

NOTICE OF FUNDING OPPORTUNITY: ACCOUNT FOR FAMILY PLANNING

Opportunity Summary

The Nevada Department of Health and Human Services (DHHS) received funds during the 81st Legislative Session in support of reproductive health activities outlined in Nevada Revised Statute (NRS) [442.710 to 442.745](#), inclusive, to provide family planning and/or other specified services in Nevada.

Request for Proposal funds for family planning and/or other services as specified in [NRS 442.710 to 442.745](#), inclusive, will be distributed as competitive, need-based grant awards to Nevada's local governmental entities and nonprofit organizations so they may provide specified family planning and/or other services to persons who would otherwise have difficulty obtaining such services. Local governmental entities and nonprofit organizations who subcontract family planning and/or other specified services to health organizations (e.g., community health nurses) may also apply for these funds. The grant application deadline is **5:00 p.m., March 7th, 2022**. For complete details on grant submission requirements, please review the application instructions detailed below.

Program Requirements

[NRS 442.710 to 442.745](#), inclusive, define the specific family planning and/or other specified services (i.e., grant activities) that may be provided with these funds (see Application Form, field G). If applicant organizations provide additional family planning services than those specified by [NRS 442.710 to 442.745](#), inclusive, they must certify that they will not use Account for Family Planning funds for services not outlined in [NRS 442.710 to 442.745](#), inclusive, if awarded funds for these services.

Applicants must be able to document the family planning and/or other specified services provided with these grant funds will be provided to persons who would otherwise have difficulty obtaining such services because of poverty, lack of insurance or transportation, or any other reason. To establish the degree to which these needs exist, applicants will be asked to provide information about the geographic service area specified in their application. Information may include poverty rates, rates of uninsured or underinsured residents, rates of childbearing-aged persons, and current sources of funding, including third-party payers.

Award Overview

- [NRS 442.710 to 442.745](#), inclusive, details allowable use of funds appropriated in the 81st Legislative Session. Of the total allocation, this RFP is soliciting applications for **\$560,258.68 total over both State Fiscal Years (SFY) 2022 and 2023** to support family planning and/or other specified services in Nevada. **SFY 2022** allowable budget is **\$280,129.34** which is half the total of the RFP and is required to be spent from **April 1, 2022 through June 30, 2022**. Any unspent funds from April 1, 2022, through June 30, 2022 **cannot** be carried over to the next SFY 2023. The remaining **\$280,129.34** is to be budgeted and spent from **July 1, 2022 to June 30, 2023**.
- This program's project period is **April 1, 2022, through June 30, 2023 (15 months)** to ensure service continuity over the SFY22 and SFY23 biennium.
- This will be the only opportunity to apply for Account for Family Planning Grant funding this biennium.
- DHHS expects to issue multiple awards to qualified applicants.
- Need-based grants will be awarded by geographic area, with part of the award available for use beginning SFY22 April 1, 2022 and required to be spent before June 30th, 2022.
- The remaining portion of the grant amount for SFY23 will be released July 1, 2022, contingent on grantees' adherence to grant program reporting requirements which will be specified in the Grant Award Letter.
- Grantees must commence services within 30 days of award date.
- **Carryforward is not allowed across SFYs.**

- The Account for Family Planning awards, as specified in [NRS 442.710 to 442.745](#), inclusive, are a reimbursement grant. Grantees are expected to pay for expenses upfront from their budgets and will be reimbursed for eligible expenses listed in the approved award budget after a review of the reimbursement request and appropriate backup documentation.

Timeline

Event	Date/Time
Grant opportunity announced	2/23/2022
Deadline for submission	March 7, 2022, no later than 5:00 p.m.
Evaluation period (approximate time frame)	3/7/2022 – 03/11/2022
Questions may be asked on 2/28/2022 via email to rclark@health.nv.gov and responses will be given in a mass post on this webpage 3/2/2022	2/28/2022 - 3/2/2022
Announcement of awards	On or before 3/14/2022
Program start date and SFY22 funds available for expenditure with executed subaward, separate budgets for SFY22 and SFY23 are required	4/1/2022
Remaining portion of award for SFY 23 released, separate budgets for SFY22 and SFY23 are required	7/1/2022
Program end date	6/30/2023

Questions?

Contact Rebecca Clark, Health Program Specialist 1, DHHS, rclark@health.nv.gov, with any questions. Questions submitted and responses will be posted on the AFP website.

