Outreach/Education	% Time Other			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Director	M.B.	CCCCCCC	\$75,000	12	100	50		50			\$75,000	\$45,000	\$30,000
Clinician	T.K.	CCCCCCC	\$60,000	12	50			95	5		\$30,000	\$15,000	\$15,000

## **Fringe Benefit Rate Breakdown (Page B2c)**

Provide all fringe benefit components included in your calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages.

## **Detailed Narrative OTPS Budget Request (Pages B3a, B3b & B3c):**

### **1. Contractual:**

This section (Page B3a) includes the acquisition of all personal services as well as property or equipment purchased through a formal lease contract agreement.

- Specific line items must be categorized as "Direct Patient Care" (per diem staff and lab services) or "Other" (Bookkeeping, payroll or audit services.)
- Provide name of Consultant or Contractual Positions, period of performance, description of duties, rate/hour or fee.
- Itemize staff training consultants under "Staff Development."
- The list of laboratory services must include the number and cost of each test. The laboratory tests required for the provision of a contraceptive method are included, if additional tests are provided, include those as well.
- Provide the cost allocation methodology for shared expenses where indicated on the top of the form and indicate which expense subcategory(ies) it applies to.

Carry subtotals over to Summary Budget Request on Page B1, line a.

### **2. Equipment:**

Planned equipment purchases for the grant year are to be noted on Page B3b. Equipment is defined as a piece of tangible property costing \$300 or more and having a useful life of 3 years or more.

- The cost of a single unit or piece of equipment includes necessary accessories.
- If the applicant policy provides that the charges for transportation, protective in-transit insurance and installation are a part of the cost of the equipment, such charges will be included in the equipment costs.
- Equipment must be categorized as either "Direct Patient Care" or "Other."
- Equipment Leases are expensed under Contractual.

Carry subtotal over to Summary Budget Request on Page B1, line b.

### **3. Staff Development:**

Include a detailed breakdown of costs incurred for stipends, travel, tuition, and registration fees and other charges for staff development on Page B3b.

Description of Training: Include description of training, number and name/title of staff attending.

Training Consultants: Include name of consultant, period of performance, description of duties, rate/hr. or fee.

Travel Per Diem: Include, as applicable, per diem, means of travel, mileage rate, number of miles.

Other: Training material purchased for "in house" instruction and other services used to provide training to project staff is included in this section under Other.

Carry subtotal over to Summary Budget Request on Page B1, line c.

**4. Other:** All other allowable costs incurred exclusively for the project pursuant to the agency's normal operation of the Family Planning Program are included on Page B3c. Include the allocation methodology used for shared expenses under the appropriate category.

Direct Medical Service Supplies: Provide list of and cost for medical and lab supplies, consumable supplies, vaginal therapeutics and other pharmaceutical supplies and Other (i.e. educational supplies, office supplies).

Contraceptive Supplies: Average cost per cycle or item (include range of costs for these) include all contraceptive methods (example: 100 shots depo @ \$25 each - \$2500). These numbers represent a best estimate based on past usage and current goals and needs.

Travel:

- Client Travel - bus tokens, van, or other transportation services provided to clients
- Staff Travel - for direct patient services between clinic sites, to meetings, etc. (e.g., agency cars, tokens, taxi, etc.) Calculate approximate mileage by travel rate; include agency approved mileage rate.

Communications: List categories, including telephone, postage, printing, and advertising. Include a detailed description of the effort and proposed expenditures.

Maintenance & Operations: Include occupancy costs (square foot value of space and total square footage), utilities, and janitorial services. Capital improvement expenses are not allowed. Costs for operating mobile vans, approved as part of the original application, are allowable and may include: staff (including a driver), insurance, fuel and routine maintenance or leasing expenses. As with other services, charges should be based on percent of effort.

Other: All other items or services purchased for the provision of family planning

services. Break down by category (i.e., subscriptions, recruitment, miscellaneous, etc.) Miscellaneous line is limited to \$250. All miscellaneous items costing more than \$250 must be lined out separately.

Carry subtotals over to Summary Budget Request on Page B1, line d.

### **Sources of Other Income (Form B4)**

In-Kind Contributions - Specify In-Kind contributions such as services, materials, equipment or space, and the assigned a dollar value.

Other Sources – List separately funding received from other grant funding, types of payment received for services provided by the project, private foundation grants and fundraising efforts(including any third party and federal funding, e.g. direct Title X funds, Section 330 grants).

Total must equal the total amount budgeted as Applicant Funds (column 2) on the Summary Budget Request (Form B1).

## Attachment 2.9

# APPENDIX B

Component 1

Attachment 2.9

Applicant Name: \_\_\_\_\_

## Summary Budget Request

**NYS FPP, FY January 1, 2011 - December 31, 2011**

	Total Amount Required <small>(sum of column 2,3)</small>	Applicant Funds <small>(complete Rows 4a-4d below)</small>	State Funds Requested  Family Planning Services
	1	2	3
<b>1. PERSONAL SERVICE</b>			
a. Total P/S	\$0	\$0	\$0
<b>2. OTHER THAN PERSONAL SERVICE</b>			
a. Contractual	\$0	\$0	\$0
b. Equipment	\$0	\$0	\$0
c. Staff Development	\$0	\$0	\$0
e. Other	\$0	\$0	\$0
f. TOTAL OTPS	\$0	\$0	\$0
<b>3. TOTAL DIRECT COSTS<sup>1</sup></b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>4. SOURCE OF APPLICANT FUNDS</b>	
a. Applicant	
i. Unrestricted Funds	[ ]
ii. In-Kind Contributions	[ ]
b. Other Grant Funds	[ ]
c. Payment for Services	
i. Title XIX (Medicaid)	[ ]
ii. Other	[ ]
d. Total Applicant Funds <small>(must equal Column 2, Total Direct Costs, above)</small>	[ ] 0

<sup>1</sup>Sum of Total P/S and Total OTPS

Applicant Name: \_\_\_\_\_

**Detailed Personal Service Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Personal Service Items <sup>1</sup> 1	Employee Initials 2	Prof. License or Cert. No. & Type <sup>2</sup> 3	Annual Salary Rate 4	# Mos 5	% Time on Project 6	Functional Cost Centers*					Total Amount Required 12	Applicant Funds 13	State Funds Requested
						% Time Admin. 7	% Time Program Support 8	% Time Clinical 9	% Time Outreach Education 10	% Time Other 11			Family Planning Services (including HIV & STD Services) 14

1.	Subtotal Personal Service, This Page	\$0	\$0	\$0
2.	Subtotal Personal Service, additional page(s)			
3.	Total Personal Service, All Pages	\$0	\$0	\$0
4.	Fringe Benefit Rate %			
5.	<b>Grand Total, Personal Service</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<sup>1</sup> List each separately, group by title and subtotal group  
<sup>2</sup> Include Licensure or Certification No. type (examples: MD, NP, RN, etc.)  
\* Sum of Columns 7 through 11 should equal 100%



Applicant Name: \_\_\_\_\_

**Fringe Benefit Rate**  
NYS FPP, FY January 1, 2011 - December 31, 2011

<b>FRINGE BENEFITS</b>		
	<u>TOTAL</u>	<u>PERCENT</u>
Health Insurance		
FICA		
Workers' Comp		
Retirement		
	<u>Total</u>	<u>0.00</u>
		<u>0.00%</u>



Applicant Name: \_\_\_\_\_

**OTPS Detailed Narrative Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Provide Allocation Methodology for shared expenses and indicate which subcategory(ies) it applies to. <b>Allocation Methodology:</b>	Total Amount Required <sup>1</sup>  <b>1</b>	Applicant Funds  <b>2</b>	State Funds Requested  Family Planning Services (including HIV & STD Services) <b>3</b>
<b>2. EQUIPMENT</b>			
<b>Subtotal, EQUIPMENT</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>3. STAFF DEVELOPMENT</b> <u>Description of Training / Staff Attending</u>  <u>Training Consultants</u>  <u>Travel Per Diem</u>  <u>Other</u>			
<b>Subtotal, STAFF DEVELOPMENT</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup> Sum of columns 2 & 3



Applicant Name: \_\_\_\_\_

**OTPS Detailed Narrative Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Provide Allocation Methodology for shared expenses and indicate which subcategory(ies) it applies to. <b>Allocation Methodology:</b>	Total Amount Required <sup>1</sup>  <b>1</b>	Applicant Funds  <b>2</b>	State Funds Requested  Family Planning Services (including HIV & STD Services)  <b>3</b>
<b>Communications</b>			
<i>Subtotal, Communications</i>	0	0	0
<b>Maintenance &amp; Operations</b> Rent			
<i>Subtotal, Maintenance &amp; Operations</i>	0	0	0
<b>Other</b>			
<i>Subtotal, Other</i>	0	0	0
<b>Subtotal, OTHER (All categories)</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup> Sum of columns 2 & 3



## Attachment 2.10

**Comprehensive Family Planning & Reproductive Health Care Services**  
**Component One, Part C, Subpart 1(a)**  
**Increase Access to the Family Planning Benefit Program**

Applicants that wish to be considered for participation in this project need to complete all sections listed below and submit as part of their Component One application. Refer to instructions for content of each section within the RFA in Section V. B Component 1 Part C Enhanced Services. Include applicant name in the header section of each page.

**[50 possible total points]**

- |   |                                      |                    |
|---|--------------------------------------|--------------------|
| <b>1. Experience and Organizational Capability</b>            | <b>LIMIT 1 Page</b>                  | <b>[10 points]</b> |
| <b>2. Statement of Need</b>                                   | <b>LIMIT 2 Pages</b>                 | <b>[10 points]</b> |
| <b>3. Project Narrative</b>                                   | <b>LIMIT 4 Pages</b>                 | <b>[10 points]</b> |
| <b>4. Work Plan Worksheets</b>                                | <b>LIMIT 2 Pages</b>                 | <b>[5 points]</b>  |
| <b>Use attached work plan</b>                                 |                                      |                    |
| <b>5. Program Performance/Evaluation</b>                      | <b>LIMIT 1 Page</b>                  | <b>[5 points]</b>  |
| <b>6. Budget Narrative</b>                                    | <b>LIMIT 1 Page and budget pages</b> | <b>[10 points]</b> |
| <b>(Attach Budget Pages (Attachment 2.9) after narrative)</b> |                                      |                    |

**4. Work Plan Worksheets —2 PAGE LIMIT— [5 points]**

**Comprehensive Family Planning & Reproductive Health Care Services  
Component One, Part C, Subpart 1(a)  
WORK PLAN FORMAT**

**Applicant:** \_\_\_\_\_

**ENHANCED SERVICES – 1(a) APPLICANTS APPLYING TO DEVELOP INITIATIVES TO INCREASE ENROLLMENT IN THE FAMILY PLANNING BENEFIT PROGRAM**

**Outcome 1: Provide Training, Education, and Technical Assistance about Increasing Enrollment in Public Health Insurance Programs, specifically the Family Planning Benefit Program (FPBP).**

<b>Goal 1:</b>		Performance Measures (PM) to be defined by applicant.	
<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by (month &amp; year)</b>

## Attachment 2.11

**Comprehensive Family Planning & Reproductive Health Care Services  
Component One, Part C, Subpart 1(b)  
Expansion Services for High-risk and Underserved Populations**

Applicants that wish to be considered for participation in this project need to complete all sections listed below and submit as part of their Component One application. Refer to instructions for content of each section within the RFA in Section V. B. Component 1 Part C Enhanced Services. Include applicant name in the header section of each page.

