1. Assurance that the applicant is familiar with and will comply with all ODH standards and guidelines, and that those services will be provided in accordance with the *Program Requirements for Title X Funded Family Planning Projects* of the DHHS Office of Population Affairs, April 2014 and the Centers for Disease Control and Prevention, *Providing Quality Family Planning Services,* April 25, 2014;
2. Assurance that at least 60% of the patients served with this grant will have incomes at or below 100% of the Federal poverty level;
3. Assurance that Sliding Fee Scale reflecting the current Federal poverty guidelines will be used to assign charges to patients and that a schedule of charges, with sufficient proportional increments are used for patients with incomes between 101-250% of the Federal Poverty Level. Note: Agencies cannot require proof of income and must rely on patient declaration of income if no other income verification is available in order to determine where a patient falls on the Sliding Fee Scale. Patients with income at or below 100% of the Federal Poverty Level must not be charged.
4. Assurance that the program does not discriminate in the provision of services based on an individual’s religion, residence, race, national origin, handicapping condition, age, sex, number of pregnancies, marital status, culture, ethnicity or sexual orientation;
5. Assurance that the applicant has the capacity to implement the data collection system utilized by the project which documents the provision of services. All data must be submitted by the 8th of the following month;
6. Assurance that the Health Insurance Portability and Accountability Act (HIPAA) is instituted in the agency;
7. Assurance that the applicant has the capacity to provide services to persons with Limited English Proficiency (LEP);
8. Assurance that the program provides services without subjecting individuals to any coercion to accept services or to employ any particular method of family planning;
9. Assurance that acceptance of services shall be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in, any other program of the service provider;
10. Assurance that staff are trained to provide counseling/education on how to resist sexual coercion and to encourage family participation that promotes positive family relationships;
11. Assurance that the program is in compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest;
12. Assurance that services shall be provided by licensed clinical personnel, including but not limited to licensed doctors, licensed nurses, licensed social workers, and licensed counselors in a medical clinical setting;
13. Assurance that there is expanded access to a broad range of acceptable and effective family planning methods and related preventive health services. The broad range of services does not include abortion as a method of family planning;
14. Assurance that eligible funds will be spent on planned, approved and evaluated outreach strategies to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services;
15. Assurance that the applicant’s services are organized so that the reproductive health and wellness services are physically and financially separate from abortion-providing and abortion-promoting activities.
16. Assurance that the applicant will provide referrals to clients for needed clinical or social services. Formal referrals (MOU or contracts) will be in place, as appropriate, with Primary Care Providers, Mental Health, Substance Abuse, and HIV Care Services.
17. Assurance that the applicant will provide reproductive health and wellness services as outlined in this application for the full budget period of April 1, 2022 to March 31, 2023. It is the expectation of ODH that clients will be served for the entire grant year.
18. Assurance that any activity targeted to adolescents do not normalize sexual risk behaviors, but instead clearly communicate the research informed benefits of delaying sex or returning to a sexually risk-free status.

|  |  |
| --- | --- |
| **Agency Name:** | **GMIS 2 User #:** |
| **Authorized Signature:** | **Date:** |