**FORM E**

**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.*

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| **LOCAL UNMET NEEDS** |
| **1.1 Describe the need for breast and cervical cancer screening and diagnostic 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.** |
| **NARRATIVE PROPOSAL** |
| **2.1 Describe how BCCS services will be provided, including but not limited to location(s), type(s) of facilities, and vendor or subcontractor relationships for provision of services not provided by Applicant. Describe how these services will meet the unique local needs of the community. (Program Requirements, Section 2.6) Responses are limited to one page.** |
| **2.2 Describe how individuals will be screened for BCCS services, include strategies Applicant will use to 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.** |
| **OUTREACH TO ELIGIBLE SERVICE AREAS** |
| **3.1. Describe plans to promote BCCS services and ensure outreach to individuals in counties identified in Form D, Texas Counties Served by Region include specific plans for each county where your organization does not operate a physical or mobile health clinic. The response must include personnel and other grant funded resources 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, and Form D, Texas Counties Served by Region) Responses are limited to one page.** |
| **PERFORMANCE INDICATORS** |
| **4.1. Describe how women 30 and older who have never or rarely been screened for cervical cancer will be identified, navigated, and prioritized for BCCS services. (Program Requirements, Section 2.6) Responses are limited to half a page.** | |
| **4.2 Describe how Applicant will ensure complete and timely records will be entered into Med-IT data system. (Program Requirements, Section 2.5) Responses are limited to half a 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, and expenses.** | | |
| |  |  | | --- | --- | | **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 | |  |  | |  | | |