**[50 possible total points]**

- |  |                                      |                    |
|--|--------------------------------------|--------------------|
| <b>1. Experience and Organizational Capability</b>     | <b>LIMIT 1 Page</b>                  | <b>[10 points]</b> |
| <b>2. Statement of Need</b>                            | <b>LIMIT 2 Pages</b>                 | <b>[10 points]</b> |
| <b>3. Project Narrative</b>                            | <b>LIMIT 4 Pages</b>                 | <b>[10 points]</b> |
| <b>4. Work Plan Worksheets</b>                         | <b>LIMIT 2 Pages</b>                 | <b>[5 points]</b>  |
| Use attached work plan                                 |                                      |                    |
| <b>5. Program Performance/Evaluation</b>               | <b>LIMIT 1 Page</b>                  | <b>[5 points]</b>  |
| <b>6. Budget Narrative</b>                             | <b>LIMIT 1 Page and budget pages</b> | <b>[10 points]</b> |
| (Attach Budget Pages (Attachment 2.9) after narrative) |                                      |                    |

**Comprehensive Family Planning & Reproductive Health Care Services  
Component One, Part C, Subpart 1(b)  
WORK PLAN FORMAT**

**Applicant:** \_\_\_\_\_

**ENHANCED SERVICES – 1(b) Applicants applying for Enhanced Services to High-risk and Underserved Populations:**

**Outcome 1: Ensure Expanded Access to Comprehensive Family Planning Services to Special Populations such as Males, Populations involved with the Criminal Justice System, Disconnected Youth, or others at High Risk of Poor Reproductive Health Outcomes.**

<b>Goal 1:</b>		Performance Measures (PM) to be defined by applicant.	
<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by (month &amp; year)</b>

Attachment 2.12

Attachment 2.12

**Comprehensive Family Planning & Reproductive Health Care Services  
Component One, Part C, Subpart 1(c)  
Strengthening Cultural Competency**

Applicants that wish to be considered for participation in this project need to complete all sections listed below and submit as part of their Component One application. Refer to instructions for content of each section within the RFA, in Section V. B. Component 1 Part C Enhanced Services. Include applicant name in the header section of each page.

**[50 possible total points]**

- |  |                                      |                    |
|--|--------------------------------------|--------------------|
| <b>1. Experience and Organizational Capability</b> | <b>LIMIT 1 Page</b>                  | <b>[10 points]</b> |
| <b>2. Statement of Need</b>                        | <b>LIMIT 2 Pages</b>                 | <b>[10 points]</b> |
| <b>3. Project Narrative</b>                        | <b>LIMIT 4 Pages</b>                 | <b>[10 points]</b> |
| <b>4. Work Plan Worksheets</b>                     | <b>LIMIT 2 Pages</b>                 | <b>[5 points]</b>  |
| Use attached work plan                             |                                      |                    |
| <b>5. Program Performance/Evaluation</b>           | <b>LIMIT 1 Page</b>                  | <b>[5 points]</b>  |
| <b>6. Budget Narrative</b>                         | <b>LIMIT 1 Page and budget pages</b> | <b>[10 points]</b> |

**(Attach Budget Pages (Attachment 2.9) after narrative)**

**Comprehensive Family Planning & Reproductive Health Care Services  
Component One, Part C, Subpart 1(c)  
WORK PLAN FORMAT**

**Applicant:** \_\_\_\_\_

**ENHANCED SERVICES – 1(c) APPLICANTS APPLYING TO DEVELOP PROJECT TO STRENGTHEN CULTURAL COMPETENCY OF FAMILY PLANNING PROVIDERS**

**Outcome 1: Develop assessment methods, technical assistance and best practice models to serve culturally and linguistically diverse populations, such as immigrant women, and racial and ethnic minorities utilizing the National Standards for Culturally and Linguistically Appropriate Services in Healthcare (CLAS) standards.**

<b>Goal 1:</b>		Performance Measures (PM) to be defined by applicant.	
<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by (month &amp; year)</b>

## Attachment 2.13

**Attachment 2.13**  
**Comprehensive Family Planning & Reproductive Health Care Services**  
**Component One, Part C, Subpart 2 – Infertility Prevention Project**

Applicants that wish to be considered for participation in the CDC Infertility Prevention Project need to complete this attachment and submit as part of their Component One application.

**Applicant Name:** \_\_\_\_\_

**List applicant's clinics that are proposed for participation in this project (Provide clinic name and address including ZIP code).**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

5.) \_\_\_\_\_

(attach additional pages if needed)

**Check and complete the following:**

- Applicant's program can comply with all Region II and CDC Chlamydia screening criteria, as outlined in Attachment 1.4 of this RFA
- Applicant's program meets the minimum annual volume of Chlamydia tests as stated in Attachment 1.4 of this RFA.

Provide the total projected annual test volume for all participating clinic sites:

\_\_\_\_\_

- Applicant's program meets the minimum Chlamydia prevalence rate among eligible clients as stated in Attachment 1.4 of this RFA.

Provide the combined prevalence rate for clients under age 26 for all participating clinic sites: \_\_\_\_%

- Applicant's program can meet all reporting deliverables as outlined in Attachment 1.4 of this RFA.

**This completed form should be submitted as Attachment 2.13 within your organization's Component One Part C application.**

## Attachment 3.1

**Component 2  
Application Checklist**

**Statewide Education and Training for Higher Level Infertility Services**

Use this checklist to confirm that all sections are included and in the proper sequence in your application for submission to the Bureau of Maternal and Child Health.

**SECTION A - ADMINISTRATIVE FORMS and APPLICATION**

- \_\_\_\_\_ Application Checklist (this form)
- \_\_\_\_\_ Cover Letter (with original signature)
- \_\_\_\_\_ Application Cover Sheet (see Attachment 3.2)
- \_\_\_\_\_ Executive Summary
- \_\_\_\_\_ Organizational Capability
  - Organizational Chart
  - Resumes of Key Staff
- \_\_\_\_\_ Statement of Need
- \_\_\_\_\_ Project Narrative
- \_\_\_\_\_ Program Performance

**SECTION B – BUDGET**

- \_\_\_\_\_ Justification (see Attachment 3.5)
- \_\_\_\_\_ Budget Forms (see Attachment 3.6)

**SECTION C - WORK PLAN (see Attachment 3.4)**

- \_\_\_\_\_ Work Plan Worksheet

## Attachment 3.2

## NEW YORK STATE DEPARTMENT OF HEALTH

PROGRAM (indicate program for which support is requested)  <input type="checkbox"/> <b>Statewide Education and Training for Higher Level Infertility Services Component 2 Cover Sheet</b>	TYPE OF APPLICATION  <input checked="" type="checkbox"/> New <input type="checkbox"/> Supplement <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
1. TITLE OF PROJECT (PROGRAM):		
2. NAME AND ADDRESS OF APPLICANT:  Congressional District: _____ Internet Address: _____		
3. EMPLOYER'S IDENTIFICATION NUMBER: (Fed E.I.N.)	6. BUDGET PERIOD: <b>January 1, 2011 -December 31, 2011</b>	
4. NYS CHARITY REGISTRATION NUMBER:	7. AMOUNT REQUESTED FOR BUDGET PERIOD (Direct Costs Only)	8. YEARS OF EXPERIENCE
5. DIRECTOR OF PROJECT (Program or Center Director, Coordinator or Principal Investigator)  NAME:  TITLE:  OFFICE TELEPHONE (include area code and extension):  OFFICE FAX NUMBER:  E-Mail Address:	9. FINANCIAL MANAGEMENT OFFICIAL  NAME:  TITLE:  OFFICE TELEPHONE (include area code and extension):  OFFICE FAX NUMBER:  E-Mail Address:	

---

**Authorized Representative**  
**Print Name**


---

**Authorized Representative**  
**Signature**


---

**Date**

## Attachment 3.3

**Component 2**  
**Statewide Education and Training for Higher Level Infertility Services**  
**Statement of Assurances**

\_\_\_\_\_ assures that it will:  
(Name of Organization)

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

Further: \_\_\_\_\_ certifies that it will:  
(Name of Organization)

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

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

## Attachment 3.4

## NYSDOH Family Planning Program Work Plan Template and Instructions

### Component 2

**Purpose:** The purpose of this Request for Applications (RFA) is to provide high quality comprehensive family planning and reproductive health services to low income, uninsured and underinsured women, men, adolescents, and racial and ethnic minorities in New York State (NYS). The goal of Component 2 is to ensure that low income, uninsured or underinsured women and men have access to infertility services. To this end, these services will be provided through a statewide education and training contractor. The contractor will provide training and education to NYS funded family planning providers, other non-funded providers requesting services, and will increase access to infertility services statewide through their network and collaborative efforts. To achieve this end, applicants must develop and implement a work plan that addresses these required activities.

- 1. Outreach and Access** – Recruit, maintain and serve priority populations (women, men, adolescents, and racial and ethnic minorities who are either low income, uninsured or underinsured) through public education, social marketing, mass media and active outreach and inreach activities.
  
- 2. Program Collaboration and Support** - Build and maintain collaborative networks to provide increased access to infertility services across New York State.

### Family Planning Program Work Plan Instructions:

1. The objectives and activities outlined in the work plan should reflect the overall program purpose and activities listed in the RFA.
2. The work plan template on the following pages should be completed using a font size of at least 10 pt.
3. The work plan should cover the one-year period, January 1, 2011 – December 31, 2011.
4. Work plan development should conform to the format in the templates, as follows:
  - a) Address each of the work plan goals in a separate table.
  - b) Develop SMART objectives and activities to address the required activities as described in the RFA and complete all columns. See section 5.c below for definitions and examples of SMART objectives.Definitions to aid in completion of each column in the templates are provided here:
5.
  - a) **Goals** – A goal is a general, “big picture” statement of an outcome a program intends to accomplish to fulfill its mission. The goals for these funded programs have been written and are included in each of the work plan template tables.
  - b) **Measures of effectiveness:** These are the standards that a program uses to measure progress in achieving goals through

program objectives. Many measures of effectiveness may be required to fully assess progress toward an objective. Measures of effectiveness should be based on the available data. When writing measures of effectiveness, be sure they are measurable; they should contain a numeric value, or an observable behavior. They should be significant and truly gauge success in working toward or meeting the goal.

*Ask:* How will we know if our program has achieved this objective? What would it take to convince me that our program has achieved this objective?

Examples of other sources of data from which to measure effectiveness are: scores on training pre/post tests, information from focus groups of members of the priority populations, data from the Family Planning Program and other government sources, Census data, participants completing a quiz during training and clients completing a service satisfaction survey.

- c) **SMART Objectives** – Work plans must contain SMART objectives for each goal. (SMART = Specific, Measurable, Achievable, Relevant, and Time-bound) Inclusion of as many SMART objectives as appropriate to accomplish the goals within the work plan time period is encouraged.

Definitions of the components of a SMART objective follow, along with examples to help you create your own.

**SMART Objectives** include specific activities, events, and/or interactions to be completed by a certain date in order to accomplish the overall goal. Objectives are written in an active tense and use active verbs such as convene, write, conduct, produce, develop, identify, visit, organize, design, promote, educate, train, distribute, etc.

- **Specific** – an observable action, behavior, or achievement is described and linked to a rate, number, percentage, or frequency. When reaching individuals, a specific population description must be included in the objective  
*Ask:* Is there a description of a precise or specific action or event, which is linked to a rate, number, percentage or frequency?
- **Measurable** – a system, method, or procedure exists that allows the tracking and recording of the event, behavior or action  
*Ask:* Is there a reliable system in place to measure progress toward the achievement of the objective?
- **Achievable** – the objective has a likelihood of success and is realistic given the resources and time period  
*Ask:* With a reasonable amount of effort can the objective be achieved?
- **Relevant** – the target directly supports the corresponding goal  
*Ask:* Will this objective lead to the desired results?
- **Time-bound** – specifically lists the dates for the task to be started and completed  
*Ask:* Is there a start and/or finish date clearly stated and defined?

**Examples of SMART objectives:**

- ◆ By September 30, 2011, establish referral and service partnerships with 3 Community and Faith Based Organizations in your agency's service area.
- ◆ By March, 2011, conduct agency wide in-service trainings for clinicians.

