

COB - BOSAIR FORM

07/17/2026 8:36 PM (MST)

Submitted by Jeannette.Montano2@pima.gov



BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.

Record Number:	
Amplifund Grant Record Number: 82539	
Award Type:	Grant
BOSAIR Activity:	Board Meeting Request
Requested Board Meeting Date:	08/11/2026
Supplier / Customer / Grantor / Subrecipient:	Arizona Family Health Partnership (AFHP) dba Affirm Sexual and Reproductive Health
Project Title / Description:	Affirm Sexual and Reproductive Health Family Planning Program Contract
Purpose:	The Title X grant through Affirm supports the Pima County Health Department in providing family planning services in community health centers. This agreement provides \$509,500.00 in funding for the period of April 1, 2026, through March 31, 2027.
Procurement Method:	Grant: Not applicable
Procurement Method Additional Info:	NA
Program Goals/Predicted Outcomes:	To provide individuals with comprehensive family planning and related preventive health services, with a focus on ensuring access to services for low-income and uninsured individuals. The program aims to offer a broad range of family planning methods and services, including contraception, education, counseling, and screening for sexually transmitted infections (STIs) and reproductive cancers.
Public Benefit and Impact:	Access to family planning and reproductive health services are essential to reducing the personal and societal costs of unintended pregnancy and sexually transmitted diseases.
Strategic Plan Pillar	Quality of Life
Support of Prosperity Initiative:	4. Increase Health Coverage and Reduce Medical Debt 5. Reduce Unintended Pregnancies
Provide information that explains how this activity supports the selected Prosperity Initiatives	Access to family planning and reproductive health services are essential to reducing the personal and societal costs of unintended pregnancy and sexually transmitted diseases.

Metrics Available to Measure Performance:	Metrics for the Title X program include: - Number of unduplicated clients served; - Number of appropriate screenings for sexually transmitted diseases; and - Number of positive screenings on which follow up is done.
Retroactive:	YES
Retroactive Description:	Yes. This amendment was issued after the commencement date of April 1, 2026. If not approved, the County will lose significant funding.

Grant / Amendment Information (for grants acceptance and awards)

Record Number:	
Euna Grant Record Number:	82539
Type:	Award
Department Code:	HD
Euna Grant Record Number:	82539
Amendment Number:	0
Commencement Date:	04/01/2026
Termination Date:	03/31/2027
Advantage Initial GTAW# (If Applicable):	NA
Total Revenue Amount:	
	\$509,500.00
Total Match Amount	
	\$809,221.74
Advantage Grant ID # (If Applicable):	NA
All Funding Source(s) required:	Title X of the Public Health Service Act (A federal funding from the Department of Health and Human Services) via Arizona Family Health Partnership.
Does PCAO need to review the grant award (or grant amendment)?	YES
Does PCAO need to sign the grant award (or grant amendment)?	YES
Match funding from General Fund?	NO

Match funding from other sources?		YES
Funding Source:	Grantor requires a 10% contribution of the total project budget. The total project budget is approximately \$1,318,721.74 (\$509,500. + \$809,221.74). Attachment 3 - Includes Payment for Services, Third-Party Payers, Local Governments, In-kind, and Health Special Revenue.	
If Yes Provide Total Funding Source:		
\$809,221.74		
Percent Funding Source	62%	
Are Federal Funds Involved?		YES
If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?	Department of Health and Human Services	
CFDA#	93.217	
FAIN#	FPHPA006520	
Department:	Health	
Name:	Jeannette Montaño	
Telephone:	(520) 724-7495	

GMI Director:  Date: 7/23/2026 | 4:43 PM MST

Department Director Signature: Andrew Saal, MD, MPH Date: 7/23/2026 | 4:21 PM MST

Deputy County Administrator Signature:  Date: 7/24/2026 | 8:21 AM MST

County Administrator Signature:  Date: 7/24/2026 | 8:53 AM MST

AFFIRM SEXUAL AND REPRODUCTIVE HEALTH FAMILY PLANNING PROGRAM CONTRACT

This AFFIRM SEXUAL AND REPRODUCTIVE HEALTH FAMILY PLANNING PROGRAM CONTRACT (the “**Contract**”) is entered into by and between the Arizona Family Health Partnership dba Affirm Sexual and Reproductive Health, an Arizona not-for-profit corporation (“**Affirm**”), and Pima County Health Department (the “**Contractor**”). The Contract shall govern certain activities and responsibilities to be carried out by Contractors on behalf of Affirm, a grantee of the U.S. Department of Health and Human Services (“DHHS”). Affirm or the Contractor may be referred to individually as the “**Party**” or collectively the “**Parties**.”

RECITALS

WHEREAS, Affirm has received a Title X Funding award under Federal Award Identification Number (FAIN): FPHPA006520 and Catalog of Federal Domestic Assistance (CFDA) number 93.217 (the “Grant”) dated March 31, 2026, from the Office of Population Affairs (“OPA”) and the United States Department of Health and Human Services (“DHHS”), to provide family planning and related preventative health services to eligible clients in the State of Arizona;

WHEREAS, the Grant is made pursuant to Title X of the Public Health Service Act, 42 U.S.C. 300, et seq., as amended and program guidelines and requirements issued by DHHS and OPA (“Title X”). Title X authorizes federally funded grants “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).”

WHEREAS, the Contractor provides services that qualify for reimbursement under Title X.

WHEREAS, the Parties desire to provide for a sub-award of the Grant to reimburse the Contractor’s actual, allowable costs associated with providing the Family Planning Services, defined below.

AGREEMENT

NOW THEREFORE, in consideration of the mutual promises and covenants herein contained and intending to be legally bound thereby, Affirm and the Contractor agree as follows:

ARTICLE I:

TERM AND STATEMENT OF WORK

- 1.1 **Term**. The Contract is in effect from April 1, 2026 (the “Effective Date”) and will remain in effect unless earlier terminated or amended pursuant to Article VI (the “**Term**”). Regardless of term, Contractor can only incur costs during the approved budget period from April 1, 2026 through March 31, 2027 (the “**Funding Period**”).
- 1.2 **Scope of Services and Budget**.
 - 1.2.1 ***Services***. The Contractor shall provide comprehensive sexual and reproductive services identified in the Affirm Agency Health Center Report as described in the scope of services attached hereto as **Attachment 1**, as may be amended from time to time (the “**Family Planning Services**”). Family Planning Services must be reported on an unduplicated basis. Contractor shall perform all activities funded by this agreement in accordance with the Contractor’s Client Data Projections described in the Client Data Summary (“**Client Data**”).

Summary”), attached hereto as **Attachment 2**, including any amendments thereto. Consistent with 2 CFR 200.332(b)(1)(viii), this subaward is not for research and development.

1.2.2 *Related Preventive Health Services.* The Contractor will ensure clients have access to related and other preventive health services on-site or by referral (“**Related Preventive Health Services**”). Related Preventive Health Services are beneficial to reproductive health, are closely linked to family planning services, and are appropriate to deliver in the context of a family planning visit but do not contribute directly to achieving or preventing pregnancy: examples include breast and cervical cancer screening, screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis. The Contractor’s employees and agents will be trained and equipped to offer these services onsite or by referral.

1.2.3 *Budget.* The Family Planning Services will be performed in accordance with the Contractor’s total Family Planning Program Budget (“**Budget**”), which includes all revenues and expenses for the Contractor’s Title X-funded site(s). The Budget is attached as **Attachment 3**.

1.3 Parties’ Responsibilities

1.3.1 *Affirm’s Responsibilities.* Affirm shall monitor, evaluate and provide guidance and direction to the Contractor in the conduct of the Family Planning Services performed under this Contract. Affirm shall monitor whether Contractor has spent funds in accordance with applicable laws, regulations, including the federal audit requirements and agreements and shall monitor the activities of Contractor to ensure that Contractor has met such requirements. Affirm may require Contractor to take corrective action if deficiencies are found.

1.3.2 *Contractor’s Responsibilities.*

1.3.2.1 Contractor shall permit Affirm to carry out monitoring and evaluation activities, including any performance measurement system required by applicable law, regulation, funding sources guidelines or by the terms and conditions of the applicable Grant, and Contractor agrees to ensure, to the greatest extent possible, the cooperation of its agents, employees and board members in such monitoring and evaluation efforts. This provision shall survive the expiration or termination of this Contract.

1.3.2.2 Contractor shall cooperate fully with any reviews or audits of the activities under this Contract by authorized representatives of Affirm, DHHS, and the U.S. Government Accountability Office or the Comptroller General of the United States and Contractor agrees to ensure, to the extent possible, the cooperation of its agents, employees and board members in any such reviews and audits. This provision shall survive the expiration or termination of this Agreement.

1.4 Subcontractors. The Contractor will submit a list of any subcontractors and/or independent consultants providing Family Planning Services within 30 days of the execution of this Contract or the subsequent engagement of any subcontractor(s) and/or independent consultant(s). Each will be attached as **Attachment 4**. Contractor is responsible for ensuring that any subcontractors and/or independent consultants comply with Title X, the Title X Regulations, the Affirm Title X Handbook, attached as **Attachment 5**, Program Notices, and any other applicable laws and requirements.

ARTICLE II REIMBURSEMENT

2.1 Reimbursement. Affirm will reimburse a portion of the Contractor's Budget for properly documented and allowable costs to provide the Family Planning Services ("**Reimbursement**"). The total Reimbursement payments by Affirm will not exceed **\$509,500.00** ("**Reimbursement Award**"). Notwithstanding the foregoing, if Contractor has complied with all provisions of this Contract and Affirm receives additional discretionary funds through DHHS, Affirm may, in its sole discretion and upon written notice to Contractor, pay Contractor a one-time supplementary award in addition to the Reimbursement Award ("**Supplementary Award**"). The Contractor will not receive any Reimbursement until it identifies in writing and submits to Affirm the source and allocation of up to **\$809,221.74** ("**Contractor Contribution**") to satisfy its Budget. At a minimum, the Contractor Contribution must constitute at least ten percent (10%) of the Budget. An amendment to the Contract is not required for Affirm to provide Contractor with the Supplementary Award, and the amount of the Supplementary Award may be provided to Contractor in the form of a reduction in Contractor Contribution without an amendment. The Contractor Contribution must: (i) be from non-Federal funds; (ii) be allowable by Federal regulations; (iii) cannot be used by more than one project; and (iv) must be auditable. The Contractor Contribution may include third party payments for Family Planning Services and patient collection fees, donations, local and State government contributions, agency in-kind and agency contributions. Reimbursement is contingent on: (i) the Contractor's satisfactory performance of the Family Planning Services and terms of this Contract, which determination will be in Affirm's sole discretion; and (ii) Affirm's receipt of monies from DHHS in the amount specified in the Notice of Grant Award for the applicable funding period. Program funds shall not be expended for Family Planning Services prior to the Effective Date, or following the earlier of the expiration or termination of this Contract.

2.1.1 *Reduction of Reimbursement Award*. If Contractor provides Family Planning Services for less than 100%, but at least 97% of the unduplicated clients anticipated in the Affirm Agency Health Center Report attached hereto as **Attachment 1**, the Contractor will earn the full Reimbursement Award, provided that the Contractor Contribution are expended in full, and that the Contractor's total Title X family planning revenue equals the total cost of providing the Family Planning Services. If the Contractor serves less than 97% of the unduplicated clients anticipated in the Affirm Agency Health Center Report, the base Reimbursement will be reduced by **\$135.00** for each client below the 97% threshold.

2.2 Reporting and Reimbursement Procedure. On a monthly or quarterly basis, the Contractor will submit the Affirm Request for Title X Contract Funds Form (the "**Reimbursement Request**") to Affirm, indicating the total funds used during that period. The Reimbursement Request is attached as **Attachment 6**. Within 30 days of receipt and approval of the Reimbursement Request and financial report as described in 2.2.2 by Affirm, Affirm will pay the Reimbursement. If the Contractor fails to deliver the Reimbursement Request or the following reports at the appropriate times, or otherwise comply with the terms of this Contract, Affirm may, upon reasonable notice, suspend Reimbursement until such reports are delivered to and approved by Affirm:

2.2.1 *Encounter Data Report*. The Contractor will submit encounter data through Affirm's Centralized Data System (CDS) on at least a monthly basis, no later than 15 days after the end of each month. Encounter data elements and format are described and defined in Affirm's Data Manual.

