**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.*

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| 1. **LOCAL UNMET NEEDS** |
| **Describe the need for reproductive health services in the proposed service area(s) based on qualitative and quantitative data. (Eligible Service Areas, Section 2.4) Responses are limited to one page.** |
| 1. **WORK PLAN** |
| **Describe how the requested cost reimbursement funding will help support infrastructure needs in order to increase HTW utilization and/or expand capacity. (Eligible Activities, Section 2.5, Performance Measures and Monitoring, Section 2.9) Responses are limited to a page.** |
| 1. **PROMOTION AND OUTREACH TO ELIGIBLE SERVICE AREAS** |
| **Describe plans to promote HTW 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.** |

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| **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 – Recent Remittance and Status report within the last three months of date of application.** |

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| **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. | |
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| Signature of Authorized Representative | Date |
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| Printed Name of Authorized Representative | Printed Title of Authorized Representative |
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