**Examples of objectives that are NOT SMART:**

- Reduce the incidence of STDs in adolescents by next month.  
*(Not achievable)*
- Reduce the amount of HIV in women by June 2011.  
*(Not specific or measurable)*
- Create a family planning media plan.  
*(Not specific, measurable, or time-bound )*
- Increase breast cancer knowledge by developing a poster contest.  
*(Not specific, measurable, achievable, time-bound, or relevant)*

d) **Activities planned to achieve this objective** –Activities are what a program does, or its specific tasks, to meet the stated objectives and ultimately fulfill the goal.

*Ask:* To meet the objectives, what action is needed? What else might work? Do we have the resources to do this?

e) **Staff member(s) responsible** – Identify individual staff responsible for specific tasks within each activity.

f) **Completed by (month & year)** – These are the dates (e.g., by month, quarter) for assessing progress. Timeframes should include regularly scheduled, periodic check-in points for assessing progress in addition to start and end dates. Use established timeframes to help organize activities.

*Ask:* What activities need to come first? When do we plan to have this finished?

Component 2  
**WORK PLAN FORMAT**  
**Family Planning Program**

**Applicant:** \_\_\_\_\_

**Outcome 1: Provide Training, Education, and Technical Assistance about Higher Level Infertility Services in New York State**

<b>Goal 1: Outreach, Training, Education, and Technical Assistance</b> Provide infertility education, outreach, training, and technical assistance as requested by the state for a variety of health care providers including, but not limited to NYSDOH Title X funded programs.		<b>Measures of Effectiveness:</b> Program performance defined by applicant.	
<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by (month &amp; year)</b>

Component 2  
**WORK PLAN FORMAT**  
**Family Planning Program**

**Applicant:** \_\_\_\_\_

**Outcome 2: Collaborate with Community and Statewide Resources and Networks to Increase Access to Infertility Services**

<b>Goal 2: Program Collaboration and Support</b> Build and maintain collaborative networks to provide increased access to infertility services across New York State		<b>Measures of Effectiveness:</b> Program performance defined by applicant.	
<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by</b>  (month & year)

## Attachment 3.5

Component 2  
**Budget Instructions**

- The budget should reflect all costs and funding sources for the infertility services project supported by this grant.
- All amounts are to be expressed in whole dollars.
- 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. Refer to Attachment 2.9, Family Planning Program Budget Instructions, for further information.
- Indirect costs, applied as a percentage to the budget, will not be allowed. Indirect costs are those that have been incurred for common or joint projects that benefit more than one cost objective (grant, program, or project) and cannot be readily identified or assigned to a particular cost objective.
- All narrative justification information should be provided in the first column of the OTPS Detailed Narrative Budget pages. Include the allocation methodology used to calculate shared expenses.
- 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, Grant Contract (Standard), Appendix A-1 (Agency Specific Clauses for All Department of Health Contracts), (3)(a) Administrative Rules and Audits.
- A minimum of 15% of DOH funds requested must be allocated to support infertility services program OTPS expenses.

**Summary Budget Request (Page B1):**

The Summary Budget Request summarizes all project costs on a single page. The Detailed Budget forms provide the complete cost breakdown and should be completed prior to the Summary form.

**Sections 1-3 Personal Service, Other Than Personal Service and Total Direct Costs:**

Carry over the grand total from Page B2a of the Personal Service forms and the category totals from Pages B3a through B3c of the Other Than Personal Service forms to the Summary Budget Request page.

**Section 4. Source of Applicant Funds:**

Carry over figures from Page B4 Detail of Contractor Funds Supporting Initiative

- e) Applicant: Unrestricted and In-Kind – Funds available from the applicant’s own sources and monetary value of in-kind services. This can also include fees from education services and fundraising efforts.
- f) Other Grant Funds: Include other state, local or federal grants not requested in this application. Private foundation grants should also be included.
- g) Payment for Services: Include payments generated by services provided by the project.
- h) Total Applicant Funds: The total must equal the sum of Number 4 a, b + c. The total must also equal the total in Number 3, Column 2, “Applicant Funds” above.

**Detailed Personal Service Budget Request (Pages B2a, B2b)**

**In Column 1**, enter all job titles connected with administration or service provision of the program. Include all titles, regardless of funding source or present vacancy. **List each item separately and subtotal by similar title.** (See example on Page \_\_\_\_)

**In Column 2**, enter employee initials.

**In Column 3**, enter the Professional Staff License or Certificate number and type of licensure (MD, CNM, NP, RN, etc.), if applicable.

**In Column 4**, enter the annual **full-time** (12-month) salary rate for each position that will be filled for all or any part of the January 1- December 31, 2011 fiscal year. Provide a subtotal by similar title.

**In Column 5**, enter the number of months the position will be filled during the January 1- December 31, 2011 fiscal year.

**In Column 6**, enter the percent of time the staff person will devote to the infertility services program during the number of months indicated in Column 5. **Provide a subtotal by similar title.**

In **Column 7**, enter the total amount of funding required to fund this position.

In **Column 8**, enter the amount of funding the applicant will be providing for each position. This includes both "in kind" contributions and funds from all other sources.

In **Column 9**, enter the amount of funding requested from the State for infertility services. The sum of Columns 8 and 9 should equal the Total Amount Required in **Column 7**.

Enter subtotals and totals for each Column (7 through 9). Enter the fringe benefit rate applicable to employees of the agency and multiply the total in each column to arrive at the grand total for personal services. Fringe benefit components must be detailed on Page B2c.

In **Column 7**, enter the total amount required for each position. Use the following formula to determine "Total Amount Required":

**EXAMPLE:**

Annual Salary Rate (Column 4)	X	Number of Months Budgeted divided by 12 (Column 5)	X	Percent of Time (Column 6)	=	Total Amount Required (Column 7)
<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>	<b>Column 4</b>	<b>Column 5</b>	<b>Column 6</b>	<b>Column 7</b>
Personal Service Item /	Employee Initials	Prof License or cert #	Annual Salary Rate	# Mos.	% of Time on Project	Total Amount Required
NP (Site #1)	M.J.	CCCCCCC –NP	40,000	5	80%	13,333
NP (Site #2)	D.D.	CCCCCCC –NP	38,000	7	80%	17,733
NP (Site #3)	C.J.	CCCCCCC – NP	40,000	7	75%	30,000
<b>(SUBTOTAL)</b>			<b>118,000</b>		<b>235%</b>	<b>61,066</b>
Hlth Ed (Site #1)	T.Y.		22,000	10	50%	9,166
Hlth Ed (Site #2)	B.D.		25,000	12	50%	12,500
<b>(SUBTOTAL)</b>			<b>47,000</b>		<b>100%</b>	<b>21,666</b>
Nurse (Site #1)	L.M.	CCCCCCC -RN	20,000	12	90%	18,000
Nurse (Site #1)	C.L.	CCCCCCC – RN	22,000	12	20%	4,400
Nurse (Site #2)	R.W.	CCCCCCC – RN	20,000	12	100%	20,000
Nurse (Site #3)	W.W.	CCCCCCC – LPN	22,000	6	90%	9,900
Nurse (Site #3)	C.D.	CCCCCCC - LPN	20,000	6	90%	9,000
<b>(SUBTOTAL)</b>			<b>104,000</b>		<b>390%</b>	<b>61,300</b>
-						-

**In Column 8**, enter the amount of funding the applicant will be providing for each position. This includes both "in kind" contributions and funds from all other sources.

**In Column 9**, enter the amount of funding requested from the State for infertility services. The sum of Columns 8 and 9 should equal the Total Amount Required in Column 7.

Enter subtotals and totals for each Column (7 through 9). Continue on additional pages, if required. Copy as needed, numbering each page B2b \_\_\_\_ of \_\_\_\_\_. Enter the fringe benefit rate applicable to employees of the agency and multiply the total in each column to arrive at the grand total for personal services. Fringe benefit components must be detailed on Page B2c.

**See Sample on next page**

### **Fringe Benefit Rate Breakdown (Page B2c)**

Provide all fringe benefit components included in your calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages.

**SAMPLE of Page B2a**

Personal Service Items	Employee Initials	Professional License or Certificate # and Type	Annual Salary Rate	# Mos	%Time	Total Amount Required	Applicant funds	State Funds Requested
								Infertility Services
1	2	3	4	5	6	12	13	14
Director	M.B.	CCCCCC	\$75,000	12	100	\$75,000	\$45,000	\$30,000
Clinician	T.K.	CCCCCC	\$60,000	12	50	\$30,000	\$15,000	\$15,000

## **Detailed Narrative OTPS Budget Request (Pages B3a, B3b & B3c):**

### **1. Contractual:**

This section (Page B3a) includes the acquisition of all personal services as well as property or equipment purchased through a formal lease contract agreement.

- Specific line items must be categorized (such as bookkeeping, payroll or audit services.)
- Provide name of Consultant or Contractual Positions, period of performance, description of duties, rate/hour or fee.
- Itemize staff training consultants under "Staff Development."
- Provide the cost allocation methodology for shared expenses where indicated on the top of the form and indicate which expense subcategory(ies) it applies to.

Carry subtotals over to Summary Budget Request on Page B1, line a.

### **2. Equipment:**

Planned equipment purchases for the grant year are to be noted on Page B3b. Equipment is defined as a piece of tangible property costing \$300 or more and having a useful life of 3 years or more.

- The cost of a single unit or piece of equipment includes necessary accessories.
- If the applicant policy provides that the charges for transportation, protective in-transit insurance and installation are a part of the cost of the equipment, such charges will be included in the equipment costs.
- Equipment Leases are expensed under Contractual.

Carry subtotal over to Summary Budget Request on Page B1, line b.

### **3. Staff Development:**

Include a detailed breakdown of costs incurred for stipends, travel, tuition, and registration fees and other charges for staff development on Page B3b.

Description of Training: Include description of training, number and name/title of staff attending.

Training Consultants: Include name of consultant, period of performance, description of duties, rate/hr. or fee.

Travel Per Diem: Include, as applicable, per diem, means of travel, mileage rate, number of miles.

Other: Training material purchased for "in house" instruction and other services used to

provide training to project staff is included in this section under Other.

Carry subtotal over to Summary Budget Request on Page B1, line c.

**4. Other:** All other allowable costs incurred exclusively for the project pursuant to the agency's normal operation of the Infertility Services Project are included on Page B3c. Include the allocation methodology used for shared expenses under the appropriate category.

Supplies and Materials: Provide a list of and cost for office supplies and program materials.

Travel: Staff Travel – to meetings, trainings etc. (e.g., agency cars, tokens, taxi, etc.) Calculate approximate mileage by travel rate; include agency approved mileage rate.

Communications: List categories, including telephone, postage, printing, and advertising. Include a detailed description of the effort and proposed expenditures.

Maintenance & Operations: Include occupancy costs (square foot value of space and total square footage), utilities, and janitorial services. Capital improvement expenses are not allowed. Costs for operating mobile vans, approved as part of the original application, are allowable and may include: staff (including a driver), insurance, fuel and routine maintenance or leasing expenses. As with other services, charges should be based on percent of effort.

Other: All other items or services purchased for the provision of infertility services. Break down by category (i.e., subscriptions, recruitment, miscellaneous, etc.) Miscellaneous line is limited to \$250. All miscellaneous items costing more than \$250 must be lined out separately.

Carry subtotals over to Summary Budget Request on Page B1, line d.

### **Sources of Other Income (Form B4)**

In-Kind Contributions - Specify In-Kind contributions such as services, materials, equipment or space, and the assigned a dollar value.

Other Sources – List separately funding received from other grant funding, types of payment received for services provided by the project, private foundation grants and fundraising efforts.

Total must equal the total amount budgeted as Applicant Funds (column 2) on the Summary Budget Request (Form B1).