2.2.2 *Financial Reports*. The Contractor will submit monthly or quarterly financial reports through Affirm's Program Information Management System (PIMS). The Contractor will furnish

Affirm with reports of its revenues and costs by the 25th of the month following the end of each calendar quarter. If the 25th falls on a weekend or holiday, the report will be due on the next business day.

2.2.3 *Ad Hoc Reports.* The Contractor will submit additional statistical or program information as requested or required by DHHS.

2.2.4 *Cost Principles.* Contractor shall maintain and follow written policies and procedures governing salaries, wages, fringe benefits, travel, and the financial management of funds received under this Contract, including allowable costs, expenditure approval, funding limitations, payment processes, and required supporting documentation. Such policies and procedures must comply with 2 C.F.R. Part 200, including Subpart E and applicable Appendices (“Cost Principles”). All costs charged to this Contract must be allowable, reasonable, and allocable, and must be applied consistently in accordance with the Cost Principles. Contractor shall classify costs as direct or indirect in accordance with the Cost Principles and, if applicable, consistent with its federally approved indirect cost rate. Contractor shall comply with all funding caps, cost allowability, classification, documentation, and reimbursement requirements established by Affirm and incorporated into this Contract. Contractor shall provide such policies and procedures to Affirm upon request and maintain records sufficient to support all costs charged to this Contract.

2.3 Limitations on use of Reimbursement. The Contractor will not use Reimbursement for any costs disallowed by Title X, Affirm, DHHS, or other appropriate federal officials (“*Disallowed Costs*”), which may include but are not limited to:

2.3.1 Costs to perform abortions or to supplant any funds used to perform abortions;

2.3.2 Costs to perform sterilization or to supplant any funds used to perform sterilization;

2.3.3 Indirect costs over 15% of the total program direct cost. (To charge indirect costs, the Contractor must submit a current Federally approved Indirect Rate letter or be limited to the de minimis indirect cost rate as set in 2 C.F.R. § 200.414);

2.3.4 Salaries over the current Executive Level II of the Federal Executive Pay Scale. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual’s direct salary is not constrained by the legislative provision for a limitation of salary. A Contractor may pay an individual’s salary amount in excess of the salary cap only as permitted by applicable law and the HHS Grants Policy Statement, as may be amended from time to time.

2.3.5 Those funds used for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the Congress, any state or local legislature or legislative body, or the executive branch of any State or local government itself;

2.3.6 Costs for salary or expenses of any Grant or Contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation,

appropriations, regulations, administrative action, or Executive order proposed or pending before Congress or any State government, or a State or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by any agency or office of a State, local, or tribal government in policymaking and administrative processes within the executive branch of that government;

2.3.7 Advocating or promoting gun control; or

2.3.8 As described in 2 C.F.R. § 200.216, the Reimbursement may not be used to procure, obtain, or enter into a contract to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

2.4 Return of Disallowed Costs and Appeal. If Affirm determines that the Contractor has spent Reimbursement funds on Disallowed Costs, the Contractor will remit to Affirm any such amounts. If the Contractor fails to remit such amounts within 30 days of notice of the Disallowed Costs from Affirm, Affirm may offset such amount against future funding obligations by Affirm or take other action available to it under law to reclaim such amount. If DHHS disallows any cost incurred by the Contractor under this Contract, at the Contractor's request, Affirm may pursue appropriate administrative appeals to DHHS. In the event Affirm elects to pursue such administrative appeals, the Contractor will pay into an escrow account such amount as Affirm deems appropriate to cover the Disallowed Costs and appeal costs, including attorney's fees and interest penalties. The Contractor agrees to cooperate fully with Affirm in providing documentation and other supporting material relevant to such a determination. If applicable, payment of questioned costs may be withheld from Reimbursement until the questions are resolved. Affirm will make Reimbursement of all otherwise properly documented and allowable costs not in question.

2.5 Reallocation. Should the Contractor fail to expend its Reimbursement Award, Affirm may reallocate the Reimbursement Award to ensure that funds are expended efficiently. Affirm will review the Contractor's Budget at the beginning of the last quarter of the Funding Period, and upon determination that the Reimbursement Award is not being expended efficiently or will not be expended fully during the Funding Period, Affirm may, in its sole discretion, reallocate all or a portion of the remaining Reimbursement Award to another organization. The Contractor may not carry over any non-obligated portions of its Reimbursement Award to the next grant or contract period.

ARTICLE III THE CONTRACTOR'S REPRESENTATIONS AND WARRANTIES

The Contractor represents and warrants to Affirm the matters set forth in this Article III.

3.1 Title X System. The Contractor has had the opportunity to review the Title X Regulations and the Affirm Title X Handbook, attached as **Attachment 5**, and fully understands Affirm's and Title X requirements for receiving Reimbursement. The Contractor has a system in place to meet these requirements, including a financial management system that is able to effectively segregate Reimbursement funds, revenue, and expenses.

- 3.2 Debarment and Suspension. The Contractor's employees and sub-contractors, its current and future subcontractors and their principals: (i) are not presently and will not be debarred, suspended, proposed for debarment or declared ineligible for the award of subcontracts, by any U.S. Government agency, any state department or agency, in accordance with federal regulations (53 Fed. Reg. 19161-19211) or has been so within the preceding three (3) year period; (ii) have not within a three (3) year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default; and (iii) in the event any employee or sub-contractor of the Contractor's is debarred, suspended, or proposed for debarment, the Contractor must immediately notify Affirm in writing. Contractor further agrees that it will notify Affirm immediately if it or any of its principals is placed on the list of parties excluded from federal procurement or nonprocurement programs available at www.sam.gov.
- 3.3 HIPAA Compliance. As applicable, to the extent the Contractor is a Covered Entity as defined in 45 C.F.R. § 160.103 of the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**"), the Contractor is required to comply with the provisions of HIPAA with respect to safeguarding the privacy and confidentiality of protected health information. Affirm is neither a Covered Entity nor business associate under HIPAA; however, Affirm acknowledges that it is subject to the privacy and security requirements imposed on Grantees by DHHS under the Title X Program. In the event of a "breach" requiring notification under A.R.S. § 18-552, Affirm will notify Contractor of the breach of Contractor's data promptly, and in all cases, within 45 days of discovering the breach.
- 3.4 Assurance of Compliance. The Contractor has filed Form HHS 690, Assurance of Compliance with the DHHS Office for Civil Rights certifying compliance with all federal antidiscrimination laws and requirements.
- 3.5 Equal Opportunity. The Contractor is an Equal Employment Opportunity employer in accordance with the requirements of 41 C.F.R. § 60-1.4(a), 60-250.5, 60-300.5(a), 60-741.5(a) and 29 C.F.R. § 471, Appendix A to Subpart A, if applicable, and the required equal opportunity clauses contained therein are hereby incorporated by reference.

ARTICLE IV COVENANTS

- 4.1 Compliance with Grant and Subaward. Contractor shall perform all activities funded by this agreement in accordance with the Contractor's Client Data Projections described in the Client Data Summary, attached hereto as **Attachment 2**, including any amendments thereto; the Family Planning Services attached hereto as **Attachment 1**, including any amendments thereto; the Budget, attached hereto as **Attachment 3**; the Affirm Title X Handbook, including the Legislative Mandates referenced therein, attached as **Attachment 5**. In addition, Contractor shall cooperate fully with Affirm in its efforts to comply with the requirements of the Grant, including any amendments thereto.
- 4.2 Compliance with Applicable Laws. The Contractor shall perform all activities funded by this Contract in accordance with all applicable federal, state and local laws, and guidance, including without limitation, laws and guidance which regulate the use of funds allocated under Title X. The term "federal, state and local laws, and guidance" as used in this section shall mean all applicable statutes, rules, regulations, executive orders, directives or other laws, and guidance including all laws and guidance as presently in effect and as may be amended or otherwise altered during the Term, as well as all such laws and guidance which may be enacted or otherwise become effective during the Term. The term "federal, state and local laws, and guidance" shall include, without limitation:
- 4.2.1 Title X of the Public Health Service Act. 42 U.S.C. § 300 et. seq.;

- 4.2.2 Any Title X regulations, including 42 C.F.R. § 59 et seq. (the “*Title X Regulations*”), available at <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59>, as may be updated from time to time;
- 4.2.3 The OPA Title X Program Handbook available from <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/title-x-program-expectations>, as may be updated from time to time.
- 4.2.4 The HHS Grants Policy Statement, available at <https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html>, as may be updated from time to time;
- 4.2.5 All applicable statutes and regulations listed in the representations and certifications of Subrecipient’s SAM registration, which must be active during the Term;
- 4.2.6 The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for DHHS Awards found at 2 C.F.R. Part 200 (DHHS Grants Administration regulations), as applicable;
- 4.2.7 United States Generally Accepted Accounting Principles (“U.S. GAAP”);
- 4.2.8 The Uniform Administrative Requirements 2 C.F.R. Part 200.310–316 and 2 CFR 300.317-323 addressing purchase, use and disposition of property, equipment and supplies as applicable, and related DHHS policies;
- 4.2.9 The Transparency Act (2 C.F.R. Part 170);
- 4.2.10 Any applicable appropriations act, including the Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, 138 Stat. 652, 673 (2024), enacted March 23, 2024, and any subsequent Continuing Resolutions enacted during the Term;
- 4.2.11 All applicable federal antidiscrimination laws and requirements in DHHS programs or activities receiving federal financial assistance at 45 C.F.R. Parts 80, 84, 86 and 91;
- 4.2.12 The Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104(g)) at 2 C.F.R. Part 175 as applicable. Any violation of these requirements may result in remedial action as authorized by 22 U.S.C. 7194b(c). More specifically, under this award, the recipient, its employees, subrecipients under this award, and subrecipient's employees must not engage in:
 - a) Severe forms of trafficking in persons;
 - b) The procurement of a commercial sex act during the period of time that this award or any subaward is in effect;
 - c) The use of forced labor in the performance of this award or any subaward; or
 - d) Acts that directly support or advance trafficking in persons, including the following acts:
 - i. Destroying, concealing, removing, confiscating, or otherwise denying an employee access to that employee's identity or immigration documents;
 - ii. Failing to provide return transportation or pay for return transportation costs to an employee from a country outside the United States to the country from which the employee was recruited upon the end of employment if requested by the employee, unless:

(a) Exempted from the requirement to provide or pay for such return transportation by the Federal department or agency providing or entering into the grant or cooperative agreement; or

(b) The employee is a victim of human trafficking seeking victim services or legal redress in the country of employment or a witness in a human trafficking enforcement action;

iii. Soliciting a person for the purpose of employment, or offering employment, by means of materially false or fraudulent pretenses, representations, or promises regarding that employment;

iv. Charging recruited employees a placement or recruitment fee; or

v. Providing or arranging housing that fails to meet the host country's housing and safety standards.

4.2.13 Whistleblower notification protections required by 2 CFR 200.217;

4.2.14 The Uniform Administrative Requirements governing restrictions on lobbying at 2 C.F.R. § 200.450, as applicable; and

4.2.15 All other applicable federal, Arizona, and local government laws, ordinances, and codes in the performance of the Contract, including all licensing standards, certifications, permits, and all applicable professional standards.

4.3 Licenses. The Contractor and each of its employees, agents and subcontractors will obtain and maintain during the Term of this Contract all appropriate licenses required by law for the operation of its facilities and for the provision of the Family Planning Services.

4.4 Status of the Contractor and Conflict of Interest.

4.4.1 The Contractor must maintain and comply with written standards of conduct covering conflicts of interest and governing the actions of employees; officers; agents; board members; immediate family members, spouses, or partners; and potential employers engaged in the administration of this Contract. These individuals are prohibited from soliciting gratuities, favors, or anything of monetary value from subrecipients. However, you may set standards for situations where financial interest is not substantial, or the gift is an unsolicited item of insignificant value. These standards of conduct must be applied for violations of the standards by officers, employees, board members, or agents of the organization.

