**Form C Work Plan**

**Women’s Preventive Mobile Health Units Expansion**

**RFA Application**

*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 6 pages, not including attachments.*

## 

|  |
| --- |
| **LOCAL UNMET NEEDS** |
| 1. **Describe the need for a women’s preventive mobile health unit (MHU) in the proposed service area(s) based on qualitative and quantitative data, including the barriers low-income women in these areas have accessing preventive health care services. (Eligible Service Areas, RFA Section 2.4, response limited to one page)** |
| 1. **Describe the women’s preventive health services the Applicant proposes to offer, how these services will meet the unique local needs of the community, and how the Applicant proposes to ensure eligible clients are referred to local providers for ongoing service provision, including but not limited to, brick-and-mortar clinics and telehealth services. Include the Applicant’s experience, the number of years providing the proposed services, and key personnel. (Program Requirements, RFA Section 2.6, response limited to one page)**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Describe the type of MHU vehicle associated with this application. Describe how the proposed vehicle aligns with the local needs and proposed services. Include the type of vehicle (new/used/existing),**   **modifications or upgrades to be made, age of vehicle, and anticipated timeline to be operational. (Eligible**  **Activities, RFA Section 2.5, response limited to half a page)** |
| **MITIGATION OF BARRIERS AND OUTCOMES** |
| **4.** **Describe how the Applicant will reduce MHU scheduling and operational challenges to increase access to care for eligible clients. Describe how the Applicant will reduce MHU scheduling and operational challenges to increase access to care for eligible clients. (Program Requirements, RFA Section 2.6, response limited to half a page)** |
| **5. Identify one or more performance measures to improve health care outcomes, reduce healthcare costs or**  **other performance measure the Applicant’s MHU project proposes to address. Describe how the Applicant plans to collect, measure, quantify, and report on those outcome(s) and how these performance measures will improve MHU client outcomes. (Performance Measures and Monitoring, RFA Section 2.8, response limited to one page)** |
| **COMMUNITY ENGAGEMENT** |
| **6. Describe plans to promote MHU services and prioritize outreach to women who have either never received**  **preventive health care services or have not been screened in the last ten years, for each county in the Applicant’s proposed service area. (Program Requirements, RFA Section 2.6, response limited to one page)** |
| **7. Describe current and planned collaborations with community partners in the Applicant’s service delivery area that have a vested interest in the program. This includes, but is not limited to, the community partnership(s) that will serve as site locations for MHU events. (Program Requirements, RFA Section 2.6, response limited to one page)** |

|  |
| --- |
| **REQUIRED ATTACHMENTS** |
| **Applicant must submit the following documentation as attachments:**   1. **Attachment A - Internal and external pictures for any MHU vehicle associated with this project. If applicable, a quote with internal and external pictures for any new or used MHU vehicles to be purchased with grant funds.** 2. **Attachment B - Two letters of commitment from local community providers who will serve as site locations for MHU services.** 3. **Attachment C - 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 |
|  |  |
|  | |