

North Carolina Department of Health and Human Services Division of Public Health

Section/Branch: Women, Infant, and Community Wellness Section/Reproductive Health Branch

RFA Questions and Answers

RFA # A428, RFA Title: Family Planning Services
Addendum Number: 1

If applicable, Bidder's Conference(s) Date(s): September 30, 2026
Questions Received Until (date): October 15, 2026
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DPH Internal Use Only	Signed by:	
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Questions and Answers *(list all questions and answers in numerical order)*

GENERAL QUESTIONS

1. **Question: Will the slides be available from the RFA webinar?**

Answer: No, the slides are not available, but the recording of the webinar is listed on the website: <https://wicws.dph.ncdhhs.gov/>.

2. **Question: Can an agency apply for RFA# A425 (Supporting Women's Health Services) as well as RFA# A428?**

Answer: Yes, an agency is permitted to submit an application under both opportunities. If costs are shared across programs, then those costs must be prorated in the application and final, awarded budget.

3. **Question: Is this RFA application required to be completed to be able to use Agreement Addenda (AA) Activity 151 funds next year?**

Answer: Local health departments receive funding for family planning services under AA 151. That AA has federal funding streams associated with it. Two of those funding streams are part of this RFA. In order to be eligible for the opportunity to receive those funds (Title X and Women's Health Service Funds) in fiscal year 2028, an agency must submit an application under this RFA.

4. **Question: My Federally Qualified Health Center (FQHC) is now serving 3 counties, do I mention all three counties in the application?**

Answer: The application needs to discuss every county where you plan to offer Title X services and apply for funding to serve that county. We understand that patients may come in from a variety of areas, but the plan should include the main areas you are planning to serve.

5. Question: Will more than one grant be awarded per county?

Answer: It is possible for more than one agency to be awarded for the same county. Two agencies that are competing for patients would not be awarded, but if agencies are focused on serving different communities within a county, then yes, that is possible. Final awards and award amounts will be determined by the evaluation committee.

6. Question: How do you calculate the maximum ask?

Answer: The maximum amount of funds available is reflected, by county, in the funding table within the application. If you plan to serve more than one county, you can sum the amounts available per county. The final award depends on the award amounts requested, available funds, and awards approved by the evaluation committee.

7. Question: If our county serves individuals from other counties, can agencies be allotted funding from another county to subsidize the amount of patients seen?

Answer: Title X requires that funded clinics provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician. Therefore, all Title X funded agencies are seeing patients from other counties, and some from other states. You can apply for funds beyond your county but must include information about the additional counties throughout your application, including how those communities are part of your program, quality improvement work, advertising, etc. You also compete for funds with any agency applying to serve the same community, unless it is clear you are not competing for the same patients.

8. Question: Will I receive confirmation the application has been received?

Answer: Yes, every application that is emailed will receive a response email to identify that the application was received.

9. Question: Do you want one large PDF version of the application submitted, or should the other items (like the budget) be separate?

Answer: Please combine all of your application materials into one large PDF, if possible. If that is not possible, please send the excel worksheet as a separate file. All components received will be included as part of your application packet.

Please note that the total size of all PDFs sent in one email cannot exceed 30mb. If your PDF or PDF + other attachments exceed 30mb, please refer to RFA Section V.5. Applications (p.21) for next steps.

- 10. Question: Do we need to include a copy of an indirect cost rate letter if we are not claiming indirect costs in our budget?**

Answer: No, you do not need to include a copy of your indirect cost rate letter if not applicable to your application budget.

- 11. Question: The Cover Letter requests current services/programs provided in North Carolina. Are you looking for three years of family planning-centered programs or different kinds of clinical and non-clinical programs?**

Answer: The details should be about your agency programs/services. The information can be broad and not super detailed, just hitting the highlights of types of work happening within your agency for the community.

- 12. Question: For questions with several subsections, can we answer questions in a paragraph format or need to break down each separate question and respond individually?**

Answer: Please plan to submit a response for every question in the RFA. If you want to respond to the question within the same paragraph or per each individual question, that is at your discretion.

DETERMINATION OF NEED

- 13. Question: Where is data pulled, for Appendix A, to determine the total women aged 15-49 in need of publicly funded contraceptive services?**

Answer: The number of total women in need of publicly funded contraceptive services is from Guttmacher data and is listed at the bottom of page 11 on the RFA document.

<https://www.guttmacher.org/report/new-measure-self-defined-need-contraceptive-services-united-states-2023>

- 14. Question: What are some ways that agencies can show or prove that 90% of family planning clients are at or below 200% of the federal poverty level?**

Answer: Question 1-5 is asking how your agency will ensure that at least 90% of your clients are low-income. In your response, explain to the reviewers how your agency will work to reach out to the low-income population in your community to make them aware of available services. If you currently provide family planning services, you can share your specific agency data from the last few years of your client's federal poverty level and how that relates to the 90% goal.

- 15. Question: For the question asking how will your program meet the goal of reaching 10-15% of the women in need of publicly funded contraceptive services in the county(ies) you plan to serve, is that per year numbers, or total across all three years?**

Answer: The question utilizing the data in Appendix A is per year numbers. You should respond on how the agency plans to reach 10%-15% per year of the number listed on the chart for the county(ies) you are planning to serve.

