

## Form C, Work Plan

*Responses must be clearly numbered, on 8x11 paper, with 1-inch margins, and 12-inch font size. Responses will only be evaluated within the specified page limits. Any information provided beyond these limits will not be evaluated. Responses are limited to a total of 5 pages, not including attachments.*

### 1. LOCAL UNMET NEEDS

**Describe the need for reproductive health services in the proposed service area(s) based on the county ranking information and other qualitative and quantitative data. (Eligible Service Areas, Section 2.4) Responses are limited to one page.**

**Describe how FPP services will be provided, including but not limited to clinic or mobile location(s), type(s) of facilities operated and vendor or subcontractor relationships for provision of services not provided by Applicant and describe how these services and partnerships with other entities, if included in applicant response, will ensure eligible clients receive all required program services. (Program Requirements, Section 2.6) Responses are limited to one page.**

**Describe how individuals will be accurately screened for FPP services, include strategies Applicant will use to navigate ineligible individuals to other System Agency funded programs and ways Applicant will minimize dual billing for similar program services if they are awarded funding for other System Agency programs. (Program Requirements, Section 2.6) Responses are limited to one page.**

### 2. OUTREACH TO ELIGIBLE SERVICE AREAS

**Describe plans to promote FPP services and ensure outreach to eligible individuals in counties identified in Form D. The response must include personnel and other resources dedicated to promotion and outreach activities and the estimated number per month (in each county): 1) trips, 2) new partnerships, and 3) new individuals who complete screening or diagnostic appointments. (Eligible Service Areas, Section 2.4; (Program Requirements, Section 2.6; Form D, Texas Counties Served by Region) Responses are limited to one page.**

### 3. PERFORMANCE MEASURES

**Describe the specific performance measure(s) Applicant will measure and track from the list of potential performance measures in the RFA Section 2.9. Describe each of your selected measures, and your current targets for these measures (e.g. count or percent increase in services provided). Describe the data sources available (including any data use agreements and partnerships), data collection system and process (including any database used) and plans for tracking and reporting information (Performance Measures and Monitoring, Section 2.9). Responses are limited to one page.**

## REQUIRED ATTACHMENTS

**Applicant must submit the following documentation as attachments:**

- 1. Attachment A – General ledger from a computerized system that has accounts assigned to track financial transactions for the Grant that may include assets, liabilities, equity, revenue (including copays) and expenses.**
- 2. Attachment B - COMPANY NARRATIVE - Provide a detailed narrative description explaining why the Applicant is qualified to provide the services detailed in Section II, Scope of Grant Project of the Request For Application (RFA). The narrative description should focus on the company's key strengths.**

## CERTIFICATION

I certify that the information provided in this application is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application; and that the legal entity complies with all terms of this RFA.

The undersigned representative agrees to all the terms and conditions specified in the application by signing below.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Printed Title of Authorized Representative