

Applicant Questions and Answers

RFA Number HHS0015297	RFA/Grant Name Family Planning Program
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+/- Row	#	Reference	Applicant Question	Agency/Program Response
+ -	1	Section 10.1, Final Selection, page 46	In section 10.1 Final Selection on page 46 of the FPP RFA on how funds will be awarded it says the rider directs them to award the highest scoring applicant in each region, and if there is enough money then the second highest scoring applicant per region and if there is enough money the third highest scoring applicant in each region? Does this mean that the most applicants any region could have is 3?	No. Refer to RFA Section 10.1, Final Selection, paragraph four. Refer to Addendum 1.
+ -	2	Form I, Family Planning Program Certification, page 3	After the effective date of certification, there is a note that states: "Note: Applicants must complete a certification form (Form J) and submit to HHSC as part of their Family Planning Program Request for Applications response." Where do I find Form J? Section XIV does not show a Form J to be completed.	
+ -	3	Form C, Work Plan, page 2	It states: "Responses are limited to a total of 5 pages, not including attachments." Is the narrative proposal only 5 pages? Or every performance measure in the narrative proposal has to be 5 pages? Then, the narrative proposal has a limit of 15 pages?	Responses to questions on Form C, Work Plan, are limited to 5 pages, not including attachments. Attachments A and B listed under the "Required Attachments" section of Form C do not count towards the page limit associated with this Form.
+ -	4	Section 2.4, Eligible Service Areas, page 10	Our primary hospital facility campus and seven of our outlying clinics are based in Texas counties that do not meet the standards set forward by the RFA "underserved areas as counties with Health Factors ranked 123 - 244 in the 2022 Texas Summary Report." <ul style="list-style-type: none"> Does this mean that we are ineligible to apply for the Family Planning RFA funding for those clinics/hospitals located in the ineligible counties? We have five regional outlying clinics based in counties that meet the "underserved area" standard. Are we only able to apply for Family Planning funding in those five counties? If we have patients who initially receive Family Planning services in a clinic located in an "underserved area" but are referred to our primary facility (in a county that does not meet this criteria) for advanced care or diagnostic testing, are we still able to utilize Family Planning funding for that advanced diagnostic testing or higher level of care? 	Refer to RFA Section 2.4, Eligible Service Areas, paragraph one.
+ -	5	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Exhibit H-2 Travel tab	As it relates to Exhibit H, the budget, we are unable to enter travel amounts on the travel tab. We receive a message that "the cell you are trying to change is protected". We have utilized the Supplemental Travel tab H-2a instead. Is this ok, or are there different instructions?	Refer to Addendum 1.

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<input type="checkbox"/>	6	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Exhibit H-1 Admin Personnel tab	As it relates to Exhibit H, the budget, historically there has been a separate section on the "Personnel" tab for fringe benefits. This is not present now, so we have included benefits as part of the "salary/wage" column. Is this ok, or are there different instructions?	Refer to Addendum 1.
<input type="checkbox"/>	7	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook	As it relates to Exhibit H, the budget, where do we enter the amount of our FFS request? Historically there was a "budget" amount based on cost per client. We do not see this in Exhibit H, but we have made the assumption that we enter it under "FY 2026 Fee for Service Award Amount". Is this ok, or are there different instructions?	Refer to Instructions tab on the Exhibit H.
<input type="checkbox"/>	8	Section 10.1, Final Selection, page 46	<p>Section 10.1 States:</p> <p>A. The highest-ranking Applicant in each of the eleven State's public health regions will be considered for funded.</p> <p>B. If additional funds are available, the second highest ranking Applicant in each of the eleven State health regions will be considered for funding.</p> <p>C. If additional funds are available, the third highest ranking Applicant in each of the eleven State health regions will be considered for funding.</p> <p>To clarify, would there be a limit as to how many providers per public health regions will considered for funding? The way the language is written, it seems like there is a limit of 3 awards per public health region.</p>	No. Refer to RFA Section 10.1, Final Selection, paragraph four.
<input type="checkbox"/>	9	Form A, Face Pag	I noticed that Form A – Face Page does not have a Budget Period section. Is this correct?	Form A, Face Page does not have a budget period section.
<input type="checkbox"/>	10	Form A, Face Pag	For question #9, would the total amount of funding requested be for the grant term Sept 1, 2025 through August 31, 2030? Or just annually?	Refer to RFA Section 1.1, Executive Summary and Section 5.1, Grant Funding Source and Available Funding.
<input type="checkbox"/>	11	Section 3.1, Legal Authority to Apply, page 26	If we are an existing FPP grantee, do we need to re-apply for funding through this RFA, or do we not take any action at this time?	Yes, existing FPP grantees will need to apply to this RFA if they want to be considered for funding beginning September 1, 2025.
<input type="checkbox"/>	12	No Reference	How do I gain access to this RFA? We have printed out the forms and packet but would like to submit the proposal online.	Refer to Section 7.1, Schedule of Events, Section 8.3, Required Submission Method, Exhibit G, HHS Online Bid Room Instructions, Section 8.6, Application Organization and Section XIII. Submission Checklist.
<input type="checkbox"/>	13	No Reference	Is this opportunity open to current FPP awardees? Are current FPP awardees required to apply for renewal using this RFA? If yes-- as a current FPP awardee, are we now competing for continuing funds via HHS0015297 Request for Applications?	Yes. Existing FPP grantees will need to apply to this RFA if they want to be considered for funding beginning September 1, 2025.
<input type="checkbox"/>	14	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Exhibit H-1 Admin Personnel tab	Should fringe for each position included in the Admin Personnel budget request be included in the total "Salary/wages requested for the project" column?	Refer to Addendum 1.

