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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Deliverable 1:** By March 31, 2023, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care. | | | | | | | | | | | |
| **Total Amount Requested this Billing Period for Deliverable 1:** | | | | | | | | | | | |
|  | | | **Number of client visits this reporting period** | | **Number of clients served outside of childbearing status this period** | | | **Amount requested** | | | | |
| County Name | | |  | |  | | |  | | | | |
| County Name | | |  | |  | | |  | | | | |
| County Name | | |  | |  | | |  | | | | |
| County Name | | |  | |  | | |  | | | | |
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| **Deliverable 2:** By March 31, 2023, 100% of subrecipients will have implemented activities to support program infrastructure and sustainability. | | | | | | | | | | | |
| **Total Amount Requested this Billing Period for Deliverable 2:** | | | | | | | | | | | |
| **Agency is building/upgrading EMR systems for FPAR 2.0  Yes  No** | | | | | | | | | | | |
|  | | **Agency has billed for 100% of clients with 3rd party coverage who are not seeking confidential services** | | ***Number of Telehealth Visits this reporting period*** | | | ***Number of clients who were assisted with enrollment to Medicaid***  ***/insurance*** | | **Amount Requested** | | |
| County Name | | Yes  No | |  | | |  | |  | | |
| County Name | | Yes  No | |  | | |  | |  | | |
| County Name | | Yes  No | |  | | |  | |  | | |
| County Name | | Yes  No | |  | | |  | |  | | |
|  | | | | | | | | | | | |
| **Deliverable 3**: By March 31, 2023, 100% of subrecipients will provide and implement an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their need’s assessment. Identified populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, identified audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity, and; By March 31, 2023, 100% of subrecipients will conduct and report on at least 1 quality improvement project. | | | | | | | | | | | |
| **Total Amount Requested this Billing Period for Deliverable 3:** | | | | | | | | | | | |
|  | **Number of outreach events (@ $2,000 each)**  *Attach Outreach Reporting form in GMIS in the Expenditure report section.* | | | | | **Quality Improvement Plan has been implemented (@ $1000 for each part submitted):**  *Attach RHWP QI plan template in GMIS in the expense report section.* | | | | **Amount Requested** |
| County Name |  | | | | |  | | | |  |
| County Name |  | | | | |  | | | |  |
| County Name |  | | | | |  | | | |  |
| County Name |  | | | | |  | | | |  |
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| **Deliverable 4**: **(optional; limit one sub-recipient; max $200,000 in funding; amount not included in total funding)** By March 31, 2023, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards. | | | | | | | | | | | |
| **Total Amount Requested this Billing Period for Deliverable 4:** | | | | | | | | | | | |
| **Clinical Contraceptive Training Program implemented:  Yes  No**  *Provide documentation of activities from training plan program.* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Deliverable 5**: **(optional; limit up to 12 subrecipients; max 40,000 in funding; amount not included in total funding)** By March 31, 2023, the existing Title X family planning clinic will identify and provide RHWP services to one or more of the identified special populations. | | | | | | | | | | | | |
| **Total Amount Requested this Billing Period for Deliverable 5:** | | | | | | | | | | | | |
| **List special populations served:**   |  |  |  |  | | --- | --- | --- | --- | |  | **Infrastructure is in place to provide services to special populations** | **Number of clients seen from special populations**  *(separate from clients seen in deliverable #1)* | **Amount Requested** | | County Name | Yes  No |  |  | | County Name | Yes  No |  |  | | County Name | Yes  No |  |  | | County Name | Yes  No |  |  | | | | | | | | | | | | | |
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| **Deliverable 6: (optional; limit up to 10 subrecipients; max $40,000 in funding; amount not included in total funding)** By March 31, 2023, the existing Title X family planning clinic will collaborate with a faith-based organization (FBO) to expand outreach, community participation and knowledge, and provide RHWP clinical services. |
| **Total Amount Requested this Billing Period for Deliverable 6:** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Infrastructure is in place to provide services to faith-based organization** | **Number of clients seen from faith-based organization**  *(separate from clients seen in deliverable #1)* | **Amount Requested** |
| County Name | Yes  No |  |  |
| County Name | Yes  No |  |  |
| County Name | Yes  No |  |  |
| County Name | Yes  No |  |  |

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| **Deliverable 7: (Optional; Max amount of funding $5,000)** By March 31, 2023, subrecipients will have distributed 100% of the incentives purchased to encourage clients to participate in Title X services. |
| **Total Amount Requested this Billing Period for Deliverable 7:** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number of gift cards purchased this billing period:** | **Number of gift cards given out this billing period:** | **Amount Requested** |
| County Name |  |  |  |
| County Name |  |  |  |
| County Name |  |  |  |
| County Name |  |  |  |
| **AND/OR** | | | |
|  | **Number of \_\_\_\_\_\_\_\_\_\_ purchased this billing period:** | **Number of \_\_\_\_\_\_\_\_\_ given out this billing period:** | **Amount Requested** |
| County Name |  |  |  |
| County Name |  |  |  |
| County Name |  |  |  |
| County Name |  |  |  |