CAPACITY STATEMENT/SUSTAINABILITY

- 16. Question: In the RFA hard copy, there is not an “other” box on the staffing chart, do we need to add that?**

Answer: No, the “other” line shown during the webinar was to illustrate that additional lines can be added, as needed, to represent the staffing associated with your program.

- 17. Question: In completing the staffing table, if our providers work full-time, but in several clinics, do we submit that as 1.0 Full-Time Equivalent (FTE) or separate out by clinic?**

Answer: Please only include the FTE on the amount of time spent working in the family planning clinic or with the family planning program. For example, if your supervisor works 40 hours a week at 1.0 FTE but spends half of her time in family planning and the remainder of her time in maternal health, then list the supervisor at 0.5 FTE.

- 18. Question: For the staffing table, do I include all staff, even registration, interpreters, etc.? I have nurses, providers, and billing/coding listed already.**

Answer: Please include all staff that are prepopulated on the table in the template version and add additional staff to the table that are included in the budget you are submitting. If your budget has someone listed, they need to be on the staffing table.

- 19. Question: Should we include all providers on the staffing table? Do we include the FTE that they spend working on the grant even if they are not paid out of the grant?**

Answer: Yes, please include all providers working with your family planning clinic. Please include the FTE that work within family planning, regardless of funding source.

- 20. Question: For the turnover rate question (2-9), do you want the turnover rate for the entire county staff, health and human services staff, public health staff, or the family planning positions?**

Answer: If you can share the turnover rate for the public health staff, that would be most impactful for reviewers. Please make it clear how you are defining “staff” in your response (meaning that it represents employment within the public health department).

PROGRAM PLAN

- 21. Question: If our agency does not currently have males access family planning services, how do we determine the number of males we will reach in each year of the grant cycle?**

Answer: If your agency is not currently seeing males come in for services, estimate the number of males you propose to provide services to in each year, based on your outreach and education plans to reach males in your community. You only need to provide an estimate based on the best information you have available to you, and it is a proposed number. Reviewers, as well as the Reproductive Health Branch, understand that things change, and we do not always reach proposed numbers.

- 22. Question: For the question about collecting and reporting required encounter-level data, how specific does the answer need to be? Can we state the data is extracted from our Electronic Health Record (EHR) and batched to the LHD-HSA (Local Health Department-Health Services Analysis)? Should we include our quality report summary?**

Answer: It is not necessary to go into technical aspects of the data collection and submission process. Yes, you should discuss how data is extracted from your EHR and batched to the LHD-HSA and explain what the LHD-HSA system is as reviewers may not be familiar. You can utilize information from your quality reports to discuss your data process and plans to implement any changes or improvements.

- 23. Question: We have existing MOUs for some referral sources. Do we need to get new MOUs signed, or can we provide copies of the current ones?**

Answer: You can provide copies of your existing MOUs on file to submit with your application.

- 24. Question: Is there a minimum or maximum for the letters of support for each referral service?**

Answer: You need to supply one MOU or Letter of Commitment per agency to which you intend to refer clients. One document per referral location is required. If your agency provides the service, you do not need to include additional documentation.

- 25. Question: Can we include services like 988 hotline or websites as internal referrals? This would be for times we give a card or handout to the patient but do not make a warm handoff referral.**

Answer: No, these resources should not be included on the referral table. The referral table should only include listings of places in your community or surrounding area that you are sharing with patients for services outside of the scope of your program.

BUDGET

- 26. Question: Can we request the entire amount of funds available be used towards salaries and fringe benefits?**

Answer: The Women's Health Service Funds are to be spent on FDA approved, reversible contraceptive methods. These funds cannot be used for salary and fringe within the budget.

- 27. Question: If we are including staff training funds in the budget, what do we include if we do not know where the training/conference will be located?**

Answer: You can estimate the travel costs based on previous years location(s); however, make sure you do not exceed the State approved rates.

- 28. Question: Can we use the funds for colposcopy equipment?**

Answer: The Women's Health Service Funds may only be spent on FDA approved, reversible contraceptive methods. Only the Title X funds may be used for to purchase colposcopy equipment. Colposcopy equipment can be costly and purchasing needs consideration based on who will be served by this service. This may be an eligible expense, based on your agency's service plan. If the equipment is intended to be used for anyone, regardless of payor source, then the cost needs to be prorated between different funding sources. If awarded, the purchase of colposcopy equipment is subject to Division approval and will require the agency to demonstrate that proper procurement processes will be followed in its acquisition.

Additionally, there also needs to be consideration of what percentage of Title X eligible clients within the service area may need this service. If it may only be 2%, the utilization of the equipment may not justify the cost. Another consideration is

the total dollar amount for this equipment purchase and what percentage it represents of the total amount of funds requested under this RFA.

29. Question: Are vasectomies an allowable cost in this grant?

Answer: Yes, vasectomies are an allowable expense. The NC State Family Planning Program, historically, connects with the Regional Vasectomy Program that rests under Guilford County Health Department. They have contracts with several physicians around the state to provide vasectomies and coordinate the process for a client referred to them for a procedure.