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<input type="checkbox"/>	15	Section 2.5.1, Fee-For-Service Funding, page 11-12 and Form C, Work Plan	G. Are the mandatory required core services required by this program the ones listed in section 2.5.1, or the ones listed in the October 15, 2024 revision of the Family Planning Policy Manual which is referenced in 2.6.4, and as referenced in Form C (1) Local needs Program Requirements Section 2.6?	Refer to RFA Section 2.5.1, Fee-For-Service Funding, paragraph two.
<input type="checkbox"/>	16	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Exhibit H-1 Admin Personnel tab	Is there a separate section for fringe or should it be included in the salary/wage column?	Refer to Addendum1.
<input type="checkbox"/>	17	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Exhibit H-0 FFS Award tab	What is meant by the Entry" Fee for Service Award Amount" Is this meant to be the budget request amount?	Refer to Addendum 1.
<input type="checkbox"/>	18	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Exhibit H - Budget Summary tab	If an agency wanted to request its entire budget in Fee For Service funds, would it just complete Lines F and G of the budget categories and enter "0" for the other items?	If an applicant is seeking only Fee for Service funding, then only complete the FFS Award tab in Exhibit H. The total will automatically populate in the Budget Summary Tab.
<input type="checkbox"/>	19	Section 10.1, Final Selection, page 46	Is there a limit on how many providers per public health region will be considered for funding? And if an agency proposes to provide the bulk of its services in one Region but also covers several counties in another region, would they not be considered for funding in the second region?	No. Refer to RFA Section 10.1, Final Selection, paragraph four.
<input type="checkbox"/>	20	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Exhibit H - 2 Travel tab	Exhibit H the Budget Workbook travel tab conference section is locked. Is that because no conference travel will be covered by this RFA?	Refer to Addendum 1.
<input type="checkbox"/>	21	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook	Is it mandatory to apply for both Fee For Service AND Cost Based Reimbursement? Can we apply for Fee For Service ONLY?	Applicants may apply for Fee-for-Service only.
<input type="checkbox"/>	22	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Instructions tab	Exhibit H Budget Workbook contains an 'Initial Date' and 'Revised Date'. The Instructions Tab within the Excel file, cell C7 states to enter the "Initial Date of submission for approval". Does this mean that I need to populate this budget template and send it for approval before application submission? If so, to whom do we submit this budget template for approval?	Refer to RFA Section VIII. Application Organization and Submission Requirements and Section XIII. Submission Checklist.