Application Instructions

- An application packet, which includes this application and the required data sources, is available for download at [https://dpbh.nv.gov/Programs/Maternal, Child and Adolescent Health \(MCH\)](https://dpbh.nv.gov/Programs/Maternal,_Child_and_Adolescent_Health_(MCH)).
- The completed application package consists of three sections and a checklist (pp. 6-12).
- ***Late and/or incomplete applications will not be scored or accepted.***
- The total possible score for the entire application is 100.

Section I – Application Form (20 points)

Each letter below corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form will result in an incomplete application.

A. Organization Type. Check the type of organization that is requesting funds.

B. Geographic Area of Service. Check only one type of geographic area and provide a brief description of that area (up to 100 words). Applicant organizations may serve more than one

geographic area within Nevada but must specify all in which services with these funds would be provided.

- C. **Applicant Organization.** Enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (the 9-digit zip code is required). Reviewers may consider the application incomplete if the Federal Tax ID field is incomplete.
- D. **Project Point of Contact.** This field refers to the identified person at the applicant organization that DHHS staff will contact for follow-up questions about the application. This is also the person DHHS will contact with questions about quarterly reports, monthly financial claim forms, etc.
- E. **Fiscal Officer.** Enter the name of the person who will manage the fiscal requirements of the proposed project, if awarded. The Fiscal Officer must be someone other than the Project Point of Contact.
- F. **Subcontracting of Account for Family Planning Services.** Some organizations subcontract family planning and/or other specified services to a health organization or consultant, such as a community health nurse. If the applicant provides these services directly, check the **No** box, and continue to field G. Otherwise, confirm by checking the **Yes** box and entering the contact information for the subcontractor.
- G. **Key Personnel.** Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide family planning and/or other specified services. List all such personnel in the provided table, adding additional rows as necessary. Include an up-to-date résumé and a copy of all required licenses for each person as an addendum to the application.
- H. **Account for Family Planning Services to Be Provided by Applicant.** These specified family planning and/or other specified services are the grant-funded activities allowed by the legislation. Check the box next to all services that will be provided during the project period.
- I. **Non-Allowed Account for Family Planning Services Provided by Applicant.** Some organizations provide family planning and/or other specified services in addition to the list in section H. If the applicant does not provide additional family planning services, check the **No** box, and continue to field J. Otherwise, confirm by checking the **Yes** box and name the additional family planning services provided. Read and confirm the next two statements to provide assurances that any awarded grant funds will not be used for the services disclosed in this section or any other family planning service not specified in section H.
- J. **Third-Party Payers of Account for Family Planning Services.** Some organizations bill third-party payers (e.g., insurance companies) for some family planning or other specified services. If the applicant does not bill any third-party payers, check the **No** box, and continue to field K. Otherwise, confirm by checking the **Yes** box for each third-party payer organization and provide the specified financial information for the applicant's most recent, complete reporting period. Add rows to the table, if necessary.
- K. **Current Family Planning Funding.** Some organizations receive funding (e.g., Federal grant dollars, foundation grants, donations, etc.) for family planning services. If the applicant does not receive funding, check the **No** box, and continue to field L. Otherwise, confirm by checking the **Yes** box and for each funding source, provide the name, type of funding, project period end date, and whole dollar amount. Add rows to the table, if necessary.
- L. **Certification by Authorized Official:** The administrator, director, or other official ultimately responsible for this project/program must sign this document. Electronic signature is also accepted.

Section II – Narrative (60 points)

- This Section has five (5) fields assigned different numbers of points.
- The Statement of Need (field 3) must be substantiated with data.
- Use Arial 11-point font on single-spaced pages with one-inch margins.

Field Name	Scoring Points	Page Limit	Instructions
1. Overview	5	½ (half)	<ol style="list-style-type: none"> 1. Introduce the applicant organization and its role in providing family planning and/or other Account for Family Planning specified services, including any subcontractor(s) as necessary. 2. Provide up to three (3) brief examples of the organization’s successes. 3. Describe the application’s desired outcome.
2. Availability and Accessibility of Account for Family Planning Services	15	1 (one)	<ol style="list-style-type: none"> 1. Describe the geographic area and community the applicant organization serves. 2. Detail the availability of family planning and/or other specified services within that geographic area. 3. Describe how methods of available transportation within that geographic area affect access to family planning and/or other specified services.
3. Statement of Need	20	1 (one)	<ol style="list-style-type: none"> 1. Establish the degree of need within the geographic area for family planning and/or other specified services to persons who would otherwise have difficulty obtaining such services by providing and creating context for the following data such as, but not limited to: <ol style="list-style-type: none"> (a) The rate of poverty (b) The rate of health insurance coverage (c) The rate of uninsured population under the age of 65 (d) The number of females of child-bearing age 2. Provide details and additional data as needed to thoroughly establish the degree of need within the community.
4. Goals and Objectives	10	1 (one)	<ol style="list-style-type: none"> 1. Describe the organization’s goals and objectives to meet the geographic area’s family planning and other specified service needs. 2. Provide the projected number of services that will be provided, either in clients/patients served or services provided with these grant funds. Note that these projections must match the Budget Narrative (Section III-2).
5. Methods of Accomplishment	10	1 (one)	<ol style="list-style-type: none"> 1. Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved. 2. Explain what performance measurements will be used to evaluate the program’s success.
Total for Narrative	60		