## Attachment 3.6

# APPENDIX B

Component 2

Attachment 3.6

Applicant Name: \_\_\_\_\_

## Summary Budget Request

**NYS FPP, FY January 1, 2011 - December 31, 2011**

	Total Amount Required <small>(sum of column 2,3)</small>	Applicant Funds <small>(complete Rows 4a-4d below)</small>	State Funds Requested  Infertility Services
	1	2	3
<b>1. PERSONAL SERVICE</b>			
a. Total P/S	\$0	\$0	\$0
<b>2. OTHER THAN PERSONAL SERVICE</b>			
a. Contractual	\$0	\$0	\$0
b. Equipment	\$0	\$0	\$0
c. Staff Development	\$0	\$0	\$0
d. Other	\$0	\$0	\$0
f. TOTAL OTPS	\$0	\$0	\$0
<b>3. TOTAL DIRECT COSTS<sup>1</sup></b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>4. SOURCE OF APPLICANT FUNDS</b>	
a. Applicant	
i. Unrestricted Funds	[ ]
ii. In-Kind Contributions	[ ]
b. Other Grant Funds	[ ]
c. Payment for Services	
i. Title XIX (Medicaid)	[ ]
ii. Other	[ ]
d. Total Applicant Funds <small>(must equal Column 2, Total Direct Costs, above)</small>	[ ] 0

<sup>1</sup>Sum of Total P/S and Total OTPS

Applicant Name: \_\_\_\_\_

**Detailed Personal Service Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Personal Service Items <sup>1</sup> 1	Employee Initials 2	Prof. License or Cert. No. & Type <sup>2</sup> 3	Annual Salary Rate 4	# Mos 5	% Time on Project 6	Total Amount Required 7	Applicant Funds 8	State Funds Requested
								Infertility Services 9

1.	Subtotal Personal Service, This Page	\$0	\$0	\$0
2.	Subtotal Personal Service, additional page(s)			
3.	Total Personal Service, All Pages	\$0	\$0	\$0
4.	Fringe Benefit Rate	%		
5.	<b>Grand Total, Personal Service</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<sup>1</sup> List each separately, group by title and subtotal group  
<sup>2</sup> Include Licensure or Certification No. type (examples: MD, NP, RN, etc.)



Applicant Name: \_\_\_\_\_

**Fringe Benefit Rate**  
NYS FPP, FY January 1, 2011 - December 31, 2011

<b>FRINGE BENEFITS</b>		
	<u>TOTAL</u>	<u>PERCENT</u>
Health Insurance		
FICA		
Workers' Comp		
Retirement		
	<u>Total</u>	<u>0.00</u>
		<u>0.00%</u>

Applicant Name: \_\_\_\_\_

**OTPS Detailed Narrative Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Provide Allocation Methodology for shared expenses and indicate which subcategory(ies) it applies to. <b>Methodology:</b>	Total Amount Required <sup>1</sup>	Applicant Funds	State Funds Requested
	1	2	3
<p><b>Allocation</b></p> <p><b>1. CONTRACTUAL</b></p> <p><u>Consultants</u></p> <p>Other</p>			
<b>Subtotal, Contractual</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup> Sum of columns 2 & 3

Applicant Name: \_\_\_\_\_

**OTPS Detailed Narrative Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Provide Allocation Methodology for shared expenses and indicate which subcategory(ies) it applies to. <b>Allocation Methodology:</b>	Total Amount Required <sup>1</sup>	Applicant Funds	State Funds Requested
	<b>1</b>	<b>2</b>	<b>3</b>
<b>2. EQUIPMENT</b>			
<b>Subtotal, EQUIPMENT</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>3. STAFF DEVELOPMENT</b>			
<u>Description of Training / Staff Attending</u>			
<u>Training Consultants</u>			
<u>Travel Per Diem</u>			
<u>Other</u>			
<b>Subtotal, STAFF DEVELOPMENT</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup> Sum of columns 2 & 3

Applicant Name: \_\_\_\_\_

**OTPS Detailed Narrative Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Provide Allocation Methodology for shared expenses and indicate which subcategory(ies) it applies to. <b>Allocation Methodology:</b>	Total Amount Required <sup>1</sup>  <b>1</b>	Applicant Funds  <b>2</b>	State Funds Requested Infertility Services  <b>3</b>
<b>4. OTHER</b>  <b>Supplies and Materials</b>			
<i>Subtotal, Supplies and Materials</i>	0	0	0
<b>Travel</b>  Staff Travel      Approved Agency mileage rate _____			
<i>Subtotal, Travel</i>	0	0	0

Applicant Name: \_\_\_\_\_

**OTPS Detailed Narrative Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Provide Allocation Methodology for shared expenses and indicate which subcategory(ies) it applies to. <b>Allocation Methodology:</b>	Total Amount Required <sup>1</sup>	Applicant Funds	State Funds Requested
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Communications</b>			
<i>Subtotal, Communications</i>	0	0	0
<b>Maintenance &amp; Operations</b> Rent			
<i>Subtotal, Maintenance &amp; Operations</i>	0	0	0
<b>Other</b>			
<i>Subtotal, Other</i>	0	0	0
<b>Total, Other</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup> Sum of columns 2 & 3



## Attachment 4.1

**Component 3**  
**Application Checklist**  
Center of Excellence

Use this checklist to confirm that all sections are included and in the proper sequence in your application for submission to the Bureau of Maternal and Child Health.

**SECTION A - ADMINISTRATIVE FORMS and APPLICATION**

- \_\_\_\_\_ Application Checklist (this form)
- \_\_\_\_\_ Cover Letter (with original signature)
- \_\_\_\_\_ Application Cover Sheet (see Attachment 4.2)
- \_\_\_\_\_ Executive Summary
- \_\_\_\_\_ Organizational Capability
  - Organizational Chart
  - Resumes of Key Staff
- \_\_\_\_\_ Statement of Need
- \_\_\_\_\_ Project Narrative
- \_\_\_\_\_ Program Performance

**SECTION B - BUDGET**

- \_\_\_\_\_ Justification (see Attachment 4.4)
- \_\_\_\_\_ Budget Forms (see Attachment 4.5)

**SECTION C - WORK PLAN (see Attachment 4.3)**

- \_\_\_\_\_ Work Plan Worksheets

## Attachment 4.2



## Attachment 4.3

**NYSDOH Family Planning Program Work Plan Template and Instructions**  
**Component 3**

**Family Planning Program Work Plan Instructions:**

1. The objectives and activities outlined in the work plan should reflect the overall program purpose and activities listed in the RFA.
2. The work plan template on the following pages should be completed using a font size of at least 10 pt.
3. The work plan should cover the one-year period, January 1, 2011 – December 31, 2011.
4. Work plan development should conform to the format in the templates, as follows:
  - a) Address each of the work plan goals in a separate table.
  - b) Develop SMART objectives and activities to address the required activities as described in the RFA and complete all columns. See section 5.c below for definitions and examples of SMART objectives.

Definitions to aid in completion of each column in the templates are provided here:

5.
  - a) **Goals** – A goal is a general, “big picture” statement of an outcome a program intends to accomplish to fulfill its mission. The goals for these funded programs have been written and are included in each of the work plan template tables.
  - b) **Measures of effectiveness:** These are the standards that a program uses to measure progress in achieving goals through program objectives. The measures of effectiveness included in the RFA are based on available Family Planning Data (Ahler’s), and are not exhaustive. Many measures of effectiveness may be required to fully assess progress toward an objective. Measures of effectiveness should be based on the available data. When writing measures of effectiveness, be sure they are measurable; they should contain a numeric value, or an observable behavior. They should be significant and truly gauge success in working toward or meeting the goal.

*Ask:* How will we know if our program has achieved this objective? What would it take to convince me that our program has achieved this objective?

Examples of other sources of data from which to measure effectiveness are: scores on training pre/post tests, information from focus groups of members of the priority populations, data from the Family Planning Program and other government sources, Census data, participants completing a quiz during training and clients completing a service satisfaction survey.

- c) **SMART Objectives** – Work plans must contain SMART objectives for each goal. (SMART = Specific, Measurable, Achievable, Relevant, and Time-bound) Inclusion of as many SMART objectives as appropriate to accomplish the goals within the work plan time period is encouraged.

Definitions of the components of a SMART objective follow, along with examples to help you create your own.

**SMART Objectives** include specific activities, events, and/or interactions to be completed by a certain date in order to accomplish the overall goal. Objectives are written in an active tense and use active verbs such as convene, write, conduct, produce, develop, identify, visit, organize, design, promote, educate, train, distribute, etc.

- **Specific** – an observable action, behavior, or achievement is described and linked to a rate, number, percentage, or frequency. When reaching individuals, a specific population description must be included in the objective  
*Ask: Is there a description of a precise or specific action or event, which is linked to a rate, number, percentage or frequency?*
- **Measurable** – a system, method, or procedure exists that allows the tracking and recording of the event, behavior or action  
*Ask: Is there a reliable system in place to measure progress toward the achievement of the objective?*
- **Achievable** – the objective has a likelihood of success and is realistic given the resources and time period  
*Ask: With a reasonable amount of effort can the objective be achieved?*
- **Relevant** – the target directly supports the corresponding goal  
*Ask: Will this objective lead to the desired results?*
- **Time-bound** – specifically lists the dates for the task to be started and completed  
*Ask: Is there a start and/or finish date clearly stated and defined?*

**Examples of SMART objectives:**

- ◆ By September 30, 2011, establish referral and service partnerships with 3 Community and Faith Based Organizations located in each high risk zip codes in your agency’s service area.
- ◆ By March, 2011, conduct an agency wide in-service training for clinicians to promote the use of the “quick start” method of oral contraceptive for all negative pregnancy test clients.
- ◆ By December 2011, develop an intensive care coordination program to serve all adolescents clients age nineteen and younger.

**Examples of objectives that are NOT SMART:**

- Reduce the incidence of STDs in adolescents by next month.  
*(Not achievable)*
- Reduce the amount of HIV in women by June 2011.  
*(Not specific or measurable)*
- Create a family planning media plan.  
*(Not specific, measurable, or time-bound )*
- Increase breast cancer knowledge by developing a poster contest.  
*(Not specific, measurable, achievable, time-bound, or relevant)*

d) **Activities planned to achieve this objective** –Activities are what a program does, or its specific tasks, to meet the stated objectives and ultimately fulfill the goal.

*Ask:* To meet the objectives, what action is needed? What else might work? Do we have the resources to do this?

- e) **Staff member(s) responsible** – Identify individual staff responsible for specific tasks within each activity.
- f) **Completed by (month & year)** – These are the dates (e.g., by month, quarter) for assessing progress. Timeframes should include regularly scheduled, periodic check-in points for assessing progress in addition to start and end dates. Use established timeframes to help organize activities.

*Ask:* What activities need to come first? When do we plan to have this finished?

Component 3  
**WORK PLAN FORMAT**  
Family Planning Program

**Applicant:** \_\_\_\_\_

**Outcome:**

<b>Goal 1:</b>	<b>Measures of Effectiveness:</b>
----------------	-----------------------------------

<b>Objectives</b>	<b>Activities planned to achieve this objective</b>	<b>Responsible Staff</b>	<b>Completed by (month &amp; year)</b>

## Attachment 4.4

Component 3  
**Budget Instructions**

- The budget should reflect all costs and funding sources for the Center of Excellence (COE) project supported by this grant.
  
- All amounts are to be expressed in whole dollars.
  
- 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. Refer to Attachment 2.9, Family Planning Program Budget Instructions, for further information.
  
- Indirect costs, applied as a percentage to the budget, will not be allowed. Indirect costs are those that have been incurred for common or joint projects that benefit more than one cost objective (grant, program, or project) and cannot be readily identified or assigned to a particular cost objective.
  
- All narrative justification information should be provided in the first column of the OTPS Detailed Narrative Budget pages. Include the allocation methodology used to calculate shared expenses.
  
- 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, Grant Contract (Standard), Appendix A-1 (Agency Specific Clauses for All Department of Health Contracts), (3)(a) Administrative Rules and Audits.
  
- A minimum of 15% of DOH funds requested must be allocated to support COE program OTPS expenses.

**Summary Budget Request (Page B1):**

The Summary Budget Request summarizes all project costs on a single page. The Detailed Budget forms provide the complete cost breakdown and should be completed prior to the Summary form.