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<input type="checkbox"/> + <input type="checkbox"/> -	23	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Exhibit H-Budget Summary tab and Exhibit H-0 FFS Award tab	For the unduplicated Client Number Served and Fee for fee-for-service amounts, should we use projections based on the number of eligible clients we expect to serve, and the number of Fee for Service activities administered? For example, using the "Family Planning Program Policy Manual" we would take the rate associated with a CPT Code and in Exhibit H-0 Fee for Service tab estimate the number of times we expect to offer said service times the rate to get a "total" for the table?	Refer to RFA Section 6.2, Requested Budget, paragraph two. System Agency does not have a required or preferred methodology for determining the amount of Fee-for-Service funding requested beyond the above criteria.
<input type="checkbox"/> + <input type="checkbox"/> -	24	Section 2.5, Eligible Activities, page 11	Are applicants permitted to focus their application, outreach, and service provision on specific activities rather than all eligible activities?	No. Refer to RFA Section 2.6.4, Family Planning Services.
<input type="checkbox"/> + <input type="checkbox"/> -	25	Section 2.5.1, Fee-For Service Funding, page 11	<p>The purpose of the program is to provide comprehensive family planning and related health services across the State to reduce unintended pregnancies, positively affect future pregnancies, and improve the health status of low-income women and men.</p> <p>1) Please define comprehensive family planning thoroughly.</p> <p>2) Is it permissible to use these funds to cover tubal ligations under Contraceptive Services?</p>	<p>Refer to RFA Section 2.5, Eligible Activities.</p> <p>Yes, tubal ligations are a permissible use of these funds.</p>
<input type="checkbox"/> + <input type="checkbox"/> -	26	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook	There isn't anywhere to put our fringe expense on the personnel tab. How do you want us to report that?	Refer to Addendum 1.
<input type="checkbox"/> + <input type="checkbox"/> -	27	Section 2.9, Performance Measures and Monitoring, paragraph 5, page 24	Please define the word "screening". Does screening mean screening for the family planning program or screening for disease?	Refer to RFA Section 2.9, Performance Measures and Monitoring, A.1. screening refers to "screening for disease."
<input type="checkbox"/> + <input type="checkbox"/> -	28	Exhibit H, Exhibit H FY2026 Family Planning Program Budget Workbook, Instructions tab, tab Exhibit H-Budget Summary tab, and Exhibit H-1 Admin Personnel	On the "Instructions" tab, cell B9 mentions Fringe, but the tab "Exhibit H-1 Admin Personnel" is missing the entire Fringe section. On the "Exhibit H-Budget Summary" tab, Budget Category B (between cells A12 and A13) is missing, which is usually Fringe. Is this an omission that should be corrected?	<p>Refer to Addendum 1.</p> <p>Refer to RFA Section VI. Application Exhibits and Forms Submission and Section VIII. Application Organization and Submission Requirements.</p>
<input type="checkbox"/> + <input type="checkbox"/> -	29	Section XIII, Submission Checklist, page 52	Do you want us to submit our RFA under only one PDF file that will contain all the sections scanned continuously? Or would you rather we make a separate file for each section of the RFA in each USB (i.e., A. Administrative Information.pdf, B. Narrative Proposal.pdf, C. Requested Budget.pdf, D. Indirect Costs.pdf, E. Exhibits to be Completed, Signed, and Submitted with Application.pdf, F. Addenda.pdf)?	
<input type="checkbox"/> + <input type="checkbox"/> -	30	Section 8.5, Application Composition, page 40	My question is that some of the exhibits have electronic signature. Is it ok to do electronic signature or printed signature required?	Either electronic signature or wet signature is allowed.