4.4.2 The Contractor will refrain from using any inside or proprietary information regarding the activities of Affirm and its affiliates for personal benefit, benefit to immediate family, or benefit to any entity in which the Contractor holds a significant financial or other interest. The Contractor's officers, agents, or employees will not deploy themselves so as to receive multiple payments from Affirm or otherwise manipulate the assignment of personnel or tasks so as to unnecessarily increase payments to the Contractor or its officers, agents or employees. The Contractor must disclose in writing any potential conflict of interest to Affirm.

4.4.3 To the extent applicable, Contractor agrees to comply with any requirements around conflicts of interests that apply under relevant state law that do not conflict with applicable federal law.

- 4.4.4 This Contract does not create a conflict of interest, under any statute or rule of any governing jurisdiction, between the Contractor's officers, agents or employees and Affirm.

4.5 Retention of and Access to Records; Audit.

- 4.5.1 The Contractor will maintain financial records, supporting documents, statistical records, and all other books, documents, papers or other records pertinent to this Contract for a period of at least three (3) years from the date of Affirm submission of the annual financial report covering the Reimbursement awarded hereunder, or such other period as may be specifically required by 2 C.F.R. § 200.333. If an audit, litigation, or other action involving the records is started before the end of the three (3) year period, the Contractor will maintain such records until the audit, litigation, or other action is completed, whichever is later. Client medical records must be retained in accordance with state and federal regulations.
- 4.5.2 The Contractor will make available to Affirm, DHHS, the Comptroller General, or any other of their duly authorized representatives, upon appropriate notice, such books, records, reports, documents, and papers that are pertinent to the award for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to the Contractor's facility and to the Contractor's personnel for interview and discussion related to such documents. The Contractor will, upon request, transfer certain records to the custody of Affirm or DHHS.
- 4.5.3 The Contractor agrees to permit Affirm and/or DHHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of services delivered under this Contract and to assess the Contractor's compliance with applicable legal and programmatic requirements. If Affirm identifies and notifies the Contractor of the Contractor's non-compliance with the terms of this Contract, or in providing the Family Planning Services, Affirm will notify the Contractor of such deficiencies. Affirm, in its sole discretion, may offer to provide technical assistance to the Contractor to correct or eliminate such deficiencies. Additionally, Affirm may grant the Contractor a reasonable time period to correct or eliminate such deficiencies, provided that in no case will the time allowed exceed twelve (12) months from the day of notice of the deficiency.
- 4.5.4 At the end of each of the Contractor's fiscal years, the Contractor will have an external audit performed, including of its Reimbursement, in accordance with 2 C.F.R. Part 200, Subpart F (Audit Requirements), including a single audit where required, and U.S. GAAP. For Contractors required to complete a Single Audit, expended Title X funds must be reported on the Schedule of Expenditures of Federal Awards (SEFA) under the Catalog of Federal Domestic Assistance (CFDA) number 93.217. Non-governmental contractors' Audit will be conducted in accordance with 2 C.F.R. Part 200 Subpart F. The Contractor will provide to Affirm the Contractor's financial statements and auditors' reports within 30 days of receipt of such reports, but in no case later than nine months following the Contractor's fiscal year-end. The audit package submitted to Affirm must contain all financial statements, footnotes, schedule of federal financial assistance, auditor's opinion on the financial statements and schedule, all reports on internal controls and compliance, a copy of the management letter from the Contractor's audit firm, and a copy of any responses to the management letter or findings. If a corrective action plan is required, Affirm reserves the right to request additional information regarding the corrective action plan, if any. The Contractor agrees to promptly implement such corrective action plan, including any recommendation made by Affirm.

- 4.6 Litigation. The Contractor will notify Affirm in writing within thirty (30) days of notice of any litigation, claim, negotiation, audit or other action, including violations of Federal criminal law involving fraud, bribery, or gratuity violations, involving the Family Planning Services or Reimbursement, occurring during the Funding Period or within four (4) years after the expiration of the Funding Period. The Contractor will retain any records until the completion of such action and the resolution of all issues arising from or relating to such action, or four (4) years after the end of the Funding Period, whichever is later. Any notice regarding violations of Federal criminal law involving fraud, conflicts of interest, bribery, or gratuity must be sent in writing to Affirm at the address provided at Section 7.5, and to the DHHS OIG at the following addresses:

HHS OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852

AND

HHS Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026

- 4.7 Property Records. The Contractor will maintain adequate records of any property, inventory, and maintenance procedures for items purchased with Reimbursement funds. The Contractor will be responsible for replacing or repairing Equipment for which it is accountable under this Contract if lost, damaged or destroyed due to the negligence on the part of the Contractor, or failure to secure appropriate insurance, or noncompliance with property management regulations, or instructions of Affirm or DHHS. Affirm may require the transfer of property acquired with funds awarded under this Contract as provided for in 2 C.F.R. Part 200.312. Records for real property and Equipment acquired with the Reimbursement will be retained for three (3) years after the final disposition. For the purpose of this Contract, “**Equipment**” means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the Contractor for financial statement purposes, or \$10,000. Upon request, Contractor must provide Affirm with a complete inventory of Equipment, including all elements required under 2 C.F.R. § 200.313(d)(1).
- 4.8 340B Drug Pricing Program. If the Contractor enrolls in the 340B Drug Pricing Program, the Contractor must comply with all 340B program requirements. The Contractor may be subject to audit at any time regarding 340B program compliance. 340B program requirements are available at <https://www.hrsa.gov/opa/program-requirements> and incorporated herein by this reference.
- 4.9 Required Meetings. The Contractor must participate in three (3) meetings with Affirm held during the Funding Period of this Contract. The Contractor’s staff attending such meetings must be persons with managerial responsibilities related to the Contract. Additionally, one family planning clinician must attend a clinician training that will coincide with one of the meetings.
- 4.10 Reporting Executive Compensation. Pursuant to 2 CFR Appendix A to Part 170(c), and in compliance with the OPA Title X Program Handbook reporting requirements, Contractor will submit the “Affirm Subrecipient Executive Compensation Reporting (FFATA) Form” within 15 calendar days of the execution of this Contract.

ARTICLE V INSURANCE AND INDEMNIFICATION

- 5.1 Insurance. The Contractor will procure, maintain, and provide proof of coverage of: (i) a Medical Malpractice Professional Liability Insurance Policy and such policy will be written on an occurrence basis in the minimum amount of \$1,000,000 for all medical provider employees and subcontractors and consultants, unless the Contractor qualifies for such insurance pursuant to Section 5.2; (ii) General Liability coverage of at least \$1,000,000 per occurrence and \$3,000,000 Annual aggregate against general liability endorsed for premises-operations, products/completed operations, contractual, property damage, and personal injury liability; and (iii) Workers compensation in accordance with applicable law. The insurance policies referred to in this Section 5.1 must name Affirm as an additional insured under each policy. The Contractor will provide certificates indicating the proof of such insurance and incorporate them as **Attachment 7**. The Contractor will promptly provide Affirm with written notice of any ineligibility determination, suspension, revocation or other action or change relevant to the insurance requirements set forth above. The Contractor may provide all or a portion of the required coverage through programs of self-insurance as allowed by law.
- 5.2 FTCA Status. If the Contractor has been deemed eligible and approved for medical malpractice liability protection through the Federal Tort Claims Act (FTCA), the Contractor must provide current documentation of such status, and incorporate them as **Attachment 7**. The Contractor shall remain in deemed status during the Term of this Contract. If the Contractor does not obtain, fails to maintain, or loses FTCA deemed status at any time during the Term, the Contractor must immediately (a) notify Affirm in writing and (b) secure Professional Liability Malpractice Insurance in accordance with Section 5.1. Such insurance policies must name Affirm as an additional insured, and the Contractor must provide certificates indicating proof of such insurance, which shall be incorporated into **Attachment 7**.
- 5.3 Indemnification. To the extent allowed under Arizona law, the Contractor will indemnify, defend, save, and hold harmless Affirm and its officers, officials, agents, and employees (hereinafter referred to as “**Indemnatee**”) from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys’ fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as “**Claims**”) for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the Contractor or any of its owners, officers, directors, agents, employees, or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers’ Compensation Law or arising out of the failure of the Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the Parties that the Indemnatee will, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by the Contractor from and against any and all Claims. It is agreed that the Contractor will be responsible for primary loss investigation, defense, and judgment costs where this indemnification is applicable. To the extent permitted by law, the Contractor agrees to reimburse Affirm for any monies which Affirm is required to pay to the DHHS or other agencies of the United States Government or the State of Arizona for any Claims arising solely from the failure of the Contractor to perform in accordance with this Contract or, local, state, or federal laws and regulations. Affirm will appropriately invoice or file a Claim with the Contractor for any such reimbursement by the Contractor, and the Contractor will have opportunity to review, and protest when appropriate, the Claim prior to making any timely reimbursement to Affirm. The indemnification provided herein will survive the termination of this Contract.

ARTICLE VI TERMINATION AND AMENDMENT

- 6.1 Termination of Contract. This Contract will terminate on the last date of the Funding Period as noted in Section 1.1, unless earlier terminated pursuant to the terms of this Section or continued as prescribed in Section 6.1.1. Upon termination: (i) the Contractor will return to Affirm any unencumbered balance of the Reimbursement disbursed under this Contract; and (ii) all nonexpendable personal property, finished or unfinished documents, data, studies, and reports purchased or prepared by the Contractor under this Contract will, at the option of Affirm, become Affirm's property or be disposed of in accordance with Affirm's procedures or instructions. Final payment to the Contractor, if applicable, is contingent upon the Contractor completing closeout procedures as detailed in Affirm's Delegate Closeout Checklist, as defined in the Affirm Title X Handbook, attached as **Attachment 5**.
- 6.1.1 *Continuation*. In the event of a delay in the issuance of a subsequent award, contract, or funding authorization, this Contract will remain in effect on a holdover basis until such time as a new agreement is executed or this Contract is terminated as prescribed below.
- 6.1.2 *Termination by the Contractor*. If the Contractor is unable or unwilling to comply with additional conditions as may be lawfully imposed on the Contractor, the Contractor may terminate this Contract by giving written notice to Affirm signifying the effective date thereof. The Contractor may terminate this Contract for any other reason by providing Affirm with at least thirty (30) days written notice. In the event the Contractor terminates this Contract, the Contractor will be entitled to compensation for any un-reimbursed expenses necessarily incurred in satisfactory performance of this Contract.
- 6.1.3 *Termination by Affirm*. Affirm may terminate this Agreement, in whole or in part, at any time and for any reason by providing thirty (30) days' prior written notice to the Contractor. Affirm may also terminate this Contract or suspend Reimbursement, in whole or in part, in the event the Contractor: (i) fails to fulfill in a timely and proper manner its obligations under this Contract; or (ii) violates any of the covenants, agreements, or stipulations of this Contract, by providing the Contractor written notice of termination specifying the date of termination. Affirm may give the Contractor an opportunity to cure deficiencies by providing a cure period, of at least 10 days, in any notice of termination. If Affirm does not provide a cure period or if Contractor does not cure all deficiencies within the time specified by Affirm, the Contract will be terminated. Despite any termination hereunder, the Contractor will not be relieved of liability to Affirm for damages sustained by Affirm by virtue of any material breach of this Contract by the Contractor. Affirm may withhold any reimbursement to the Contractor for the purpose of offset until such time as the exact amount of damages, if any, due Affirm from the Contractor is agreed upon or otherwise determined.
- 6.1.4 *Termination or Reduction of DHHS Funding*. Affirm has been informed by DHHS that the Grant provides funding for the Term. However, in the event any DHHS funding is reduced, terminated or otherwise negatively altered (including any change or limitation upon whom Affirm may pay or distribute monies to under this Contract), whether before or after this Contract is effective, Affirm may terminate this Contract in whole or in part by providing the Contractor a written notice of termination. The effective Contract termination date will be the date such DHHS funding is reduced, terminated or otherwise negatively altered ("***DHHS Funding Termination Date***"). Notwithstanding anything in this Contract to the contrary, if the Contract is terminated because of the foregoing, Affirm is relieved of all obligations under the

Contract. Termination of this Contract hereunder will not be deemed a breach of this Contract by Affirm.