Section III – Budget (20 points)

- This Section has two (2) fields assigned the same number of points.
- Use Arial 11-point font on single-spaced pages with one-inch margins.

<i>Field Name</i>	<i>Scoring Points</i>	<i>Page Limit</i>	<i>Instructions</i>
1. Proposed Project Budget	10	½ (half)	Use the provided table and designate a whole dollar amount for the seven (7) budget categories or use a zero (0) to indicate that no funds are being requested. Add these numbers to get the sum of the total amount of funding requested for the project period. Please provide a separate budget for SFY 22 and SFY23.
2. Budget Narrative	10	2 (two)	Provide justification for each non-zero budget category for SFY 22 and SFY23. Include projections of services to be provided and/or clients/patients to be served over the project period and the associated cost rate to justify the funding request. This should align with the Narrative's Goals and Objectives (Section II-4) and Methods of Accomplishment (Section II-5).
Total for Budget	20		

Overview of Certifications and Assurances

By signing the Application Form (Section I-L) of the Division of Public and Behavior Health, Account for Family Planning Grant application, the applicant certifies:

1. The project described in this application meets all the requirements of the governing legislation as provided in [NRS 442.710 to 442.745](#), inclusive.
2. All information contained in the application is correct.
3. The appropriate coordination with impacted organizations, including subcontractors, took place.
4. The applicant will read, understand and comply with all provisions of the governing legislation and all other applicable federal and state laws, current or future rules, and regulations.
5. The applicant further understands and agrees that any award received as a result of this application is subject to the grant conditions set forth in the Statement of Grant Award.

Submission Instructions

- The grant application deadline is 5:00 p.m., February 21, 2022.
- Submit the signed, completed application with résumés and licenses of key personnel in a single PDF document and budget narrative in Excel format to rclark@health.nv.gov (receipt confirmation will be provided).
- Submitting a paper copy of the application is **not** required. Applicants without access to email may send their completed application to arrive on or before the due date to:

ATTN: Rebecca Clark, HPS1, Account for Family Planning Grant

Division of Public and Behavioral health
4150 Technology Way, Ste. 210
Carson City, NV 89706

Tips

- Read the application instructions carefully.
- Ask for clarification, if needed.
- Submit applications early to allow for any necessary revisions.
- Respond to all sections of the application.
- Brevity is required. Observe page limits. Any pages over the page limit will not be reviewed.
- Follow stated formatting guidelines.
- Use only whole dollar amounts.
- Ensure budget figures are mathematically correct.
- Data resources are provided in the RFP.
- Spell out acronyms at initial use. Eliminate jargon whenever possible.

Application: Section I

Application Form – 20 points

A. Organization Type

Local Government Agency 501(c)(3) Nonprofit

B. Geographic Area of Service

<input type="checkbox"/> Town/City	
<input type="checkbox"/> County	
<input type="checkbox"/> Region	

C. Applicant Organization

Name		
Mailing Address		
Physical Address		
City		NV
Zip (9-digit zip required)		
Federal Tax ID #	(xx-xxxxxxx)	

D. Program Point of Contact

Name		
Title		
Phone		
Email		
Same mailing address as section B? <input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information		
Address		
City		NV
Zip (9 digit zip required)		

E. Fiscal Officer

Name		
Title		
Phone		
Email		
Same mailing address as section B? <input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information		
Address		
City		NV
Zip (9 digit zip required)		

F. Subcontracting of Account for Family Planning Services

Does your organization subcontract Account for Family Planning services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subcontractor		
Mailing Address		
Physical Address		
City		NV
Zip (9-digit zip required)		
Federal Tax ID #	(xx-xxxxxxx)	