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+ -	31	Section 2.9, Performance Measures and Monitoring, page 24	Is there a page limit for each attachment on Form C Work Plan? If so what is the page limit?	Responses to questions on Form C, Work Plan, are limited to 5 pages, not including attachments. Attachments A and B listed under the "Required Attachments" section of Form C do not count towards the page limit associated with this Form.
+ -	32	Section XIII, Submission Checklist, page 52	We need little clarity. According to the language mentioned in Article XIII Submission Checklist B Narrative Proposal. Do we have to mention in cover page of each form of C, D, E, I of B. Narrative Proposal the Title Proposal and applicant legal name, RFA no. and name of Grant Program, or DO we have to make cover page of each section (Administrative Information, Narrative Proposal Requested Budget, Indirect Costs, Exhibits to be Completed, Signed, and Submitted with Application, and Addenda) with Applicant's Legal Name, the RFA No., and the name of the Grant Program. Please kindly give clarity.	Refer to RFA Section 8.6, Application Organization.
+ -	33	Section XIII, Submission Checklist, page 52	Do you want each section of the PIA Copy to have a PIA Cover Sheet placed before EACH section? Or do you want just one coversheet that indicates "Public Information Act Copy" on the very first page of the RFA submission for the PIA Copy?	Refer to RFA Section 8.6, Application Organization and Section 12.1, Texas Public Information Act-Application Disclosure Requirements.
+ -	34	Section 2.4, Eligible Service Areas, page 10	If our organization provides services in Region 6 and in Region 3, can we apply for two separate grants - one for each region we serve?	No. Only one application should be submitted for all regions to be served.
+ -	35	Section 2.6.9, FPP FFS Reimbursement, page 21	Grantees are reimbursed on a FFS basis for direct Client services that have been provided to Clients. B. Grantees are required to submit claims for all direct Client services to the Texas Medicaid and Healthcare Partnership (TMHP), using the appropriate claim form found on the TMHP website, Family Planning Program TMHP. Does this mean we can choose to do one or the other method for reimbursement?	Refer to RFA Section 2.6.9, FPP FFS Reimbursement, B.
+ -	36	Family Planning Program Policy Manual, Section 7100, Reimbursement for HHSC Family Planning Services	This section implies that grantees may seek reimbursement for costs with one of the following methods: <ul style="list-style-type: none"> grantees may submit monthly vouchers for expenses outlined in a categorical budget approved by HHSC, as required for categorical cost reimbursement; or grantees may be reimbursed for direct clinical care services with the fee-for-service reimbursement method by submitting claims to TMHP, which are then paid by HHSC. <p>The RFA (see above question #1) does not match this policy section, which do we follow?</p>	Refer to RFA, Section 2.6.8, Cost Reimbursement, and Section 2.6.9, FPP FFS Reimbursement.
+ -	36	No Reference	Will grantees be reimbursed based on the Medicaid fee structure?	Refer to RFA, Section 5.6, Payment Method, allowable service codes and reimbursement amounts are listed on the TMHP Static Fee Schedule .
+ -	37	Section 6.3, Indirect Cost, page 32	We do not have a Federally approved Indirect Cost Rate Agreement. We do have a current State of Texas Primary Health Care grant that utilizes a 10% De Minimis. We are interested in receiving approval for the 15% De Minimis rate. How would we qualify for this?	To qualify for a De Minimis rate, please follow the directions in RFA Section 6.3, Indirect Costs.
+ -	38	Form C, Work Plan - Required Attachments A & B	Are there page limitations for these attachments?	Responses to questions on Form C, Work Plan, are limited to 5 pages, not including attachments. Attachments A and B listed under the "Required Attachments" section of Form C do not count towards the page limit associated with this Form.

+ -	39	No Reference	I could not find anywhere in the RFA (Exhibits or Forms) a question concerning how many clients we would serve? Did I miss this? If it is there, could you point me in the right direction?	Refer to Exhibit H, FY 2026 Family Planning Program Budget Workbook, Budget Summary tab, Unduplicated Client Number Served SFY2026 (9/1/2025-8/31/2026).
+ -	40	No Reference	I could not find anywhere in the RFA (Exhibits or Forms) a question concerning how many units we would provide? Did I miss this? If it is there, could you point me in the right direction?	This is not within the scope of this RFA.
+ -	41	No Reference	If the RFA does have a section in either Exhibits or Forms concerning how many clients we will serve; must the number be for unduplicated clients?	Refer to Exhibit H, FY 2026 Family Planning Program Budget Workbook, Budget Summary tab, Unduplicated Client Number Served SFY2026 (9/1/2025-8/31/2026) is for unduplicated clients.
+ -	42	Section 5.5, Grant Funding Prohibitions, page 30	Vehicles for general agency use; to be allowable, vehicles must have a specific use related to Project Objectives or activities;" We are interested in purchasing a mobile medical van to provide Family Planning Program activities for our rural areas. Would this be appropriate to include in this RFA request? If yes, then is there a cap on the amount we could request?	No. The purchase of vehicles is not an allowable activity under this RFA.
+ -	43	Submission Due Date	The release date was Nov. 25, 2024, and the due date is Jan. 3, 2025. This is a complicated RFA to complete and it has been released during a period with three holidays (Thanksgiving, Christmas, and New Year's). Key staff as well as non-key staff have scheduled PTO extensively during this period. Would you consider extending the due date to Jan. 26 th or Jan. 27 th ?	System Agency will not extend the Deadline for Submission of Applications for this RFA at this time.