**Sections 1-3 Personal Service, Other Than Personal Service and Total Direct Costs:**

Carry over the grand total from Page B2a of the Personal Service forms and the category totals from Pages B3a through B3c of the Other Than Personal Service forms to the Summary Budget Request page.

**Section 4. Source of Applicant Funds:**

Carry over figures from Page B4 Detail of Contractor Funds Supporting Initiative

- i) Applicant: Unrestricted and In-Kind – Funds available from the applicant’s own sources and monetary value of in-kind services. This can also include fees from education services and fundraising efforts.
- j) Other Grant Funds: Include other state, local or federal grants not requested in this application. Private foundation grants should also be included.
- k) Payment for Services: Include payments generated by services provided by the project.
- l) Total Applicant Funds: The total must equal the sum of Number 4 a, b + c. The total must also equal the total in Number 3, Column 2, “Applicant Funds” above.

**Detailed Personal Service Budget Request (Pages B2a, B2b)**

**In Column 1**, enter all job titles connected with administration or service provision of the program. Include all titles, regardless of funding source or present vacancy. **List each item separately and subtotal by similar title.** (See example on Page \_\_\_)

**In Column 2**, enter employee initials.

**In Column 3**, enter the Professional Staff License or Certificate number and type of licensure (MD, CNM, NP, RN, etc.), if applicable.

**In Column 4**, enter the annual **full-time** (12-month) salary rate for each position that will be filled for all or any part of the January 1- December 31, 2011 fiscal year. Provide a subtotal by similar title.

**In Column 5**, enter the number of months the position will be filled during the January 1- December 31, 2011 fiscal year.

**In Column 6**, enter the percent of time the staff person will devote to the COE services program during the number of months indicated in Column 5. **Provide a subtotal by similar title.**

**In Column 7**, enter the total amount of funding required to fund this position.

**In Column 8**, enter the amount of funding the applicant will be providing for each position. This includes both "in kind" contributions and funds from all other sources.

**In Column 9**, enter the amount of funding requested from the State for COE services. The sum of Columns 8 and 9 should equal the Total Amount Required in **Column 7**.

Enter subtotals and totals for each Column (7 through 9). Enter the fringe benefit rate applicable to employees of the agency and multiply the total in each column to arrive at the grand total for personal services. Fringe benefit components must be detailed on Page B2c.

**In Column 7**, enter the total amount required for each position. Use the following formula to determine "Total Amount Required":

**EXAMPLE:**

<b>Annual Salary Rate</b>		<b>Number of Months Budgeted divided by 12</b>		<b>Percent of Time</b>		<b>Total Amount Required</b>
<b>(Column 4)</b>	<b>X</b>	<b>(Column 5)</b>	<b>X</b>	<b>(Column 6)</b>	<b>=</b>	<b>(Column 7)</b>

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Personal Service Item /	Employee Initials	Prof License or cert #	Annual Salary Rate	# Mos.	% of Time on Project	Total Amount Required
NP (Site #1)	M.J.	CCCCCCC –NP	40,000	5	80%	13,333
NP (Site #2)	D.D.	CCCCCCC –NP	38,000	7	80%	17,733
NP (Site #3)	C.J.	CCCCCCC – NP	40,000	7	75%	30,000
<b>(SUBTOTAL)</b>			<b>118,000</b>		<b>235%</b>	<b>61,066</b>
Hlth Ed (Site #1)	T.Y.		22,000	10	50%	9,166
Hlth Ed (Site #2)	B.D.		25,000	12	50%	12,500
<b>(SUBTOTAL)</b>			<b>47,000</b>		<b>100%</b>	<b>21,666</b>
Nurse (Site #1)	L.M.	CCCCCCC -RN	20,000	12	90%	18,000
Nurse (Site #1)	C.L.	CCCCCCC – RN	22,000	12	20%	4,400
Nurse (Site #2)	R.W.	CCCCCCC – RN	20,000	12	100%	20,000
Nurse (Site #3)	W.W.	CCCCCCC – LPN	22,000	6	90%	9,900
Nurse (Site #3)	C.D.	CCCCCCC - LPN	20,000	6	90%	9,000

(SUBTOTAL)	<b>104,000</b>		<b>390%</b>	<b>61,300</b>
			-	-

**In Column 8**, enter the amount of funding the applicant will be providing for each position. This includes both "in kind" contributions and funds from all other sources.

**In Column 9**, enter the amount of funding requested from the State for COE services. The sum of Columns 8 and 9 should equal the Total Amount Required in Column 7.

Enter subtotals and totals for each Column (7 through 9). Continue on additional pages, if required. Copy as needed, numbering each page B2b \_\_\_ of \_\_\_. Enter the fringe benefit rate applicable to employees of the agency and multiply the total in each column to arrive at the grand total for personal services. Fringe benefit components must be detailed on Page B2c.

**See Sample on next page**

**Fringe Benefit Rate Breakdown (Page B2c)**

Provide all fringe benefit components included in your calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages.

**SAMPLE of Page B2a**

Personal Service Items	Employee Initials	Professional License or Certificate # and Type	Annual Salary Rate	# Mos	%Time	Total Amount Required	Applicant funds	State Funds Requested
								COE
1	2	3	4	5	6	12	13	14
Director	M.B.	CCCCCCC	\$75,000	12	100	\$75,000	\$45,000	\$30,000
Clinician	T.K.	CCCCCCC	\$60,000	12	50	\$30,000	\$15,000	\$15,000

## **Detailed Narrative OTPS Budget Request (Pages B3a, B3b & B3c):**

### **1. Contractual:**

This section (Page B3a) includes the acquisition of all personal services as well as property or equipment purchased through a formal lease contract agreement.

- Specific line items must be categorized (such as bookkeeping, payroll or audit services.)
- Provide name of Consultant or Contractual Positions, period of performance, description of duties, rate/hour or fee.
- Itemize staff training consultants under "Staff Development."
- Provide the cost allocation methodology for shared expenses where indicated on the top of the form and indicate which expense subcategory(ies) it applies to.

Carry subtotals over to Summary Budget Request on Page B1, line a.

### **2. Equipment:**

Planned equipment purchases for the grant year are to be noted on Page B3b. Equipment is defined as a piece of tangible property costing \$300 or more and having a useful life of 3 years or more.

- The cost of a single unit or piece of equipment includes necessary accessories.
- If the applicant policy provides that the charges for transportation, protective in-transit insurance and installation are a part of the cost of the equipment, such charges will be included in the equipment costs.
- Equipment Leases are expensed under Contractual.

Carry subtotal over to Summary Budget Request on Page B1, line b.

### **3. Staff Development:**

Include a detailed breakdown of costs incurred for stipends, travel, tuition, and registration fees and other charges for staff development on Page B3b.

Description of Training: Include description of training, number and name/title of staff attending.

Training Consultants: Include name of consultant, period of performance, description of duties, rate/hr. or fee.

Travel Per Diem: Include, as applicable, per diem, means of travel, mileage rate, number of miles.

Other: Training material purchased for "in house" instruction and other services used to

provide training to project staff is included in this section under Other.

Carry subtotal over to Summary Budget Request on Page B1, line c.

**4. Other:** All other allowable costs incurred exclusively for the project pursuant to the agency's normal operation of the COE Project are included on Page B3c. Include the allocation methodology used for shared expenses under the appropriate category.

Supplies and Materials: Provide a list of and cost for office supplies and program materials.

Travel: Staff Travel – to meetings, trainings etc. (e.g., agency cars, tokens, taxi, etc.)

Calculate approximate mileage by travel rate; include agency approved mileage rate.

Communications: List categories, including telephone, postage, printing, and advertising.

Include a detailed description of the effort and proposed expenditures.

Maintenance & Operations: Include occupancy costs (square foot value of space and total square footage), utilities, and janitorial services. Capital improvement expenses are not allowed. Costs for operating mobile vans, approved as part of the original application, are allowable and may include: staff (including a driver), insurance, fuel and routine maintenance or leasing expenses. As with other services, charges should be based on percent of effort.

Other: All other items or services purchased for the provision of COE services. Break down by category (i.e., subscriptions, recruitment, miscellaneous, etc.) Miscellaneous line is limited to \$250. All miscellaneous items costing more than \$250 must be lined out separately.

Carry subtotals over to Summary Budget Request on Page B1, line d.

### **Sources of Other Income (Form B4)**

In-Kind Contributions - Specify In-Kind contributions such as services, materials, equipment or space, and the assigned a dollar value.

Other Sources – List separately funding received from other grant funding, types of payment received for services provided by the project, private foundation grants and fundraising efforts.

Total must equal the total amount budgeted as Applicant Funds (column 2) on the Summary Budget Request (Form B1).

## Attachment 4.5

# APPENDIX B

Component 3

Attachment 4.5

Applicant Name: \_\_\_\_\_

## Summary Budget Request

**NYS FPP, FY January 1, 2011 - December 31, 2011**

	Total Amount Required <small>(sum of column 2,3)</small>	Applicant Funds <small>(complete Rows 4a-4d below)</small>	State Funds Requested  Center of Excellence
	1	2	3
<b>1. PERSONAL SERVICE</b>			
a. Total P/S	\$0	\$0	\$0
<b>2. OTHER THAN PERSONAL SERVICE</b>			
a. Contractual	\$0	\$0	\$0
b. Equipment	\$0	\$0	\$0
c. Staff Development	\$0	\$0	\$0
d. Other	\$0	\$0	\$0
f. TOTAL OTPS	\$0	\$0	\$0
<b>3. TOTAL DIRECT COSTS<sup>1</sup></b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>4. SOURCE OF APPLICANT FUNDS</b>	
a. Applicant	
i. Unrestricted Funds	_____
ii. In-Kind Contributions	_____
b. Other Grant Funds	_____
c. Payment for Services	
i. Title XIX (Medicaid)	_____
ii. Other	_____
d. Total Applicant Funds <small>(must equal Column 2, Total Direct Costs, above)</small>	0

<sup>1</sup>Sum of Total P/S and Total OTPS

Applicant Name: \_\_\_\_\_

**Detailed Personal Service Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Personal Service Items <sup>1</sup> 1	Employee Initials 2	Prof. License or Cert. No. & Type <sup>2</sup> 3	Annual Salary Rate 4	# Mos 5	% Time on Project 6	Total Amount Required 7	Applicant Funds 8	State Funds Requested
								Center of Excellence 9

1.	Subtotal Personal Service, This Page	\$0	\$0	\$0
2.	Subtotal Personal Service, additional page(s)			
3.	Total Personal Service, All Pages	\$0	\$0	\$0
4.	Fringe Benefit Rate %			
5.	<b>Grand Total, Personal Service</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<sup>1</sup> List each separately, group by title and subtotal group

<sup>2</sup> Include Licensure or Certification No. type (examples: MD, NP, RN, etc.)