6.1.5 *Termination due to Non-Appropriation.* Notwithstanding any other provisions in this Contract, this Contract may be terminated by Affirm if the Contractor's governing body does not appropriate the Contractor Contribution or other sufficient monies to provide the Family Planning Services. In such an event, the Contractor will notify Affirm of its inability to appropriate the requisite funds and Affirm may, at its discretion, terminate this Contract.

6.2 Amendment. The Contract, together with Attachments referenced herein, fully expresses all understanding of the Parties concerning all matters covered and will constitute the total Contract. No amendment of, addition to, or alteration of the terms of this Contract, whether by written or verbal understanding of the Parties, their officers, agents or employees, will be valid unless made in a writing that is formally approved and executed by the Parties or made pursuant to the following procedures:

- 6.2.1 If Affirm obtains additional Grant funding for periods after the expiration of the Term, the Contractor may request to extend the Term by updating the annual application forms and submit them through Affirm's Program Information Management System (PIMS). Any extension of the Term will be mutually agreed on by the Parties, in writing.
- 6.2.2 The Contractor may make changes to staff of its Family Planning services, provided that the Contractor will notify Affirm, in writing as soon as possible for staff changes and within 30 working days of any changes.
- 6.2.3 The Contractor must submit written requests to Affirm for approval prior to any location changes or closures of a Title X clinic site location. Affirm will determine whether changes require Contract revision or amendment.
- 6.2.4 The Contractor must submit written requests prior to any change in the Family Planning Services, including, but not limited to, Affirm Agency Health Center Report, Client Data Summary, and Budget. Affirm will determine whether changes require Contract revision or amendment.
- 6.2.5 The Contractor must submit Budget modification requests within 30 days for prior approval by Affirm in the following instances: (i) The Contractor requires allocations of additional funds beyond the specified base amount; (ii) the Contractor wishes to reduce the Reimbursement Award; and (iii) the Contractor provides changes to the Budget representing a variance of 10% of any individual Budget category.
- 6.2.6 Changes in policies, procedures, and/or forms related to the Family Planning Services must be submitted in writing to Affirm for approval prior to implementation.
- 6.2.7 Within 15 days of change, the Contractor must notify Affirm of changes in key clinical or management personnel, including administrative officers and Family Planning Services program directors.
- 6.2.8 Affirm's exercise of Supplementary Award pursuant to Section 2.1 does not require an amendment to this Contract.

ARTICLE VII MISCELLANEOUS PROVISIONS

- 7.1 Nonexclusivity. That this Contract is nonexclusive in nature and Affirm retains the authority to contract with other Parties for the delivery of Family Planning Services in the Contractor's geographic area.
- 7.2 Governing Law. Any action relating to this Contract will be brought in a court of the State of Arizona in the county in which the Family Planning Services are provided, unless otherwise prohibited by prevailing federal law. Any changes in the governing laws, rules and regulations that do not materially affect the Contractor's obligation under the Contract during the Term will apply but do not require an amendment.
- 7.3 Intangible Property and Copyright. The Contractor will ensure that publications developed while providing the Family Planning Services do not contain information that is contrary to Title X, the Affirm Title X Handbook, attached as Attachment 5, or to accepted clinical practice. Federal and Affirm grant support must be acknowledged in any publication. The Contractor will obtain pre-approval from Affirm for publications resulting from activities conducted under this Contract. The Contractor will also provide all publications referencing Affirm to Affirm for pre-approval prior to distribution. Restrictions on motion picture film production are outlined in the "Public Health Service Grants Policy Statement." The word "**publication**" is defined to include computer software. Any such copyrighted materials will be subject to a royalty-free, non-exclusive, and irrevocable right of the Government and Affirm to reproduce, publish, or otherwise use such materials for Federal or Affirm purposes and to authorize others to do so, as allowed by law.
- 7.4 Dispute Resolution. The Parties will first attempt to resolve any dispute arising under this Contract by informal discussion between the Parties, subject to good cause exceptions, including, but not limited to, disputes determined by either Party to require immediate relief (i.e., circumstances which may result in a misappropriation of the Reimbursement). Any dispute that has not been resolved by informal discussions between the Parties within a reasonable period of time after the commencement of such discussions (not to exceed 30 days), may be resolved by any means available.
- 7.5 Notice. All notices required or permitted to be given hereunder will be given in writing and will be deemed to have been given when sent by certified or registered mail, postage prepaid, return receipt requested.

Notices to Affirm will be addressed to:

Chief Executive Officer
Arizona Family Health Partnership
3800 N. Central Ave., Suite 820
Phoenix, Arizona 85012

Notices to the Contractor will be addressed to the individual identified as Notice Contact in the Affirm Agency Health Center Report attached hereto as **Attachment 8**.

Either Party may change its address for notices by giving written notice of such change to the other Party.

- 7.6 Severability. If any provision of this Contract is declared void or unenforceable, such provision will be deemed severed from this Contract, which will otherwise remain in full force and effect. If any provision of this Contract is declared void or unenforceable, the Parties will engage in good faith

efforts to renegotiate such provision in a manner that most closely matches the intent of the provision without making it unenforceable.

- 7.7 No Third-Party Beneficiary. This Contract was created by the Parties solely for their benefit and is not intended to confer upon any person or entity other than the Parties any rights or remedies hereunder.
- 7.8 Waiver. Performance of any obligation required of a Party hereunder may be waived only by a written waiver signed by the other Party, which waiver will be effective only with respect to the specific obligations described herein. The waiver of a breach of any provisions will not operate or be construed as a waiver of any subsequent breach.
- 7.9 Execution. This Contract will not be effective until it has been approved as required by the governing bodies of the Parties and signed by the persons having executory powers for the Parties. This Contract may be executed in two or more identical counterparts, by manual or electronic signature.

[Signatures to follow on next page]

[Remainder of page left intentionally blank]

IN WITNESS WHEREOF, the Parties have each caused an authorized representative to execute and deliver this Contract on the Date provided below.

**"THIS CONTRACT IS SUBJECT TO
THE PROVISIONS OF A.R.S. § 38-511"**

CONTRACTOR:

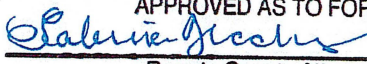
AFFIRM:

Jennifer Allen
Chair, Board of Supervisors
Pima
County Health Department
Contractor ID Number (EIN): 86-6000543
DUNS Nine Digit #: 144733792
DUNS Registered Name:
Pima County
UEI 12-character identifier: U8XUY58VDQS3

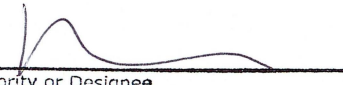
Brenda L. Thomas, MPA
Affirm Sexual and Reproductive Health
3800 N. Central Ave., Suite 820
Phoenix, Arizona 85012
602-258-5783
bthomas@affirmaz.org

Date

Date

APPROVED AS TO FORM:
 7/8/2026
Deputy County Attorney
Sabrina Fladness

REVIEWED BY:


Appointing Authority or Designee
Pima County Health Department

Attachment 1

Affirm Agency Health Center Report *(“Family Planning Services”)*



AFFIRM AGENCY HEALTH CENTER REPORT

Subrecipient Name	Pima County
Grant Name	ARIZONA GRANT
Revised Date	05/14/2026
Date	05/18/2026

Center Name	Center Address	Clinic Hours	Number of Unduplicated Clients
Theresa Lee	Address : 1493 W Commerce Court City : Tucson State : Arizona Zip Code : 85746 Phone Number : 520-724-7900	Monday - Friday 8:00am - 5:00pm	1736
Northwest	Address : 1010 W Miracle Mile City : Tucson State : Arizona Zip Code : 85705 Phone Number : 520-724-2880	Monday - Friday 8:00am - 5:00pm	1509
Mobile Clinic	Address : Locations Vary - call for services City : Tucson State : Arizona Zip Code : 85714 Phone Number : 520-724-3905		160
High School Mobile Clinic	Address : Locations Vary - Call for Services City : Tucson State : Arizona Zip Code : 85714 Phone Number : 520-724-3905	Monday - Friday 8:00 - 5:00	369

Subrecipient Health Center Proposed Services

Level of Service provided	1=Service Provided, 2=Referral Provided, 3=Service Not Provided & Referral Not Provided
Date	05/18/2026
Grant Name	ARIZONA GRANT
Proposed Year	April 2026-March 2027

Services	Name of Health Centers			
	High School Mobile Clinic	Mobile Clinic	Northwest	Theresa Lee
1) Family Planning Services				
1. Client Education and Counseling				
1.1. Pregnancy Prevention	1	1	1	1
1.2. Pregnancy Achievement	1	1	1	1
2. Family Planning Methods				
2.1. Male Condom	1	1	1	1

Services	Name of Health Centers			
	High School Mobile Clinic	Mobile Clinic	Northwest	Theresa Lee
2.2. Oral Contraceptives	1	1	1	1
2.3. Injectables (Depo-Provera)	1	1	1	1
2.4. IUD without Hormones (ParaGard)	1	1	1	1
2.5. IUD with Hormones (Mirena, Skyla, Liletta, Kyleena)	1	1	1	1
2.6. Vaginal Ring (NuvaRing)	1	1	1	1
2.7. Emergency Contraception	1	1	1	1
2.8. Patch	2	2	2	2
2.9. Spermicide (Foams, Films, Suppositories)	2	2	2	2
2.10. Cervical Cap/Diaphragm	2	2	2	2
2.11. Sponge	2	2	2	2
2.12. Female Condom	1	1	1	1
2.13. Natural Family Planning (Fertility Awareness Based Methods)	1	1	1	1
2.14. Lactational Amenorrhea	1	1	1	1
2.15. Sexual Risk Avoidance (Abstinence Education)	1	1	1	1
2.16. Implant (Nexplanon)	1	1	1	1
2) Pregnancy Testing and Counseling as Indicated	1	1	1	1
3) Basic Infertility Services for Men				
1. Sexual History	1	1	1	1
2. Medical History/Family History	1	1	1	1
3. Reproductive History	1	1	1	1
4. Physical Exam	1	1	1	1
5. Semen Analysis	2	2	2	2
6. Further Diagnosis	2	2	2	2
4) Basic Infertility Services for Women				
1. Sexual History	1	1	1	1
2. Medical History/Family History	1	1	1	1
3. Reproductive History	1	1	1	1
4. Physical Exam	1	1	1	1
5. Further Diagnosis	2	2	2	2
5) Preconception Health Screening, Counseling and Education				
1. Intimate Partner Violence	1	1	1	1
2. Alcohol And Other Drug Use	1	1	1	1
3. Tobacco Use	1	1	1	1
4. Immunization Status	1	1	1	1
5. BMI	1	1	1	1
6. Blood Pressure	1	1	1	1
7. Diabetes	2	2	1	1
8. Prenatal vitamins/Folic Acid supplements	1	1	1	1
6) Sexually Transmitted Infection Testing				
1. Chlamydia	1	1	1	1
2. Gonorrhea	1	1	1	1
3. Syphilis	1	1	1	1
4. Herpes	1	1	1	1
5. Hepatitis C	1	1	1	1

Services	Name of Health Centers			
	High School Mobile Clinic	Mobile Clinic	Northwest	Theresa Lee
6. HIV	1	1	1	1
7. Hepatitis B	1	1	1	1
7) Sexually Transmitted Infection Treatment				
1. Chlamydia	1	1	1	1
2. Gonorrhea	1	1	1	1
3. Syphilis	1	1	1	1
4. Herpes	1	1	1	1
5. HIV	2	2	2	2
8) Related Preventive Health Services				
1. Clinical Breast Exam as Indicated	1	1	1	1
2. Pelvic Exam as Indicated	1	1	1	1
3. Cervical Cytology with HPV Testing as Indicated	1	1	1	1
4. Genital Exam as Indicated	1	1	1	1
5. HPV Vaccine	2	2	1	1
6. Hepatitis B Vaccine	2	2	1	1
9) Other Preventive Health Services				
1. PrEP/PEP Services	1	1	1	1
2. DoxyPep	1	1	1	1
3. Depression Screening	2	2	2	2

