

**RFP for Title X Family Planning Program
Unity Health Care, Inc.**

Sub-Contract Information:

1) Contract Period: January 1 – December 31, 2008

2) Reporting Requirements:

- Quarterly Reports with limited quantitative data (due in April, August, October, and January)
- Semiannual Narrative Reports with program summary and updates (due in July and January)
- Annual FPAR report due in January (All Tables due)

3) Quarterly Meeting Attendance

4) Total Subcontract Funding Available: \$360,000
Expected Number of Awards: 6 – 8

5) Annual Mini-RFP Process

Mini-RFP Process:

1) Submission of Mini-Proposals and required attachments (based on the attached guidelines) – **DUE Monday, December 3, 2007.**

2) Priorities for Review of Mini-Proposals

- Community-oriented services for underserved populations (minority, adolescents, geographically underserved areas)
- Focus on more effective family planning methods (i.e. long-term methods and non-user dependent methods)
- Integration of family planning into other health care services (or direct linkage to primary care if site does not offer other health care services)

3) Notification of Sub-contract awards – December 2007

Mini-Proposal Guidelines

Maximum page limit for proposal (not including attachments): 5 pages.

Submit proposals and attachments by email (preferred) to:

Maegan Marcano at mmarcano@unityhealthcare.org

Or submit by mail to:

Maegan Marcano
Grants Management Specialist
Unity Health Care, Inc.
3020 14th Street NW, Suite 307
Washington, DC 20009

1) Organization and Contact Information:

- Organization Name
- Organization Address
- Contact Name
- Contact Phone Number
- Contact Fax Number
- Contact Email Address
- Site Names and Addresses (if different from above)
- Site Hours

2) Brief Organizational/Program Background

3) Target Population: Demographics, Geographic Area

4) Program Goals/Objectives (at a minimum: total number of family planning clients to be served, total number of family planning visits to be conducted)

5) Program Description

6) Progress Report (detailing progress made on goals and objectives from previous year)
CURRENT DELEGATES

6) Attachments

- A) Proposed Budget (Title X-Specific Budgets)
- B) Federal Tax-Exempt Certification
- C) Sliding Fee Scale
- D) Detail list of services provided
- C) ONLY IF AWARDED: Liability insurance documentation (with “Unity Health Care, Inc.” list as an additional insured) and malpractice insurance documentation

Information Contact

For questions, please contact:

Maegan Marcano

Phone: (202) 518-2375

Email: mmarcano@unityhealthcare.org

Attachment D: Sample Format Service Provided

**1= Direct Service, on-site 2=Direct Service, off-site 3=Paid Referral
4= Provided by Central Grant Administration 5=Not Provided**

| SERVICES | 1, 2, 3, 4, 5 |
|-----------------------------------------------------------------------------------------|----------------------|
| A. Client Education and Counseling | |
| 1. Informed Consent | |
| B. History | |
| 1. Physical Assessment | |
| 2. Lab Testing | |
| C. Fertility Regulation | |
| 1. Diaphragm/Cervical Cap | |
| 2. Condom | |
| 3. Female Condom | |
| 4. Spermicide | |
| 5. IUD/IUS | |
| 6. Oral Contraception | |
| 7. Hormonal Implants | |
| 8. Hormonal Injection (Progestin only, Combined) | |
| 9. Vaginal Ring | |
| 10. Hormonal Patch | |
| 11. Emergency Contraception | |
| 12. Fertility Awareness Methods | |
| 13. Sterilization (Female) | |
| 14. Sterilization (Male) | |
| D. Level I Infertility Services | |
| E. Pregnancy Diagnosis/Counseling | |
| F. Sexually Transmitted Disease Testing (Specify:) | |
| G. Sexually Transmitted Disease Treatment | |
| H. HIV Services | |
| I. Identification of Estrogen-Exposed Offspring | |
| J. Minor Gyn Problems | |
| K. Health Promo/Disease Prevention | |
| L. Special Gyn Procedures | |
| M. Other Services (Specify: Abstinence discussions, Natural family planning counseling) | |