Applicant Name: \_\_\_\_\_

**Fringe Benefit Rate**  
FY January 1, 2011 - December 31, 2011

<b>FRINGE BENEFITS</b>		
	TOTAL	PERCENT
Health Insurance		
FICA		
Workers' Comp		
Retirement		
	Total	
	0.00	0.00%



Applicant Name: \_\_\_\_\_

**OTPS Detailed Narrative Budget Request  
NYS FPP, FY January 1, 2011 - December 31, 2011**

Provide Allocation Methodology for shared expenses and indicate which subcategory(ies) it applies to. <b>Allocation Methodology:</b>	Total Amount Required <sup>1</sup>	Applicant Funds	State Funds Requested
	<b>1</b>	<b>2</b>	<b>3</b>
<b>2. EQUIPMENT</b>			
<b>Total, EQUIPMENT</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>3. STAFF DEVELOPMENT</b>			
<u>Description of Training / Staff Attending</u>			
<u>Training Consultants</u>			
<u>Travel Per Diem</u>			
<u>Other</u>			
<b>Total, STAFF DEVELOPMENT</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup> Sum of columns 2 & 3



Applicant Name: \_\_\_\_\_

**OTPS Detailed Narrative Budget Request  
FY January 1, 2011 - December 31, 2011**

Provide Allocation Methodology for shared expenses and indicate which subcategory(ies) it applies to. <b>Allocation Methodology:</b>	Total Amount Required <sup>1</sup>  <b>1</b>	Applicant Funds  <b>2</b>	State Funds Requested Center of Excellence  <b>3</b>
<b>Communications</b>			
<i>Subtotal, Communications</i>	0	0	0
<b>Maintenance &amp; Operations</b> Rent			
<i>Subtotal, Maintenance &amp; Operations</i>	0	0	0
<b>Other</b>			
<i>Subtotal, Other</i>	0	0	0
<b>Total, Other</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>1</sup> Sum of columns 2 & 3



## Attachment 5.1



## Attachment 5.2

**REGISTRATION FOR APPLICANT  
TELECONFERENCE**

*due September 27, 2010*

New York State Department of Health  
Bureau of Women's Health  
**Application for Funding for Comprehensive Family Planning and  
Reproductive Health Care Services & Statewide Education and Training for Infertility  
Services and Center of Excellence**

\_\_\_\_\_/we intend to participate in the applicants' conference call for the Request for Applications (RFA) for Comprehensive Family Planning and Reproductive Health Care Services & Statewide Education and Training for Infertility Services on **September 28, 2010**:

Agency/Individual applicant(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Title(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

The **Registration for Applicant Teleconference** form must be received via E-mail\* or mail by **September 27, 2010** to:

Deborah Joralemon  
Family Planning Program  
Bureau of Maternal Child Health  
New York State Department of Health  
Room 1805, Corning Tower  
Empire State Plaza  
Albany, New York 12237-0621  
[forfa@health.state.ny.us](mailto:forfa@health.state.ny.us)

**\*Note: E-mail responses  
must contain all of the  
above information.**

## Attachment 5.3

**STANDARD CLAUSES FOR NYS CONTRACTS**

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licenser, licensee, lessor, lessee or any other party):

**1. EXECUTORY CLAUSE.** In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

**2. NON-ASSIGNMENT CLAUSE.** In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the previous consent, in writing, of the State and any attempts to assign the contract without the State's written consent are null and void. The Contractor may, however, assign its right to receive payment without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

**3. COMPTROLLER'S APPROVAL.** In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6.a).

**4. WORKERS' COMPENSATION BENEFITS.** In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

**5. NON-DISCRIMINATION REQUIREMENTS.** To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the

performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

**6. WAGE AND HOURS PROVISIONS.** If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law.

**7. NON-COLLUSIVE BIDDING CERTIFICATION.** In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

**8. INTERNATIONAL BOYCOTT PROHIBITION.** In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

**9. SET-OFF RIGHTS.** The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

**10. RECORDS.** The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor

within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

**11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.**

(a) FEDERAL EMPLOYER IDENTIFICATION NUMBER and/or FEDERAL SOCIAL SECURITY NUMBER. All invoices or New York State standard vouchers submitted for payment for the sale of goods or services or the lease of real or personal property to a New York State agency must include the payee's identification number, i.e., the seller's or lessor's identification number. The number is either the payee's Federal employer identification number or Federal social security number, or both such numbers when the payee has both such numbers. Failure to include this number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or New York State standard voucher, must give the reason or reasons why the payee does not have such number or numbers.

(b) PRIVACY NOTIFICATION. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law.

(2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in New York State's Central Accounting System by the Director of Accounting Operations, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

**12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.**

In accordance with Section 312 of the Executive Law, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment,

employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State; or (iii) banking services, insurance policies or the sale of securities. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Governor's Office of Minority and Women's Business Development pertaining hereto.

**13. CONFLICTING TERMS.** In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

**14. GOVERNING LAW.** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

**15. LATE PAYMENT.** Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

**16. NO ARBITRATION.** Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

**17. SERVICE OF PROCESS.** In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

**18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.** The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of State Finance Law §165. (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

**19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES.** In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

**20. OMNIBUS PROCUREMENT ACT OF 1992.** It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development  
Division for Small Business  
30 South Pearl St -- 7<sup>th</sup> Floor  
Albany, New York 12245  
Telephone: 518-292-5220  
Fax: 518-292-5884  
<http://www.empire.state.ny.us>

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development  
Division of Minority and Women's Business Development  
30 South Pearl St -- 2nd Floor  
Albany, New York 12245  
Telephone: 518-292-5250  
Fax: 518-292-5803  
<http://www.empire.state.ny.us>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

**21. RECIPROCITY AND SANCTIONS PROVISIONS.** Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

**22. PURCHASES OF APPAREL.** In accordance with State Finance Law 162 (4-a), the State shall not purchase any apparel from any vendor unable or unwilling to certify that: (i) such apparel was manufactured in compliance with all applicable labor and occupational safety laws, including, but not limited to, child labor laws, wage and hours laws and workplace safety laws, and (ii) vendor will supply, with its bid (or, if not a bid situation, prior to or at the time of signing a contract with the State), if known, the names and addresses of each subcontractor and a list of all manufacturing plants to be utilized by the bidder.

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**A. GRANT CONTRACT (STANDARD)**

STATE AGENCY (Name and Address):

\_\_\_\_\_

CONTRACTOR (Name and Address):

\_\_\_\_\_

FEDERAL TAX IDENTIFICATION NUMBER:

MUNICIPALITY NO. (if applicable):

CHARITIES REGISTRATION NUMBER:  
PERIOD:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ or ( ) EXEMPT:  
(If EXEMPT, indicate basis for exemption):

CONTRACTOR HAS( ) HAS NOT( ) TIMELY  
FILED WITH THE ATTORNEY GENERAL'S  
CHARITIES BUREAU ALL REQUIRED PERIODIC  
OR ANNUAL WRITTEN REPORTS.

CONTRACTOR IS( ) IS NOT( ) A  
SECTARIAN ENTITY

CONTRACTOR IS( ) IS NOT( ) A  
NOT-FOR-PROFIT ORGANIZATION

NYS COMPTROLLER'S NUMBER: \_\_\_\_\_

. ORIGINATING AGENCY CODE:  
. .

\_\_\_\_\_  
. TYPE OF PROGRAM(S)  
. .  
. .

\_\_\_\_\_  
. INITIAL CONTRACT PERIOD

. FROM:

. TO:

. FUNDING AMOUNT FOR INITIAL

\_\_\_\_\_  
. MULTI-YEAR TERM (if applicable):

. FROM:

. TO:

**APPENDICES ATTACHED AND PART OF THIS AGREEMENT**

_____	APPENDIX A	Standard clauses as required by the Attorney General for all State contracts.
_____	APPENDIX A-1	Agency-Specific Clauses (Rev 10/08)
_____	APPENDIX B	Budget
_____	APPENDIX C	Payment and Reporting Schedule
_____	APPENDIX D	Program Workplan
_____	APPENDIX G	Notices
_____	APPENDIX X	Modification Agreement Form (to accompany modified appendices)



his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF NEW YORK

AGREEMENT

This AGREEMENT is hereby made by and between the State of New York agency (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has the authority to regulate and provide funding for the establishment and operation of program services and desires to contract with skilled parties possessing the necessary resources to provide such services; and

WHEREAS, the CONTRACTOR is ready, willing and able to provide such program services and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services required pursuant to the terms of this AGREEMENT;

NOW THEREFORE, in consideration of the promises, responsibilities and covenants herein, the STATE and the CONTRACTOR agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT may consist of successive periods (PERIOD), as specified within the AGREEMENT or within a subsequent Modification Agreement(s) (Appendix X). Each additional or superseding PERIOD shall be on the forms specified by the particular State agency, and shall be incorporated into this AGREEMENT.
- B. Funding for the first PERIOD shall not exceed the funding amount specified on the face page hereof. Funding for each subsequent PERIOD, if any, shall not exceed the amount specified in the appropriate appendix for that PERIOD.
- C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- D. For each succeeding PERIOD of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (The attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT.

To modify the AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, change in scope or change in the term, is subject to

the approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A1.

- E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.
- F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.
- G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

## II. Payment and Reporting

- A. The CONTRACTOR, to be eligible for payment, shall submit to the STATE's designated payment office (identified in Appendix C) any appropriate documentation as required by the Payment and Reporting Schedule (Appendix C) and by agency fiscal guidelines, in a manner acceptable to the STATE.
- B. The STATE shall make payments and any reconciliations in accordance with the Payment and Reporting Schedule (Appendix C). The STATE shall pay the CONTRACTOR, in consideration of contract services for a given PERIOD, a sum not to exceed the amount noted on the face page hereof or in the respective Appendix designating the payment amount for that given PERIOD. This sum shall not duplicate reimbursement from other sources for CONTRACTOR costs and services provided pursuant to this AGREEMENT.
- C. The CONTRACTOR shall meet the audit requirements specified by the STATE.
- D. The CONTRACTOR shall provide complete and accurate billing vouchers to the Agency's designated payment office in order to receive payment. Billing vouchers submitted to the Agency must contain all information and supporting documentation required by the Contract, the Agency and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall be rendered electronically unless payment by paper check is expressly authorized by the

Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [epunit@osc.state.ny.us](mailto:epunit@osc.state.ny.us) or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9, must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller  
Bureau of Accounting Operations  
Warrant & Payment Control Unit  
110 State Street, 9<sup>th</sup> Floor  
Albany, NY 12236

### III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.
- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.
- C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.
- D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
- E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding

obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.

- F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

#### IV. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

#### V. Property

Any equipment, furniture, supplies or other property purchased pursuant to this AGREEMENT is deemed to be the property of the STATE except as may otherwise be governed by Federal or State laws, rules and regulations, or as stated in Appendix A-2.

#### VI. Safeguards for Services and Confidentiality

- A. Services performed pursuant to this AGREEMENT are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.
- B. Funds provided pursuant to this AGREEMENT shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.
- C. Information relating to individuals who may receive services pursuant to this AGREEMENT shall be maintained and used only for the purposes intended

under the contract and in conformity with applicable provisions of laws and regulations, or specified in Appendix A-1.

APPENDIX A-1  
(REV 10/08)

AGENCY SPECIFIC CLAUSES FOR ALL  
DEPARTMENT OF HEALTH CONTRACTS

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.
2. The CONTRACTOR certifies that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.
3. Administrative Rules and Audits:
  - a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.
    - i. For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".
    - ii. For a nonprofit organization other than
      - ◆ an institution of higher education,
      - ◆ a hospital, or
      - ◆ an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular,use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.
    - iii. For an Educational Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".
    - iv. For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts

with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States Local Governments and Non-profit Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.

- b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.
- c. The CONTRACTOR shall comply with the following grant requirements regarding audits.
  - i. *If the contract is funded from federal funds, and the CONTRACTOR spends more than \$500,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.*
  - ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$500,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.
- d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:
  - i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.
  - ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.
  - iii. If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports have been submitted.

4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.

- a. LOBBYING CERTIFICATION

- 1) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.
- 2) The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101-121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.
- 3) This section shall be applicable to this AGREEMENT only if federal funds allotted exceed \$100,000.

- a) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:
- ◆ No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.
  - ◆ If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- b) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- c) The CONTRACTOR shall disclose specified information on any agreement with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Accounts Management at (518) 474-1208. Completed forms should be submitted to the New York State Department of Health, Bureau of Accounts Management, Empire State Plaza, Corning Tower Building, Room 1315, Albany, 12237-0016.
- d) The CONTRACTOR shall file quarterly updates on the use of lobbyists if

material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.

- 4) The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:
  - a) Payments of reasonable compensation made to its regularly employed officers or employees;
  - b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and
  - c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private 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 WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1) APPENDIX B TO 45 CFR PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

**Instructions for Certification**

- a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

- d) The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- f) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
- g) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.
- h) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- i) Except for transactions authorized under paragraph "e" of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

2) *Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions*

- a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.
  - b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.
7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.
8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.
9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.
10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.
11. Where the STATE does not provide notice to the NOT-FOR-PROFIT CONTRACTOR of its intent to not renew this contract by the date by which such notice is required by Section 179-t(1) of the State Finance Law, then this contract shall be deemed continued until the date that the agency provides the notice required by Section 179-t, and the expenses incurred during such extension shall be reimbursable under the terms of this contract.
12. Other Modifications
  - a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:

- ◆ Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC for approval;
- ◆ Appendix C - Section II, Progress and Final Reports;
- ◆ Appendix D - Program Workplan will require OSC approval.

b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.

13. Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1:**

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2:**

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

14. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). Contractor shall be liable for the costs associated with such breach if caused by Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Contractor's agents, officers, employees or subcontractors.

15. All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.
16. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX B

BUDGET  
(sample format)

Organization \_\_\_\_\_

Name: \_\_\_\_\_

Budget Period: \_\_\_\_\_ Commencing on: \_\_\_\_\_

Ending on: \_\_\_\_\_

Personal Service

Number	Title	% Time Annual Salary	Total Amount Devoted to This Project	Budgeted From NYS
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Total Salary \_\_\_\_\_  
Fringe Benefits (specify rate) \_\_\_\_\_  
TOTAL PERSONAL SERVICE: \_\_\_\_\_

Other Than Personal Service \_\_\_\_\_ Amount

Category  
Supplies  
Travel  
Telephone  
Postage  
Photocopy  
Other Contractual Services (specify)  
Equipment (Defray Cost of Defibrillator) \_\_\_\_\_

TOTAL OTHER THAN PERSONAL SERVICE \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

**Federal funds are being used to support this contract. Code of Federal Domestic Assistance (CFDA) numbers for these funds are: (required)**

## APPENDIX C

### PAYMENT AND REPORTING SCHEDULE

#### I. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed \_\_\_\_\_ percent of the maximum amount indicated in the budget as set forth in the most recently approved Appendix B. If this payment is to be made, it will be due thirty calendar days, excluding legal holidays, after the later of either:

- ① the first day of the contract term specified in the Initial Contract Period identified on the face page of the AGREEMENT or if renewed, in the PERIOD identified in the Appendix X, OR
- ① if this contract is wholly or partially supported by Federal funds, availability of the federal funds;

provided, however, that a STATE has not determined otherwise in a written notification to the CONTRACTOR suspending a Written Directive associated with this AGREEMENT, and that a proper voucher for such advance has been received in the STATE's designated payment office. If no advance payment is to be made, the initial payment under this AGREEMENT shall be due thirty calendar days, excluding legal holidays, after the later of either:

- ① the end of the first <monthly or quarterly> period of this AGREEMENT; or
- ① if this contract is wholly or partially supported by federal funds, availability of the federal funds:

provided, however, that the proper voucher for this payment has been received in the STATE's designated payment office.

B. No payment under this AGREEMENT, other than advances as authorized herein, will be made by the STATE to the CONTRACTOR unless proof of performance of required services or accomplishments is provided. If the CONTRACTOR fails to perform the services required under this AGREEMENT the STATE shall, in addition to any remedies available by law or equity, recoup payments made but not earned, by set-off against any other public funds owed to CONTRACTOR.

- C. Any optional advance payment(s) shall be applied by the STATE to future payments due to the CONTRACTOR for services provided during initial or subsequent PERIODS. Should funds for subsequent PERIODS not be appropriated or budgeted by the STATE for the purpose herein specified, the STATE shall, in accordance with Section 41 of the State Finance Law, have no liability under this AGREEMENT to the CONTRACTOR, and this AGREEMENT shall be considered terminated and cancelled.
- D. The CONTRACTOR will be entitled to receive payments for work, projects, and services rendered as detailed and described in the program workplan, Appendix D. All payments shall be in conformance with the rules and regulations of the Office of the State Comptroller. The CONTRACTOR shall provide complete and accurate billing vouchers to the Agency's designated payment office in order to receive payment. Billing vouchers submitted to the Agency must contain all information and supporting documentation required by the Contract, the Agency and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [epunit@osc.state.ny.us](mailto:epunit@osc.state.ny.us) or by telephone at 518-474-6019. The CONTRACTOR acknowledges that it will not receive payment on any vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9, must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller  
Bureau of Accounting Operations  
Warrant & Payment Control Unit  
110 State Street, 9<sup>th</sup> Floor  
Albany, NY 12236

- E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix below. In addition, a final report must be submitted by the CONTRACTOR no later than \_\_\_\_ days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.
- F. The CONTRACTOR shall submit to the STATE <monthly or quarterly> voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated \_\_\_\_\_ payment office located in the \_\_\_\_\_.

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than \_\_\_\_\_ days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.

- G. If the CONTRACTOR is eligible for an annual cost of living adjustment (COLA), enacted in New York State Law, that is associated with this grant AGREEMENT, payment of such COLA, or a portion thereof, may be applied toward payment of amounts payable under Appendix B of this AGREEMENT or may be made separate from payments under this AGREEMENT, at the discretion of the STATE.

Before payment of a COLA can be made, the STATE shall notify the CONTRACTOR, in writing, of eligibility for any COLA. If payment is to be made separate from payments under this AGREEMENT, the CONTRACTOR shall be required to submit a written certification attesting that all COLA funding will be used to promote the recruitment and retention of staff or respond to other critical non-personal service costs during the State fiscal year for which the cost of living adjustment was allocated, or provide any other such certification as may be required in the enacted legislation authorizing the COLA.

## II. Progress and Final Reports

Insert Reporting Requirements in this section. Provide detailed requirements for all

required reports including type of report, information required, formatting, and due dates. Please note that at a minimum, expenditure reports (to support vouchers) and a final report are required. Other commonly used reports include:

Narrative/Qualitative: This report properly determines how work has progressed toward attaining the goals enumerated in the Program Workplan (Appendix D).

Statistical/Qualitative Report: This report analyzes the quantitative aspects of the program plan - for example: meals served, clients transported, training sessions conducted, etc.

## APPENDIX D

### PROGRAM WORKPLAN (sample format)

A well written, concise workplan is required to ensure that the Department and the contractor are both clear about what the expectations under the contract are. When a contractor is selected through an RFP or receives continuing funding based on an application, the proposal submitted by the contractor may serve as the contract's work plan if the format is designed appropriately. The following are suggested elements of an RFP or application designed to ensure that the minimum necessary information is obtained. Program managers may require additional information if it is deemed necessary.

#### I. CORPORATE INFORMATION

Include the full corporate or business name of the organization as well as the address, federal employer identification number and the name and telephone number(s) of the person(s) responsible for the plan's development. An indication as to whether the contract is a not-for-profit or governmental organization should also be included. All not-for-profit organizations must include their New York State charity registration number; if the organization is exempt AN EXPLANATION OF THE EXEMPTION MUST BE ATTACHED.

#### II. SUMMARY STATEMENT

This section should include a narrative summary describing the project which will be funded by the contract. This overview should be concise and to the point. Further details can be included in the section which addresses specific deliverables.

#### III. PROGRAM GOALS

This section should include a listing, in an abbreviated format (i.e., bullets), of the goals to be accomplished under the contract. Project goals should be as quantifiable as possible, thereby providing a useful measure with which to judge the contractor's performance.

#### IV. SPECIFIC DELIVERABLES

A listing of specific services or work projects should be included. Deliverables should be broken down into discrete items which will be performed or delivered as a unit (i.e., a report, number of clients served, etc.) Whenever possible a specific date should be associated with each deliverable, thus making each expected completion date clear to both parties.

Language contained in Appendix C of the contract states that the contractor is not eligible for payment “unless proof of performance of required services or accomplishments is provided.” The workplan as a whole should be structured around this concept to ensure that the Department does not pay for services that have not been rendered.

## Appendix G

### NOTICES

All notices permitted or required hereunder shall be in writing and shall be transmitted either:

- (a) via certified or registered United States mail, return receipt requested;
- (b) by facsimile transmission;
- (c) by personal delivery;
- (d) by expedited delivery service; or
- (e) by e-mail.

Such notices shall be addressed as follows or to such different addresses as the parties may from time to time designate:

#### **State of New York Department of Health**

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

#### **[Insert Contractor Name]**

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.

The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this AGREEMENT by giving fifteen (15) days written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representative for the purposes of receiving notices under this AGREEMENT. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and

problems, and/or for dispute resolution.

## Appendix H

### Federal Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement ("Agreement") Governing Privacy and Security

#### I. Definitions:

- (a) "Business Associate" shall mean the CONTRACTOR.
- (b) "Covered Program" shall mean the STATE.
- (c) Other terms used, but not otherwise defined, in this agreement shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Health Information Technology for Economic and Clinical Health Act ("HITECH") and implementing regulations, including those at 45 CFR Parts 160 and 164 (the "Privacy Rule").

#### II. Obligations and Activities of the Business Associate:

- (a) The Business Associate agrees to not use or further disclose Protected Health Information other than as permitted or required by this Agreement or as required by law.
- (b) The Business Associate agrees to use the appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement and to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of any electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of the Covered Entity pursuant to this Agreement.
- (c) The Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of Protected Health Information by the Business Associate in violation of the requirements of this Agreement.
- (d) The Business Associate agrees to report to the Covered Program, any use or disclosure of the Protected Health Information not provided for by this Agreement, as soon as reasonably practicable of which it becomes aware. The Business Associate also agrees to report to the Covered Entity any security incident of which it becomes aware. Such report shall include the identification of each individual whose unsecured protected health information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired or disclosed during any breach of such information.

- (e) **The Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Business Associate on behalf of the Covered Program agrees to the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information.**
- (f) **The Business Associate agrees to provide access, at the request of the Covered Program, and in the time and manner designated by the Covered Program, to Protected Health Information in a Designated Record Set, to the Covered Program or, as directed by the Covered Program, to an Individual in order to meet the requirements under 45 CFR 164.524, if the business associate has protected health information in a designated record set.**
- (g) **The Business Associate agrees to make any amendment(s) to Protected Health Information in a designated record set that the Covered Program directs or agrees to pursuant to 45 CFR 164.526 at the request of the Covered Program or an Individual, and in the time and manner designated by Covered Program, if the business associate has protected health information in a designated record set.**
- (h) **The Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Business Associate on behalf of, the Covered Program available to the Covered Program, or to the Secretary of Health and Human Services, in a time and manner designated by the Covered Program or the Secretary, for purposes of the Secretary determining the Covered Program's compliance with the Privacy Rule.**
- (i) **The Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.**
- (j) **The Business Associate agrees to provide to the Covered Program or an Individual, in time and manner designated by Covered Program, information collected in accordance with this Agreement, to permit Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.**
- (k) **Effective February 17, 2010, the Business Associate agree to comply with the security standards for the protection of electronic protected health information in 45 CFR 164.308, 45 CFR 164.310, 45 CFR 164.312 and 45 CFR 164.316.**

### **III. Permitted Uses and Disclosures by Business Associate**

- (a) **General Use and Disclosure Provisions**

**Except as otherwise limited in this Agreement, the Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the Covered Program as specified in the Agreement to which this is an addendum, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Program.**

**(b) Specific Use and Disclosure Provisions:**

- (1) Except as otherwise limited in this Agreement, the Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.**
- (2) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the business associate or to carry out its legal responsibilities and to provide Data Aggregation services to Covered Program as permitted by 45 CFR 164.504(e)(2)(i)(B). Data Aggregation includes the combining of protected information created or received by a business associate through its activities under this contract with other information gained from other sources.**
- (3) The Business Associate may use Protected Health Information to report violations of law to appropriate federal and State authorities, consistent with 45 CFR §164.502(j)(1).**

**IV. Obligations of Covered Program**

**Provisions for the Covered Program To Inform the Business Associate of Privacy Practices and Restrictions**

- (a) The Covered Program shall notify the Business Associate of any limitation(s) in its notice of privacy practices of the Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of Protected Health Information.**
- (b) The Covered Program shall notify the Business Associate of any changes in, or revocation of, permission by the Individual to use or disclose Protected Health Information, to the extent that such changes may affect the Business Associate's use or disclosure of Protected Health Information.**

- (c) **The Covered Program shall notify the Business Associate of any restriction to the use or disclosure of Protected Health Information that the Covered Program has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of Protected Health Information.**

**V. Permissible Requests by Covered Program**

**The Covered Program shall not request the Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Program, except if the Business Associate will use or disclose protected health information for, and the contract includes provisions for, data aggregation or management and administrative activities of Business Associate.**

**VI. Term and Termination**

- (a) *Term.* **The Term of this Agreement shall be effective during the dates noted on page one of this agreement, after which time all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in The Agreement.**
- (b) *Termination for Cause.* **Upon the Covered Program's knowledge of a material breach by Business Associate, Covered Program may provide an opportunity for the Business Associate to cure the breach and end the violation or may terminate this Agreement and the master Agreement if the Business Associate does not cure the breach and end the violation within the time specified by Covered Program, or the Covered Program may immediately terminate this Agreement and the master Agreement if the Business Associate has breached a material term of this Agreement and cure is not possible.**
- (c) *Effect of Termination.*
  - (1) **Except as provided in paragraph (c)(2) below, upon termination of this Agreement, for any reason, the Business Associate shall return or destroy all Protected Health Information received from the Covered Program, or created or received by the Business Associate on behalf of the Covered Program. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Business Associate. The Business Associate shall retain no copies of the Protected Health Information.**

- (2) In the event that the Business Associate determines that returning or destroying the Protected Health Information is infeasible, the Business Associate shall provide to the Covered Program notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, the Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

## **VII. Violations**

- (a) It is further agreed that any violation of this agreement may cause irreparable harm to the State, therefore the State may seek any other remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.
- (b) The business associate shall indemnify and hold the State harmless against all claims and costs resulting from acts/omissions of the business associate in connection with the business associate's obligations under this agreement.