Attachment 2

Client Data Summary (*“Client Data Summary”*)



AFFIRM AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

April 2026-March 2027 Client Data Summary	
Subrecipient Name	Pima County-ARIZONA GRANT
Health Center Name	High School Mobile Clinic
Name of Person filling out form	Michelle Moore
Date	06/04/2026
Revision Date	06/03/2026

Title X Family Planning Users	Adolescent Family Planning Users
Unduplicated Female Users: 300	(included in Unduplicated Female and Male Users)
Unduplicated Male Users: 100	19 years and under: 100
**Total Unduplicated Females & Males: 400	Total Unduplicated Teens: 100

Income Status
Poverty Level Income Percent
At or below 100% of FPL: 350
Between 101 and 138%: 10
Between 139 and 200%: 14
Between 201 and 250%: 16
At or above 251%: 10
**Total Unduplicated clients by FPL %: 400

	Females	Males	Total
Total Number of Client Visits*:	350	150	500

* Duplicated clients numbers are okay
**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %
FPL = Federal Poverty Level



AFFIRM AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

April 2026-March 2027 Client Data Summary	
Subrecipient Name	Pima County-ARIZONA GRANT
Health Center Name	Mobile Clinic
Name of Person filling out form	Michelle Moore
Date	06/04/2026
Revision Date	06/03/2026

Title X Family Planning Users	Adolescent Family Planning Users
Unduplicated Female Users: 110	(included in Unduplicated Female and Male Users)
Unduplicated Male Users: 40	19 years and under: 25
**Total Unduplicated Females & Males: 150	Total Unduplicated Teens: 25

Income Status
Poverty Level Income Percent
At or below 100% of FPL: 110
Between 101 and 138%: 25
Between 139 and 200%: 5
Between 201 and 250%: 5
At or above 251%: 5
**Total Unduplicated clients by FPL %: 150

	Females	Males	Total
Total Number of Client Visits*:	150	50	200

* Duplicated clients numbers are okay
**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %
FPL = Federal Poverty Level



AFFIRM AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

April 2026-March 2027 Client Data Summary	
Subrecipient Name	Pima County-ARIZONA GRANT
Health Center Name	Northwest
Name of Person filling out form	Michelle Moore
Date	06/04/2026
Revision Date	06/03/2026

Title X Family Planning Users	Adolescent Family Planning Users
Unduplicated Female Users: 1000	(included in Unduplicated Female and Male Users)
Unduplicated Male Users: 626	19 years and under: 148
**Total Unduplicated Females & Males: 1626	Total Unduplicated Teens: 148

Income Status
Poverty Level Income Percent
At or below 100% of FPL: 872
Between 101 and 138%: 193
Between 139 and 200%: 256
Between 201 and 250%: 99
At or above 251%: 206
**Total Unduplicated clients by FPL %: 1626

	Females	Males	Total
Total Number of Client Visits*:	1600	800	2400

* Duplicated clients numbers are okay
**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %
FPL = Federal Poverty Level



AFFIRM AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

April 2026-March 2027 Client Data Summary	
Subrecipient Name	Pima County-ARIZONA GRANT
Health Center Name	Theresa Lee
Name of Person filling out form	Michelle Moore
Date	06/04/2026
Revision Date	06/03/2026

Title X Family Planning Users	Adolescent Family Planning Users
Unduplicated Female Users: 1000	(included in Unduplicated Female and Male Users)
Unduplicated Male Users: 598	19 years and under: 191
**Total Unduplicated Females & Males: 1598	Total Unduplicated Teens: 191

Income Status
Poverty Level Income Percent
At or below 100% of FPL: 600
Between 101 and 138%: 342
Between 139 and 200%: 367
Between 201 and 250%: 128
At or above 251%: 161
**Total Unduplicated clients by FPL %: 1598

	Females	Males	Total
Total Number of Client Visits*:	1600	900	2500

* Duplicated clients numbers are okay
**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %
FPL = Federal Poverty Level

Attachment 3

Family Planning Program Budget *("Budget")*



AFFIRM AGENCY ANNUAL EXPENSES BUDGET REPORT

Annual Budget Form April 2026-March 2027 : Expenses Summary	
Subrecipient Name	Pima County
Grant Name	ARIZONA GRANT
Name of Person filling out form	Michelle Moore
Date	05/14/2026
Revised Date	05/14/2026
Reporting Period	April 1, 2026 - March 31, 2027

EXPENSES	April 2025-March 2026 Budget	April 2026-March 2027 Total Program Budget
1.Personnel	\$632,344.69	\$667,546.24
2.Fringe Benefits	\$195,408.18	\$201,873.37
3.Travel	\$1,885.15	\$1,885.15
4.Equipment	\$0.00	\$0.00
5.Supplies	\$275,999.00	\$252,482.94
6.Contractual	\$189,225.43	\$165,611.43
7.Occupancy	\$0.00	\$0.00
8.Other	\$0.00	\$0.00
9.Indirect	\$23,859.29	\$29,322.61
TOTAL EXPENSES	\$1,318,721.74	\$1,318,721.74

☒ I certify that information in this annual budget is correct to the best of my knowledge.

Completed By : Michelle Moore



AFFIRM AGENCY ANNUAL REVENUE BUDGET REPORT

Annual Budget Form April 2026-March 2027 : Revenue Summary	
Subrecipient Name	Pima County
Grant Name	ARIZONA GRANT
Name of Person filling out form	Michelle Moore
Date	05/14/2026
Revised Date	05/14/2026
Reporting Period	April 1, 2026 - March 31, 2027

REVENUE	April 2025-March 2026 Budget	April 2026-March 2027 Total Program Budget
1)Federal Grants		
1.Title X - Base	\$509,500.00	\$509,500.00
2.Bureau of Primary Health Care (BPHC)	\$0.00	\$0.00
3.Other Federal Grants (Specify)	\$0.00	\$0.00
4.Other Federal Grants (Specify)	\$0.00	\$0.00
5.Title X Additional Funds (Specify)	\$0.00	\$0.00
Sub Total of Federal Grants	\$509,500.00	\$509,500.00
2)Payment For Services		
1.Patient Collections/Fees	\$70,000.00	\$70,000.00
3)Third Party Payers		
1.Medicaid (Title XIX)	\$120,000.00	\$120,000.00
2.Medicare (Title XVIII)	\$0.00	\$0.00
3.Other public health insurance	\$0.00	\$0.00
4.Private health insurance	\$80,000.00	\$80,000.00
Sub Total of Third Party Payers	\$200,000.00	\$200,000.00
4)Other Sources		
1.Title V (MCH Block Grant)	\$0.00	\$0.00
2.Local Government	\$466,764.73	\$466,764.73
3.State Government	\$0.00	\$0.00
4.Client Donations	\$0.00	\$0.00
5.Agency In Kind	\$13,235.27	\$13,235.27
6.Agency Contribution (Non-County agencies only)	\$0.00	\$0.00
7.Other (Specify)	\$59,221.74	\$59,221.74
Sub Total of Other Sources	\$539,221.74	\$539,221.74
TOTAL REVENUE	\$1,318,721.74	\$1,318,721.74

Attachment 4

Subcontractors Independent Contractors

Attachment 5

Affirm Title X Handbook



Title X Handbook





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INTRODUCTION



About Affirm

Affirm is a nonprofit organization that believes in a future where everyone has the trust, support, and information they need to choose what is best for them. With Title X funding, Affirm coordinates family planning healthcare services, connects clients to caring providers, offers health education, and supports services with a commitment to deliver family planning services that are consistent with science and best practices.

Our Purpose

We believe in a future where everyone has the trust, support, and information they need to choose what is best for them.

Our Mission

To make family planning healthcare accessible to everyone.

About Title X

Congress enacted the Family Planning Services and Population Research Act of 1970 (Public Law 91-572) to help individuals determine the number and spacing of their children through affordable, voluntary family planning services.

The law amended the Public Health Service (PHS) Act to add Title X, "Population Research and Voluntary Family Planning Programs." Section 1001 of the PHS Act (as amended) authorizes grants "to assist in the establishment and operation of voluntary family planning projects which must offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)."

The Title X Family Planning Program is the only Federal program dedicated solely to the provision of family planning and related preventive health services. The program is designed to provide these services, with priority given to people from low-income families. All Title X-funded projects are required to offer a broad range of acceptable and effective U.S. Food and Drug Administration (FDA) approved contraceptive methods and related services on a voluntary and confidential basis. Title X services include the delivery of related preventive health services, including client education and counseling; cervical and breast cancer screening; sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) prevention education, testing, and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.

The Title X Family Planning Program is administered by the Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health (OASH) at the U.S. Department of Health and Human Services (DHHS). On October 4, 2021, DHHS OPA amended the Title X Family Planning regulations.

The Title X program requirements derive from the Title X statute, implementing regulations at 42 CFR Part 59, Subpart A, and applicable legislative mandates. Subrecipients must also adhere to program conditions outlined in the Notice of Award (NOA) and any requirements from the Office of Grants and Acquisition Management (GAM). In addition, Title X projects are expected to be guided by supplemental program materials, including Providing Quality Family Planning Services (QFP): Recommendations from the CDC and



the U.S. Office of Population Affairs, Program Policy Notices, the 2021 Final Rule FAQs, and other OPA-issued guidance, as applicable. These materials are intended to inform quality service delivery and support alignment with program expectations, recognizing that not all QFP elements fall within the scope of Title X-funded services. All such requirements and guidance have been compiled into this document, the Affirm Title X Handbook.

About this Handbook

The policies and procedures in this handbook apply to Affirm, and all subrecipients, service sites, subcontractors, consultants, and related projects funded by Title X.

The purpose of this Handbook is to

- document the Affirm Title X Family Planning Project's policies and program standards for development, implementation, and management of the Title X Program; and
- guide grantee and subrecipient program managers to implement, maintain, and evaluate programs with fidelity to the principles of the Title X program.

This handbook establishes minimum standards and can be used as a reference and information resource for our program employees and for our subrecipient family planning programs. Subrecipients, subcontractors, and consultants are required to adhere to the requirements and guidelines set forth in this manual and Program Notices, and any other applicable laws and requirements. Subrecipients are also responsible for incorporating any policy changes into their operations.

This handbook has been developed to assist Title X program managers at Affirm and subrecipient agencies to understand and implement the family planning services grants program. This manual mirrors the DHHS OPA's 2021 Title X Final Rule. Contents are subject to change to mirror the Program Review Tool published by OPA.

Each Title X Policy is accompanied by procedures for implementing the policy internally at Affirm, where applicable, and information about Site Monitoring of subrecipients with specifics of what will be reviewed by Affirm to verify compliance.

Employee Education and Handbook Maintenance:

Affirm will take the following actions to maintain compliance with respect to the policies set forth in this handbook:

- Train staff how to use this handbook within 90 days of employment.
- Post this handbook on the Affirm Program Team SharePoint site, accessible to all employees.
- Document training, annual review, and notification of program expectations.
- The DOO is responsible for ensuring that:
 - New staff training on this handbook is documented in the Human Resources Information System (HRIS)
 - In-service training is documented at least annually in the HRIS
 - Training documentation is maintained for at least five years
 - Prior versions of this handbook are archived in the HRIS



- The DPCA will:
 - Oversee staff training of this handbook
 - Review this handbook annually and update information as necessary to remain current with Title X expectations
 - Submit substantive policy changes to the Board of Directors for review and approval as documented by Board meeting minutes and accompanying memo summarizing key changes
 - Document and describe key changes made to each policy and procedure
 - Train staff on key substantive changes within 30 days of implementation of the revised policy
 - Ensure this handbook is attached to all subrecipient contracts and update subrecipients as to any substantive changes within 30 days of implementation of the revised policy
- Affirm employees are expected to:
 - Understand and adhere to all policies and procedures outlined in this handbook
 - Comply with all applicable federal, state, and local laws and regulations
 - Maintain professional conduct and ethical behavior, reflecting the values of Affirm and the Title X program
 - Report any concerns about or violations of this handbook or applicable laws to your supervisor or appropriate personnel
 - Acknowledge the receipt and understanding of this handbook annually

Important Note about Must, Should, and May

The term “must” in this handbook indicates a required program requirement. The word “should” indicates recommended guidance or policies that reflect good practice and are strongly recommended to fulfill the intent of Title X. The word “may” indicates practices that projects may consider.