G. Key Personnel

Name	Title	Licensed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

H. Account for Family Planning Services to Be Provided by Applicant

- Counseling by trained personnel concerning family planning
- Distributing information concerning family planning
- Referring persons to appropriate agencies, organizations and providers of health care for consultation, examination, treatment, genetic counseling and prescriptions for the purpose of family planning
- Providing or referring persons for preconception health services and assistance to achieve pregnancy
- Providing or referring persons for testing for and treatment of sexually transmitted infections or diseases
- Distributing or providing methods of contraception
 - Voluntary sterilization for women
 - Surgical sterilization implants for women
 - Implantable rod
 - Copper-based intrauterine device
 - Progesterone-based intrauterine device
 - Injection
 - Combined estrogen- and progestin-based drugs
 - Progestin-based drugs
 - Estrogen- and progestin-based patches
 - Vaginal contraceptive ring
 - Diaphragm with spermicide
 - Sponge with spermicide
 - Cervical cap with spermicide
 - Female condom
 - Spermicide
 - Combined estrogen- and progestin-based drugs for emergency contraception or progestin-based drugs for emergency contraception
 - Ulipristal acetate for emergency contraception

- Provision or referral of persons for preconception health services and assistance to achieve pregnancy
- Provision or referral of persons for testing and treatment of sexually transmitted infections
- Provision of any vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services

I. Non-Allowed Account for Family Planning Services Provided by Applicant

Does your organization or its subcontractors offer family planning services other than those specified in section H? <input type="checkbox"/> Yes, specified below <input type="checkbox"/> No	
Services	
Do you agree that Account for Family Planning Services Grant funds, if awarded, will not be used by your organization or its subcontractors to provide any family planning services other than those specified in section H? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you agree to implement policies and procedures as necessary to ensure that any non-allowed family planning services disclosed in this section (I) are not paid for using Account for Family Planning Grant funds, if awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

J. Third-Party Payers of Account for Family Planning Services

Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for Account for Family Planning services? <input type="checkbox"/> Yes, specified below <input type="checkbox"/> No			
Third-Party Payers	Period	Billables Received (\$)	Percentage of Operating Income (%)
<i>Best Health Insurance</i>	<i>2017 YTD</i>	<i>130,000</i>	<i>10</i>

K. Current Family Planning Funding

Funding	Type	Project Period End Date	Amount Awarded (\$)
<i>Title X</i>	<i>Grant</i>	<i>April 2018</i>	<i>43,210</i>

L. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the grant as indicated by [NRS 442.710 to 442.745](#), inclusive, and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Statement of Grant Award.

Name (type/print)	Phone
_____	_____
Title	Email
_____	_____
Signature	Date
_____	_____

Application: Section II

Application Narrative - 60 points

Begin typing below each field header.

1. **Overview** (1/2 page)
2. **Availability and Accessibility of Account for Family Planning Services** (1 page)
3. **Statement of Need** (1 page)
4. **Goals and Objectives** (1 page)
5. **Methods of Accomplishment** (1 page)

Application: Section III

Budget - 20 points

1. Proposed Project Budget for both SFY22 and SFY23 (1/2 page)

Category	Amount Requested (\$)
Medical and Health Personnel	
Consultant/Contract Personnel	
Other Personnel	
Subcontracted Services	
Medical Supplies	
Medical Equipment	
Other	
Total Funding Requested (\$)	

2. Budget Narrative (1-2 pages)

Application: Checklist

Print and sign the completed application. Complete this checklist prior to scanning/submitting.

Section I: Application Form

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions on pp. 2-3.
- Certification is signed.

Section II: Narrative

- Section II-1: Overview* covers three points according to instructions on p. 3.
- Section II-2: Availability and Accessibility of Account for Family Planning Services* covers three points according to instructions detailed above.
- Section II-3: Statement of Need* includes data from (1) [NEVADA RURAL AND FRONTIER HEALTH DATA BOOK, TENTH EDITION](#), AND (2) [MATERNAL AND CHILD HEALTH DATA DASHBOARD](#)..
- Section II-4: Goals and Objectives* includes projected number of services provided or clients/patients served.
- Section II-5: Methods of Accomplishment* includes the measurements of success.
- Page limits have not been exceeded.
- Arial 11-point font has been retained.
- One-inch margins have been retained.

Section III: Budget

- Section III-1: Proposed Project Budget* reflects whole dollar amounts or zeros for each category.
- Section III-1: Proposed Project Budget* is mathematically correct.
- Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- Justifications in *Section III-2: Budget Narrative* match the projected number of services provided or clients/patients served in *Section II-4: Goals and Objectives*.
- Page limits have not been exceeded.
- Arial 11-point font has been retained.
- One-inch margins have been retained.

Application Submission

- Include résumés and copies of licenses of key personnel (including subcontractors).
- A single PDF will be emailed no later than 5:00 P.M., FEBRUARY 21, 2022