## **VIII. Miscellaneous**

- (a) *Regulatory References.* A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended, and for which compliance is required.
- (b) *Amendment.* The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Program to comply with the requirements of the Privacy Rule, HIPAA, Public Law 104-191, and HITECH, Public Law 111-5, Division A, Title XIII and Division B, Title IV.
- (c) *Survival.* The respective rights and obligations of the Business Associate under Section VI of this Agreement shall survive the termination of this Agreement.
- (d) *Interpretation.* Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits the Covered Program to comply with the Privacy Rule.
- (e) If anything in this agreement conflicts with a provision of any other agreement on this matter, this agreement is controlling.
- (f) **HIV/AIDS.** If HIV/AIDS information is to be disclosed under this agreement, the business associate acknowledges that it has been informed of the confidentiality requirements of Public Health Law Article 27-F.

**Agency Code 12000**  
**APPENDIX X**

Contract Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Amendment Number X-\_\_\_\_\_

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and \_\_\_\_\_ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- \_\_\_\_\_ Modifies the contract period at no additional cost
- \_\_\_\_\_ Modifies the contract period at additional cost
- \_\_\_\_\_ Modifies the budget or payment terms
- \_\_\_\_\_ Modifies the work plan or deliverables
- \_\_\_\_\_ Replaces appendix(es) \_\_\_\_\_ with the attached appendix(es) \_\_\_\_\_
- \_\_\_\_\_ Adds the attached appendix(es) \_\_\_\_\_
- \_\_\_\_\_ Other: (describe) \_\_\_\_\_

This amendment *is* / *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

\$ \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
(Value before amendment) (Initial start date)

This amendment provides the following modification (complete only items being modified):

\$ \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

This will result in new contract terms of:

\$ \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Amendment Number: X-\_\_\_\_\_

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IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

**CONTRACTOR SIGNATURE:**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF NEW YORK        )  
  ) SS:  
County of \_\_\_\_\_        )

On the \_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(Signature and office of the individual taking acknowledgement)

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**STATE AGENCY SIGNATURE**

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

-----  
**ATTORNEY GENERAL'S SIGNATURE**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**STATE COMPTROLLER'S SIGNATURE**

By: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachment 5.4

# Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, H. Vendor Responsibility Questionnaire, I hereby certify:

**Choose one:**

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
  
- A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.
  
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: \_\_\_\_\_

Print/type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## Attachment 5.5

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

BUSINESS ENTITY INFORMATION				
Legal Business Name		EIN <i>(Enter 9 digits, without hyphen)</i>		
Address of the Principal Place of Business/Executive Office		Phone Number ext.	Fax Number	
E-mail		Website		
Authorized Contact for this Questionnaire				
Name:		Phone Number ext.	Fax Number	
Title		Email		
List any other DBA, Trade Name, Other Identity, or EIN used in the last five (5) years, the state or county where filed, and the status (active or inactive): (if applicable)				
Type	Name	EIN	State or County where filed	Status

I. BUSINESS CHARACTERISTICS	
<b>1.0 Business Entity Type – Please check appropriate box and provide additional information:</b>	
a) <input type="checkbox"/> Corporation (including PC)	Date of Incorporation
b) <input type="checkbox"/> Limited Liability Co. (LLC or PLLC)	Date Organized
c) <input type="checkbox"/> Limited Liability Partnership	Date of Registration
d) <input type="checkbox"/> Limited Partnership	Date Established
e) <input type="checkbox"/> General Partnership	Date Established                      County (if formed in NYS)
f) <input type="checkbox"/> Sole Proprietor	How many years in business?
g) <input type="checkbox"/> Other	Date Established
If Other, explain:	
1.1 Was the Business Entity formed in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No' indicate jurisdiction where Business Entity was formed:	
<input type="checkbox"/> United States              State              _____	
<input type="checkbox"/> Other                              Country              _____	
1.2 Is the Business Entity currently registered to do business in New York State with the Department of State? <i>Note: Select 'not required' if the Business Entity is a General Partnership.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
If "No" explain why the Business Entity is not required to be registered in New York State.	
1.3 Is the Business Entity registered as a Sales Tax vendor with the New York State Department of Tax and Finance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain and provide detail, such as 'not required', 'application in process', or other reasons for not being registered.	
1.4 Is the Business Entity a Joint Venture? <i>Note: If the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for the Business Entity comprising the Joint Venture.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

<b>I. BUSINESS CHARACTERISTICS</b>			
<b>1.5 Does the Business Entity have an active Charities Registration Number?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter Number: _____ If Exempt/Explain: _____ If an application is pending, enter date of application: _____ <span style="float: right;">Attach a copy of the application</span>			
<b>1.6 Does the Business Entity have a DUNS Number?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter DUNS Number _____			
<b>1.7 Is the Business Entity's principal place of business/Executive Office in New York State?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', does the Business Entity maintain an office in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the address and telephone number for one New York Office.			
<b>1.8 Is the Business Entity's principal place of business/executive office:</b>			
<input type="checkbox"/> Owned <input type="checkbox"/> Rented    Landlord Name (if 'rented') _____ <input type="checkbox"/> Other    Provide explanation (if 'other') _____			
Is space shared with another Business Entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other Business Entity _____			
Address _____			
City _____ State _____ Zip Code _____ Country _____			
<b>1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.10 Identify current Key Employees of the Business Entity. Attach additional pages if necessary.</b>			
Name	Title		
<b>1.11 Identify current Trustees/Board Members of the Business Entity. Attach additional pages if necessary.</b>			
Name	Title		
<b>II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS</b>			
<b>2.0 Does the Business Entity have any Affiliates? Attach additional pages if necessary (If no proceed to section III)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Affiliate Name	Affiliate EIN (If available)	Affiliate's Primary Business Activity	
Explain relationship with the Affiliate and indicate percent ownership, if applicable (enter N/A, if not applicable):			
Are there any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual's Name	Position/Title with Affiliate		

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

<b>III. CONTRACT HISTORY</b>	
<b>3.0</b> Has the Business Entity held any contracts with New York State government entities in the last three (3) years? ? If "Yes" attach a list including the Contract Number, Agency Name, Contract Amount, Contract Start Date, Contract End Date, and the Contract Description.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>IV. INTEGRITY – CONTRACT BIDDING</b>	
<b>Within the past five (5) years, has the Business Entity or any Affiliate</b>	
<b>4.0</b> been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.1</b> been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.2</b> been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.3</b> agreed to a voluntary exclusion from bidding/contracting with a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.4</b> initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

<b>V. INTEGRITY – CONTRACT AWARD</b>	
<b>Within the past five (5) years, has the Business Entity or any Affiliate</b>	
<b>5.0</b> been suspended, cancelled or terminated for cause on any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.1</b> been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.2</b> entered into a formal monitoring agreement as a condition of a contract award from a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

<b>VI. CERTIFICATIONS/LICENSES</b>	
<b>6.0</b> Within the past five (5) years, has the Business Entity or any Affiliate had a revocation, suspension or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

<b>VII. LEGAL PROCEEDINGS</b>	
<b>Within the past five (5) years, has the Business Entity or any Affiliate</b>	
<b>7.0</b> been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7.1</b> been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7.2</b> received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

<b>VII. LEGAL PROCEEDINGS</b>	
Within the past five (5) years, has the Business Entity or any Affiliate	
7.3 had any New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 other than the previously disclosed: (i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination; or (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

<b>VIII. LEADERSHIP INTEGRITY</b>	
Note: If the Business Entity is a Joint Venture, answer 'N/A- Not Applicable' to questions 8.0 through 8.4.	
Within the past five (5) years has any individual previously identified, any other Key Employees not previously identified or any individual having the authority to sign execute or approve bids, proposals, contracts or supporting documentation with New York State been subject to	
8.0 a sanction imposed relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.1 an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.2 an indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.3 a misdemeanor or felony charge, indictment or conviction for: (i) any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or (ii) any crime, whether or not business related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.4 a debarment from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
For each "Yes" answer provide an explanation of the issue(s), the individual involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

<b>IX. FINANCIAL AND ORGANIZATIONAL CAPACITY</b>	
<b>9.0</b> Within the past five (5) years, has the Business Entity or any Affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
<b>9.1</b> Within the past five (5) years, has the Business Entity or any Affiliates had any liquidated damages assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
<b>9.2</b> Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments over \$15,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the lien holder or claimant's name(s), the amount of the lien(s), claim(s), or judgments(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
<b>9.3</b> Within the last seven (7) years, has the Business Entity or any Affiliate initiated or been the subject of any bankruptcy proceedings, whether or not closed, regardless of the date of filing, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide the Business Entity involved, the relationship to the submitting Business Entity, the Bankruptcy Chapter Number, the Court name, the Docket Number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed". Provide answer below or attach additional sheets with numbered responses.	
<b>9.4</b> During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide the Business Entity involved, the relationship to the submitting Business Entity, the taxing jurisdiction (federal, state or other), the type of tax, the liability year(s), the Tax Liability amount the Business Entity failed to file/pay, and the current status of the Tax Liability. Provide answer below or attach additional sheets with numbered responses.	
<b>9.5</b> During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide the Business Entity involved, the relationship to the submitting Business Entity, the year(s) the Business Entity failed to file/pay the insurance, explain the situation, and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
<b>9.6</b> During the past three (3) years, has the Business Entity or any Affiliates had any government audits? If "Yes", did any audit reveal material weaknesses in the Business Entity's system of internal controls If "Yes", did any audit reveal non-compliance with contractual agreements or any material disallowance (if not previously disclosed in 9.6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

<b>X. FREEDOM OF INFORMATION LAW (FOIL)</b>	
<b>10.0</b> Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the question number(s) and explain the basis for your claim.	

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
NOT-FOR-PROFIT BUSINESS ENTITY**

**Certification**

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State contracting entities in making responsibility determinations regarding an award of a contract or approval of a subcontract; (2) recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or subcontract; (3) acknowledges that the New York State contracting entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (4) acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding of non-responsibility, contract suspension or contract termination.

**The undersigned certifies that he/she:**

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State contracting entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Officer \_\_\_\_\_

Printed Name of Signatory \_\_\_\_\_

Title \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_;

\_\_\_\_\_ Notary Public