Disclaimers

This document provides links as a convenience to users and may require additional searches by the user to extract specific information. These links will be reviewed and revised as needed according to the document review schedule.



DEFINITIONS AND REFERENCES



Title X Definitions

Title X Term	Definition
Adolescent-friendly health services	Services that are accessible, acceptable, equitable, appropriate, and effective for adolescents. (42 CFR § 59.2)
Basic infertility services	Basic infertility services include services for both partners of an infertile couple. Basic infertility services include understanding the client's reproductive life plan and the client's and partner's difficulty in achieving pregnancy through a medical history, sexual health assessment, and physical exam per recommendations developed by professional medical associations. Basic infertility services also include infertility counseling.
Client-centered care	Client-centered care is respectful of and responsive to individual client preferences, needs, and values; client values guide all clinical decisions. (42 CFR § 59.2)
Clinical services provider	Physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. (42 CFR § 59.5(b)(6) and 42 CFR § 59.2).
Culturally and linguistically appropriate services	Culturally and linguistically appropriate services are respectful of and responsive to diverse patients' health beliefs, practices, and needs. (42 CFR § 59.2)
Expectation	The term OPA uses to describe Title X Program requirements.
Family	Social unit composed of one person, or two or more persons living together, as a household.
Family Planning Services	Family planning services delivered by Title X Subrecipients include a broad range of medically approved services, which includes Food and Drug Administration (FDA)- approved contraceptive products and natural family planning methods for clients who want to prevent pregnancy and space births; pregnancy testing and counseling; assistance to achieve pregnancy; basic infertility services; sexually transmitted infection (STI) services; and other preconception health services. (42 CFR § 59.2).



Title X Term	Definition
	Family planning services include preconception health services, education, and general reproductive and fertility health care to improve maternal and infant outcomes, and the health of women, men, and adolescents who seek family planning services, and the prevention, diagnosis, and treatment of infections and diseases which may threaten childbearing capability or the health of the individual, sexual partners, and potential future children.
FDA-approved contraceptive products	FDA-approved contraceptive products include Long-Acting Reversible Contraceptives (LARC), contraceptive injection, short-acting hormonal methods, barrier methods, emergency contraception, and permanent sterilization (FDA: Birth Control).
Health equity	Federal regulations define health equity as when all people can attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. (42 CFR § 59.2)
Inclusive	Federal regulations define inclusive as when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQIA2S+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (42 CFR § 59.2)
Low-income family	A low-income family is one whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” also includes members of families whose annual family income exceeds this amount but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered based on their own resources. (42 CFR § 59.2)
Preconception health services	Preconception health services include a medical history review; reproductive life planning; screening for intimate partner violence, alcohol and other drug use, tobacco use, and depression; a sexual health assessment; a physical exam to include height, weight, body mass index, and blood pressure; immunization review and recommendations; and counseling on folic acid.



Title X Term	Definition
Quality healthcare	Quality healthcare is safe, effective, client-centered, timely, efficient, and equitable. (42 CFR § 59.2)
Service site	A service site is a clinic or other location where Title X services are provided to clients. Title X Subrecipients may have service sites. (42 CFR § 59.2)
Sliding Fee Discount Schedule (SFDS)	The HRSA Health Center Program and the OPA Title X Program have unique Sliding Fee Discount Schedule (SFDS) program requirements, which include having differing upper limits. Title X agencies (or providers) that are integrated with or receive funding from the HRSA Health Center Program may have dual fee discount schedules: one schedule that ranges from 101% to 200% of the FPL for all health center services and one schedule that ranges from 101% to 250% FPL for clients receiving only Title X family planning services directly related to preventing or achieving pregnancy, and as defined in their approved Title X project. (OPA Program Policy Notice: 2016-11—Integrating with Primary Care Providers)
STI services	STI services include services provided in accordance with CDC’s STD treatment and HIV testing guidelines. STI services include assessing, screening, treating, and counseling. STI services should be provided for persons with or without signs or symptoms suggestive of an STD.
Suggested Evidence to Submit for Program Review	The suggested evidence is a new addition to the Program Review Tool. The list includes the types of materials and documentation grant Subrecipients should provide as evidence that the project follows Title X program expectations. The examples listed do not represent an exhaustive list; however are typical of what program review consultants review to assess grantee compliance for Title X. Evidence may include, but is not limited to, policies, procedures, protocols, documentation of training, medical record review, direct visual confirmation per consultants and/or OPA staff to ensure that what is contained in written policy or instructions is actually being carried out, or any other form of documentation that substantiates that the project is operating in accordance with the Title X program expectations and policies.



Title X Term	Definition
Title X Program Expectations	The Title X program expectations come from the Title X statute, implementing regulations at 42 CFR Part 59, Subpart A, and applicable legislative mandates. Title X Subrecipients are also expected to comply with additional program guidance (including QFP, 2021 Final Rule FAQs, Program Policy Notices), OPA program priorities, and other expectations from GAM and the Notice of Award (NOA). All Subrecipients must comply with the expectations regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq), the implementing regulations (42 CFR Part 59, Subpart A), and any applicable legislative mandates, and are expected to comply with additional program guidance. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR Part 50, Subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”).
Trauma-informed	Federal regulations define trauma-informed as a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (42 CFR § 59.2)



Additional Terms

Term	Definition
The Act or Law	Title X of the Public Health Service Act, as amended.
ARS	Arizona Revised Statutes
Family	A social unit composed of one person, or two or more people living together, as a household.
Grantee	The entity that receives Federal financial assistance via a grant and assumes legal and fiscal responsibility and accountability for the awarded funds and for the performance of the activities approved for funding.
Nonprofit	Any private agency, institution, or organization for which no part of the entity's net earnings benefit, or may lawfully benefit, any private stakeholder or individual.
Project	Activities described in the grant application and any incorporated documents are supported under the approved budget. The "scope of the project," as defined in the funded application, consists of activities that the total approved grant-related project budget supports.
Secretary	The Secretary of Health and Human Services and any other officer or employee of the U.S. Department of Health and Human Services to whom the authority involved has been delegated.
Subrecipients	Those entities that provide family planning services with Title X funds under a written agreement with a grantee. Subrecipients may also be referred to as Subrecipients or contract agencies.
State	In addition to the several States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et al.), the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.



Common Acronyms

The following is a list of acronyms and abbreviations used throughout this document.

Acronym	Meaning
CDC	Centers for Disease Control and Prevention
CFDA	Catalog of Federal Domestic Assistance
CFR	Code of Federal Regulations
FDA	U.S. Food and Drug Administration
FPL	Federal Poverty Level
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
I&E	Information and Education
OMB	Office of Management and Budget
OPA	Office of Population Affairs
OSHA	Occupational Safety and Health Administration
PHS	U.S. Public Health Service
PIMS	Program Information Management System
RHNTC	Reproductive Health National Training Center
SRH	Family planning health
STI	Sexually transmitted infection



Commonly Used References

As a federal grant program, requirements for the Title X Family Planning Program are established by Federal laws and regulations. The laws and regulations most cited in this document are listed below for ease of reference. Other applicable laws and regulations are cited throughout the document.

Short Title	Long Title	Citation	Type
Title X Public Law	Family Planning Services and Population Research Act of 1970	Public Law 91-572	Law
Title X Statute	Title X of the Public Health Service Act	42 U.S.C.300, <i>et seq.</i>	Law
Sterilization Regulations	“Sterilization of persons in Federally Assisted Family Planning Projects”	42 CFR part 50, subpart B	Regulation
Title X Regulations	“Project Grants for Family Planning Services”	42 CFR part 59, subpart A	Regulation
HHS Grants Administration Regulations	“Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards” (part of OMB Super Circular)	2 CFR Part 300	Regulation
Federal Award Administration Regulations	“Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards” (part of OMB Super Circular)	2 CFR part 200	Regulation



Title X Expectation Abbreviations

Abbrev.	Title X Expectation
PA	Project Administration
AST	Additional Expectations Section in the Title X Program Handbook
HQS	Provision of High-Quality Family Planning Services
AS	Adolescent Services
RSMS	Referral for Social and Medical Services
FA	Financial Accountability
CEPE	Community Education, Participation, and Engagement
I&E	Information and Education
ST	Staff Training
QIQA	Quality Improvement and Quality Assurance (QI & QA)
AP	Prohibition of Abortion



POLICIES AND PROCEDURES



Acknowledgment of Federal Grant Support (AST.7)

Policy

Affirm will acknowledge federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents—such as tool-kits, resource guides, websites, and presentations (hereafter “statements”)—describing the projects or programs funded in whole or in part with HHS federal funds, Affirm will clearly state the percentage and dollar amount of the total costs of the program or project funded with federal money and the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.¹

Affirm supports and guides its subrecipients in their activities to comply with the requirements set forth above and monitors subrecipient compliance as outlined in the [PROGRAM MONITORING AND EVALUATION POLICY](#).

Subrecipients must adopt written policies and procedures to ensure compliance with the Title X requirement outlined above and described in more detail below.

Procedures

- Affirm acknowledges federal funding in all press releases, publications, requests for proposals, bid solicitations, marketing and educational materials, and other documents using one of the following statements or a similar statement:

— If the HHS Grant or Cooperative Agreement is **NOT funded** with other non-governmental sources:

“This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].”

—If the HHS Grant or Cooperative Agreement **IS partially funded** with other non-governmental sources:

“This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].”

- The federal award noted in the statement reflects total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

¹ See also FY 2022 Title X Notice of Award—Standard Terms Expectation #7.



- Amendments by Affirm to the acknowledgement statement are first coordinated with the OASH federal project officer and the OASH grants management officer.
- OASH is notified prior to issuing a press release concerning the outcome of activities supported by this financial assistance, by notifying the federal project officer and the OASH grants management officer in advance to allow for coordination.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures Confirm:

- The requirement of federal funding acknowledgment when issuing statements, press releases, publications, requests for proposals, bid solicitations and other documents.

Documents Confirm:

- The required acknowledgement is included in samples of statements, press releases, publications, requests for proposals, bid solicitations, marketing and educational materials and other documents using one of the following statements or a similar statement:

— If the HHS Grant or Cooperative Agreement is **NOT funded** with other non-governmental sources:

“This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX, with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].”

—If the HHS Grant or Cooperative Agreement **IS partially funded** with other non-governmental sources:

“This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].”

- The federal award noted in the statement reflects total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.
- Any amendments by the subrecipient to the acknowledgement statement were coordinated with Affirm for ultimate approval by OASH.



- Notification was made to Affirm prior to the issuing of any press releases concerning the outcome of activities supported by this financial assistance with time enough to allow for coordination with OASH for approval.



Adolescent Services² (AS.ST2-3)

Policy

Title X projects must provide high-quality family planning services to adolescent clients,³ and must encourage family participation to the extent practical, but may not require the consent of parents or guardians to provide services to minors, per Title X Requirement [42 CFR 59.10\(b\)](#). Nor may any Title X project staff notify a parent or guardian before or after a minor has requested or received Title X family planning services.

