**Subrecipient Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_**

**GMIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Applicants should see Maximum Amount of Funds Available by County (Appendix C2) to determine the amount of funding available for each deliverable.*

**Funding Proposal**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total PHW Funding Requested**

**DELIVERABLE GOALS & OBJECTIVES**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deliverable 1:** Clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care*.* Clients must be served for the entire grant year. Subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients. Subrecipients will conduct and report on at least 1 quality improvement project.

|  |  |
| --- | --- |
| **County Name** | **# Projected Visits** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Deliverable 2: S**ubrecipients will implement and maintain appropriate financial and

billing procedures. Subrecipients will implemented and utilize an EMR system**.**   
 Subrecipients will serve hard to reach and vulnerable population utilizing various clinical   
 service delivery modalities to increase access and remove barriers to care.

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Deliverable 3:** Subrecipients will provide preconception health clinical services and  
 promote awareness of preconception health in the community.

**\**See Maximum Amount of Funds Available by County (Appendix C2) for Available Funds***