

TITLE X FAMILY PLANNING RFP APPLICATION CHECKLIST

Applicant Agency: _____

Michigan Department
of Community Health



- Original and four copies are enclosed
- Original document is held together only with rubber bands or binder clips
- Four copies are held together with rubber bands, binder clips, or a staple in the upper left hand corner
- Application Cover Page is completed **and** signed by the authorized signatory
- Application Checklist
- Proposal Summary
- Demographics Worksheet is completed and attached for each county to be served

The Narrative:

- Is typewritten on 8.5 X 11 paper in a font no smaller than 12 points
- Is double-spaced
- The pages of the narrative are numbered and the applicant's name is in the footer
- Is set up with at least 1" margins
- Is printed only on one side of the paper
- Work plan is attached and follows the required format
- An organizational chart indicating the location of the Family Planning Program is attached
- Job descriptions for all staff and resumes for key staff (medical director, coordinator and all clinical services provider(s) at least
- Title X Family Planning Fiscal Review Questionnaire
- Provider Directory/Clinic(s) Schedule
- Map of all clinics and satellite sites
- Family Planning Services Provided

Letters of support:

- School based or linked health center
- STI/HIV clinics
- Maternal Infant Health Program provider
- Primary care services
- Two of prenatal care and delivery; infant care, foster care, adoption or pregnancy termination
- Breast and Cervical Cancer Control Program
- A list of collaborative arrangements requested in the Community Education and Outreach section is attached
- Budget forms are complete
- A detailed budget narrative is included in the budget section
- Assurance – Michigan Title X Assurances of Compliance
- Certification – Family Planning Provider Certification