Affirm requires all staff to receive training upon hire and annually thereafter on the following topics:⁴

- Arizona-specific reporting and notification requirements for minors
- Identifying and responding to human trafficking
- Counseling adolescent clients to encourage family participation
- Counseling adolescent clients to resist sexual coercion

Affirm supports and guides its subrecipients in their activities to encourage family participation in minors' decisions related to SRH services whenever it is feasible, practical, productive, and will not result in harm for the client, and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Affirm will outline the required annual training for subrecipient staff per Title X Requirement [42 CFR 59.5\(b\)\(4\)](#). Required adolescent services-related training subjects include intimate partner violence, human trafficking, mandatory reporting, encouraging family participation, and resisting sexual coercion for adolescents.

Subrecipients must certify that they

- encourage family participation in the decision of minors to seek family planning services, and
- provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. ([Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 466 \(2022\)](#))⁵

Additionally, subrecipients must have policies and procedures to inform their staff annually that (a) clinic staff must encourage family participation in the decision of minors to seek SRH services, (b) minors must be counseled on how to resist attempts to coerce them into engaging in sexual activities, and (c) State law must be followed requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest, per legislative mandates.⁶

² See also Adolescent Services Expectation #2.

³ See also Adolescent Services Expectation #1.

⁴ See also [TITLE X ORIENTATION & INSERVICE TRAINING POLICY \(ST.1-4\)](#) for information on additional training subjects.

⁵ See also Adolescent Services Expectations Expectation #3, #4, #5.

⁶ See also Adolescent Services Expectations Expectation #6.

⁶



Procedures

Affirm does not provide direct services to adolescents. See [Title X Orientation & Inservice Training Policy \(ST.1-4\)](#)

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures Confirm:

- Adolescents are eligible for Title X services and all expectations of Quality Family Planning Services apply to adolescents.
- Adolescents receive counseling to encourage family participation in their healthcare decision-making, to the extent practical.
- Adolescents receive counseling on how to resist sexual coercion.
- Policies, procedures, and protocols comply with state laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest
- Adolescent counseling and education protocols address confidentiality and limitations of confidentiality

Documents Confirm:

- Consent for services forms include information about confidentiality and the limits of confidentiality.
- Client education/counseling materials are accessible, acceptable, and appropriate for adolescents.
- Staff are trained in how to encourage family participation.
- Documentation that staff are informed that state law must be followed, requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
- Tracking log of all mandatory reports made

Medical Records Document:

- High-quality services, consistent with national guidelines are provided to adolescent clients.
- Counseling of adolescents to encourage family participation in decision making.
- Counseling of adolescents on how to resist sexual coercion.

Observations of Interactions with Clients Confirm:

- Minors are informed of their rights to confidential services and the limits of confidentiality.
- Family participation in decision-making is encouraged with adolescent clients.
- Counseling on how to resist attempts of sexual coercion is provided to adolescent clients.
- Adolescent-friendly care is provided.
- Adolescents receive access to services.
- Client safety is assessed during visits.
- Staff adhere to the notification and reporting of child abuse, child molestation, sexual abuse, rape, or incest in accordance with state law.



General Site Observations Confirm:

- Waiting rooms and exam rooms are adolescent-friendly (for example, signage uses plain language).
- Information about public transportation is readily available.
- The schedule of site hours is conducive to visits outside of school hours.

Staff Interviews Confirm:

- Knowledge of adolescent-friendly best practices.
- Staff are aware of minors' rights to confidential services and the limits of confidentiality rights.
- Staff interviews demonstrate knowledge of the reporting laws, policies, and procedures.



Accessible, Responsive, and Culturally Competent Services (HQS.3.PA.1011)⁷

Policy

Affirm is committed to providing family planning services consistent with Title X requirements. Services are designed and implemented to:

- provide care that is client-centered, culturally and linguistically appropriate, protects the dignity of the individual, and promotes fair and quality service delivery consistent with nationally recognized standards of care (42 CFR § 59.5(a)(3));
- make services as accessible as possible and responsive to the varied needs of clients and communities served (PA-FPH-22-001 NOFO, FY 22 NOA Special Terms and Requirements).

Affirm requires employees to participate in annual training on culturally and linguistically appropriate services (CLAS) and strategies for meeting the needs of key populations, including adolescents, individuals with limited English proficiency, people with disabilities, and others identified in service communities. The Director of Operations maintains employee training logs.

Affirm provides guidance to subrecipients on policies and procedures to improve accessibility and responsiveness of services and monitors compliance through site visits and other monitoring activities.

Providing Culturally Competent Services

- Subrecipients must adopt written policies and procedures to provide services in a manner that:
 - is client-centered, culturally and linguistically appropriate, accessible, and delivered in a respectful environment;
 - protects the dignity of the individual; and
 - promotes fair and high-quality service delivery consistent with nationally recognized standards of care.
- Subrecipients must:
 - provide staff training in culturally and linguistically appropriate care;
 - demonstrate sensitivity and effectiveness in serving key populations; and
 - conduct client satisfaction surveys or other assessments, using results for continuous quality improvement.

Providing Accessible Services

Subrecipients must:

- develop strategies to make services as accessible as possible and responsive to the range of client needs and community circumstances (PA-FPH-22-001 NOFO, FY 22 NOA Special Terms);
- consider geographic accessibility when selecting service sites, including transportation, location, and hours of operation;

⁷ See also Provision of High-Quality Family Planning Services Expectation #3.



- maintain facilities, when viewed in their entirety, are readily accessible to people with disabilities (45 CFR § 84).

Providing Meaningful Communication with Persons with Limited English Proficiency

Subrecipients must adopt policies for providing readily available language interpretation services. Affirm contracts with a language interpretation provider at no charge for languages other than Spanish.

Subrecipients are expected to have appropriate systems in place to provide meaningful access for clients with limited English proficiency, consistent with Title VI of the Civil Rights Act. Educational materials must be clear, easy to understand, and available in the common languages of the client population served.

Procedures

Affirm maintains a contract with a language interpretation services provider that can be used at no charge to clients or subrecipients. See also [Title X Orientation & Inservice Training Policy \(ST.1-4\)](#).

Instructions for Certified Languages International (CLI)

1. Dial 1-800-225-5254
2. When the operator answers, tell them*:
 - a. Your customer code is: ARIZFPC
 - b. The language you need
 - c. Your name, phone number, CDS health center ID, clinic name, and the client's ID
3. The operator will connect you with an interpreter promptly

**If the client is not at the health center, let the operator know you need a third-party dial-out/outbound call.*

Site Updates and Clinic Locator Database⁸

Affirm will update the Title X Clinic Locator Database within 30 days of OPA approval of any of the following:

- Addition of a new clinic site
- Closing of a clinic site
- Change in the name of a clinic
- Change in the location of a clinic
- Change in point of contact for a clinic to include name, email address, and/or phone number
- Change in the services provided at a clinic

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

⁸ See also Project Administration Expectation #12.



Site Updates and Clinic Locator Database⁹

Subrecipients must update the Affirm PIMS forms and notify their Affirm program manager immediately for any of the following:

- Addition of a new clinic site
- Closing of a clinic site
- Change in the name of a clinic location
- Change in the location of a clinic
- Change in point of contact for a clinic to include name, email address, and/or phone number
- Change in the services provided at a clinic

Policies and Procedures Confirm:

- The provision of equitable, dignified, high-quality services that are client-centered, culturally, and linguistically appropriate, accessible, and client-centered.
- Language translation services are high-quality and readily available.
- How accommodation is made for people with disabilities.

Documents Confirm:

- Goals and efforts for improving access to Title X services are included in strategic plans, work plans, and meeting agendas.
- Goals and efforts to meet the needs of the clients in the community served are included in strategic plans, work plans, and meeting agendas.
- Educational materials are translated into languages spoken by the service population.

Medical Records Document:

- The client's preferred language.
- The use of interpretation services.

Observations of Interactions with Clients Confirm:

- Clients are informed of strategies for making services more accessible (e.g., evening and weekend hours, pharmacy delivery services, telehealth).
- Interpreter services and bilingual staff are readily available to assist with the service of clients who do not speak English.
- Written educational materials are clear and easy to understand for clients.
- Information and Education (I&E) provided to clients:
 - is culturally appropriate and reflects the client's beliefs, ethnic background, and cultural practices.
 - emphasizes essential points.
 - communicates risks and benefits in a way that is easily understood (e.g., using natural frequencies and common denominators).

⁹ See also Project Administration Expectation #12.



General Site Observations Confirm:

- Hours of operation include non-traditional hours.
- Viewed in their entirety, facilities are readily accessible to people with disabilities ([45 CFR § 84](#)).
- Services are provided in a manner that is consistent with the HHS Office for Civil Rights policy document and Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (August 4, 2003).
- Clients are informed via signage and website that language translation services are readily available at no cost to clients.



Authorized Purchases Policy (FA.8)¹⁰

Affirm requires that all purchases for Title X projects are authorized by the project director or their designee on the project staff. (42 CFR § 59.5(b)(7)).

Affirm supports and guides its subrecipients regarding authorized purchase requirements and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must ensure that purchases for Title X projects are authorized by the project director or their designee on the project staff.¹¹

¹⁰ See *also* Financial Accountability Expectation # 8.

¹¹ See *also* [SUBRECIPIENT CHARGES, BILLING, AND COLLECTIONS POLICY](#), below.



Client Confidentiality and HIPAA Compliance (PA.9)¹²

Policy

Affirm protects client information and requires all Affirm personnel, Board members, consultants, and volunteers to adhere strictly to federal and state regulations related to the confidentiality of client information and applicable Affirm employee information, including the privacy regulations issued by the U.S. Department of Health and Human Services (DHHS) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Affirm supports and guides its subrecipients regarding client confidentiality and monitors subrecipient compliance with client confidentiality requirements, including HIPAA requirements, through on-site reviews and other subrecipient monitoring activities.

Arizona Law. Affirm and subrecipients are subject to [ARS §36-160, Confidentiality of Records](#), which makes improper disclosure of personal medical information obtained through the provision of public health services a class 2 misdemeanor.

Affirm and subrecipients must

- adopt and implement written policies to ensure compliance with privacy regulations issued by the U.S. Department of Health and Human Services (DHHS) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) relating to both subrecipient clients and Affirm/subrecipient employee PHI;¹³
- hold confidential and not disclose any information as to personal facts and circumstances obtained by project staff about individuals receiving services, per Title X Requirement [42 CFR 59.10\(a\)](#). This includes specific client information obtained through chart review, observation, or otherwise. This information must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other forms that do not identify individuals; and
- notify staff annually of the confidentiality and privacy requirements.

Subrecipients must

- make reasonable efforts to collect charges without jeopardizing client confidentiality,
- inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client,
- handle uses and disclosures of client Protected Health Information (PHI) per the applicable privacy and security requirements outlined in federal and state regulations, and
- have a written policy requiring that all service sites safeguard client confidentiality, including release of records to clients or other providers and ensuring client information must only be transferred after the client has given written, signed consent.

¹² See also Project Administration Expectation #9.

¹³ Affirm and subrecipient employee PHI may include notes from employees' medical doctor, explanation of benefits, information related to medical, dental, and vision benefit coverage and reimbursement, and employee medical vaccination records.



Procedures

Affirm personnel, Board members, consultants, and volunteers acknowledge and sign an agreement to comply with this policy. Annually, all Affirm staff log their acknowledgment and agreement to comply with all expectations of this policy as a condition of ongoing employment.

Any exchanges of client data between Affirm and external partners will be sent with encryption and only between the original data owner and Affirm.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures Confirm:

- The requirement that all service sites safeguard client confidentiality, including release of records to clients or other providers, ensuring client information must only be transferred after the client has given written, signed consent.

Documents Confirm:

- That staff have been informed about policies related to preserving client confidentiality and privacy.

Medical Records Document:

- That the health records system has safeguards in place to protect privacy, security, and appropriate access to personal health information.
- Signed HIPPA privacy forms.
- Signed general consent forms that state services will be provided confidentially and note any limitations that may apply.
- Clients may choose their mailing, billing, and confidentiality preferences and select how they wish to be contacted.

Observations of Interactions with Clients Confirm:

- Clients are informed of their rights to confidential services and any limitations to these rights.
- Confidentiality is maintained during all aspects of the client's visit: patient intake/registration, eligibility determination, history taking, examination, counseling, and fee collection.

General Site Observations Confirm:

- The physical layout of the facility allows for confidentiality and privacy.

Financial Records Confirm:

- Third party billing is processed in a manner that does not breach client confidentiality.



Clinical Services and Oversight (CS.001)¹⁴

Policy

Affirm retains a clinical services provider for guidance on medical services.

Affirm supports and guides its subrecipients on the Title X clinical services requirements set forth below and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must:

- Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, preconception health services, and adolescent-friendly health services). [42 CFR 59.5\(a\)\(1\)](#).¹⁵
- Provide services without coercing individuals to accept services or employ or not employ any particular family planning methods. Acceptance of services must 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 applicant. [42 CFR 59.5\(a\)\(2\)](#).¹⁶
- Provide client-centered, culturally and linguistically appropriate services that are accessible, client-centered, protective of the dignity of individuals served, equitable and high-quality, and consistent with QFP and other relevant nationally recognized standards of care. [42 CFR 59.5\(a\)\(3\)](#).¹⁷
- Provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status. [42 CFR 59.5\(a\)\(4\)](#).¹⁸
- Not provide abortion as a method of family planning.¹⁹
- Offer pregnant clients the opportunity to receive information and counseling regarding each of the following options:
 - prenatal care and delivery,
 - infant care, foster care, or adoption, and
 - abortion ([42 CFR 59.5\(a\)\(5\)\(i\)](#))
- Provide neutral, factual information and nondirective counseling on each option, and “referral upon request,” consistent with [42 CFR 59.5\(a\)\(5\)\(ii\)](#). In this context, “referral” means providing contact information for appropriate service providers at the client’s request. Title X projects may not provide an

¹⁴ See also Project Administration Expectation #7; Provision of High-Quality Family Planning Services #10.

¹⁵ See also Provision of High-Quality Family Planning Services Expectation #1, #2.

¹⁶ See also [NON-COERCION POLICY](#).

¹⁷ See also Provision of High-Quality Family Planning Services Expectation #4, #5, and #6.

¹⁸ See also Project Administration Expectation #4.

¹⁹ See also [PROHIBITION ON ABORTION AS A METHOD OF FAMILY PLANNING POLICY](#).



appointment, enter a referral in the electronic health record, or otherwise facilitate access to abortion services, except in cases where the pregnant client's life is endangered. [42 CFR 59.5\(a\)\(5\)\(ii\)](#).²⁰

- Provide priority in the provision of services to clients from low-income families. [\(42 CFR 59.5\(a\)\(6\)\)](#)²¹
- Provide medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated and to provide for the effective usage of contraceptive devices and practices. [\(42 CFR 59.5\(b\)\(1\)\)](#)²²
- Adopt and implement a policy or plan to provide social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services that may be necessary to facilitate clinic attendance. [\(42 CFR 59.5\(b\)\(2\)\)](#)²³
- Provide services without imposing any durational residency requirement or requiring a physician to refer the client. [\(42 CFR 59.5\(b\)\(5\)\)](#)²⁴
- Provide that family planning medical services will be performed under the direction of a clinical services provider (CSP), with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. [\(42 CFR 59.5\(b\)\(6\)\)](#)
- Adopt and implement a policy or plan to provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, to promote access to services and provide a seamless continuum of care. [\(42 CFR 59.5\(b\)\(8\)\)](#)²⁵
- Maintain a current list of health care providers, local health and human services departments, hospitals, voluntary agencies, and health services projects supported by other publicly funded programs to be used for referral purposes and to provide clients with a variety of providers to choose from.²⁶

Procedures

Affirm does not provide direct clinical services.

Affirm retains a clinical service provider with an active license to practice in Arizona. The Director of Operations maintains documentation of the provider's active license and a resume demonstrating subject knowledge expertise in family planning health.

²⁰ See also High-Quality Family Planning Services Expectation #9.

²¹ See also Project Administration Expectation #5, Financial Accountability Expectation #1.

²² See also Referral for Social and Medical Services Expectation #1.

²³ See also Referral for Social and Medical Services Expectation #2.

²⁴ See also Project Administration Expectation #6.

²⁵ See also Referral for Social and Medical Services Expectation #3.

²⁶ See also Referral for Social and Medical Services Expectation #3.



Site Monitoring:

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures and Clinical Protocols:

- Align with nationally recognized standards of care. Nationally recognized standards of care that will be utilized include: The United States Preventative Task Force (USPSTF), The Centers for Disease Control and Prevention (CDC), The American College of Obstetrics and Gynecology (ACOG), and the American Society for Colposcopy and Cervical Pathology (ASCCP), and the Quality Family Planning (QFP) guidelines, recognizing that not all QFP elements fall within the scope of Title X-funded services.
- Are approved by the medical director or the clinical services provider overseeing the project.
- Have been reviewed and updated as needed according to site policies, at least once every three years.
- Address the core topics of contraception care, preconception care, pregnancy testing and counseling; counseling about achieving pregnancy; basic infertility; STI services, and standing orders, if standing orders are used.
 - Contraception methods provided include a broad range of FDA-approved contraceptive products by direct provision, prescription, or referral. The broad range of methods includes long-acting reversible contraceptives (LARC), contraceptive injection, short-acting hormonal methods, barrier methods, emergency contraception, and permanent sterilization (<https://www.fda.gov/consumers/free-publications-women/birth-control>).
 - Preconception health services are provided and include counseling on folic acid; reproductive life planning; sexual health assessment; medical history intake; screening for intimate partner violence; alcohol and other drug use, and tobacco use; immunizations; depression; height, weight, and body mass index; blood pressure.
 - Pregnancy testing and counseling protocols include non-directive options.
 - Assistance to achieve pregnancy protocols include counseling to understand the reproductive life cycle and how to predict the fertile window.
 - Basic infertility services are provided for clients of any sex and include understanding the client's reproductive life plan and the client's and partner's difficulty in achieving pregnancy through a medical history, sexual health assessment and physical exam, in accordance with recommendations developed by professional medical associations. Basic infertility services also include infertility counseling. STI services are provided in accordance with CDC's STI treatment and HIV testing guidelines and may include assessing, screening, treating, and counseling. STI services should be provided for persons with or without signs or symptoms suggestive of an STI.
- And, also specifically address:
 - prescribing, dispensing, and administering medications.
 - referrals to medical, social, or ancillary services not available on site.
 - documentation of referrals in the medical record.
 - client-centered, culturally and linguistically appropriate, accessible, and client-centered care.



- needs assessment activities and frequency of activities used to determine the medical and ancillary service needed by and available to the community served.
- plans to address the related social service and medical needs of clients and ancillary services needed to facilitate clinic attendance.
 - signed written collaborative agreements with other agencies when possible and if appropriate and the schedule for updating and renewing any written collaborative agreements.

Documents Confirm:

- Staff are made aware of clinical policies and protocols and updates to the policies and protocols.
- Patient-facing materials are translated into languages spoken by clients within the service population.
- Client education/counseling materials adhere to CLAS principles.
- Client education materials are medically accurate, up to date, and have been reviewed prior to use, see I&E.
- Need assessment activities are conducted to determine the social, medical, and ancillary service needs of the community served, and to assess the availability of those services.

Medical Records Document:

- The use of translators, as needed.
- Reproductive life planning discussions
- A broad range of family planning methods and services is offered.
- Screening services such as cervical cytology; clinical breast examination; referral for mammography; and pelvic and genital examination are provided for clients without a primary care provider, where applicable, and consistent with nationally recognized standards of care.
- Treatment provided is consistent with site protocols and national standards.
- Education and counseling consistent with site protocols and national standards.
- Prescriptions provided to the client.
- Referrals provided to the client.
- Communicable Disease Reports (CDRs) are submitted to report sexually transmitted infections (STIs) in accordance with state laws (see Arizona Administrative Code, Title 9, Chapter 6).
- Clients are provided appropriate medical services related to family planning, including consultation by a clinical services provider, physical examination, prescription and continuing supervision, laboratory examination, and contraceptive supplies.
- Counseling provided as to the effective usage of contraceptive devices and practices.
- Referrals are offered when medically indicated, including if a client's method of choice is not available at the service site.
- Clients with a *positive* pregnancy test receive non-directive, client-centered counseling

Observations of Interactions with Clients Confirm:

- Clients received education and counseling consistent with site protocols and national standards.
- Interpreter services were available to clients as needed.



- Referrals are made for medical, social, or ancillary services needed.
- Counseling is provided on the effective usage of contraceptive devices and practices.
- Clients are referred to other providers to receive any desired services or methods when those desired services or methods are not available at the site or by the provider.

General Site Observations Confirm:

- Signage is clear, understandable, and accessible to the client population.
- The clinic environment demonstrates cleanliness and accessibility.
- The clinic environment is arranged to support client-centered care and protect client dignity.
- Pharmacy/supply dispensing inventory records demonstrate availability of a wide range of methods of contraception.
- All prescription drugs are stored in a locked cabinet or room (see AZ Board of Nursing R4-19-513).
- Subrecipients maintain processes (such as referral arrangements or resource lists) to guide clients to services that cannot be provided onsite.

Staff interviews:

- Clinicians demonstrate understanding of nationally recognized standards of care.

Staff can describe how clients are referred for family planning services or methods not available on-site.



Community Education, Participation, and Engagement (CEPE.1-2)²⁷

Policy

Affirm provides opportunities for community participation in developing, implementing, and evaluating the project plan. Participants will include individuals broadly representative of the population to be served and knowledgeable about the community's needs for SRH services.²⁸

Affirm supports and guides its subrecipients regarding community education, participation, and engagement activities and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must provide opportunities for community education, participation, and engagement per Title X Requirement [42 CFR 59.5\(b\)\(3\)](#) to

- achieve community understanding of program objectives,
- inform the community of the availability of services, and
- encourage continued participation in the project by people to whom family planning services may be beneficial.

Subrecipients also must provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served and by others in the community knowledgeable about the community's needs for family planning services, per Title X Requirement [42 CFR 59.5\(b\)\(10\)](#).

Subrecipients must have policies and documented procedures demonstrating their commitment to community engagement.

Procedures

Affirm staff and leaders regularly hold and engage in community meetings, conferences, collaboratives, and coalitions related to family planning health to listen to the needs of the communities we serve and develop collaborative relationships to amplify the voices of community members and inform our work.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures Confirm:

- Opportunities must be provided to engage the community in the Title X program
- A written process is in place by which community members are involved in efforts to develop the family planning project. A written process is in place to document community engagement activities (e.g., community engagement plan, reports, meeting minutes).

²⁷ See also Project Administration Expectation #8, which is covered under Community Education, Participation, and Engagement Expectation #1 and #2.

²⁸ See also [Subrecipient Participation in Affirm's Program & Policy Development](#), contained in our [PROGRAM MONITORING AND ENGAGEMENT POLICY \(SME.1.3-11.PA.14\)](#)



Documents Confirm:

- Written community education and service promotion plan has been implemented (e.g., media spots/materials developed, event photos, participant logs, and monitoring reports), and the plan:
 - states that the purpose is to achieve community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by community members to whom family planning may be beneficial,
 - promotes the family planning project,
 - uses an appropriate range of strategies to reach the community



Compliance with Grant Terms and Conditions (FA.10)²⁹

Policy

Affirm requires compliance with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable HHS Grant Policy Statements (GPS), and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, including OMB Super Circular (2 CFR Part 200 and 2 CFR Part 300) and SF-425; as well as any requirements or limitations in any applicable appropriations acts.

Affirm supports and guides its subrecipients regarding grant award compliance requirements and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions and applicable regulations as set forth above.

²⁹ See also Financial Accountability Expectation # 10.



Human Subjects Research (ASPT.3)

Policy

Affirm requires employees, contractors, and subrecipients to comply with applicable legal requirements governing *human subjects* research ([45 CFR, Part 46](#)). This policy applies to all research or related activities involving *human subjects* in which Affirm or its Title X subrecipients participate.

Human subject means, for purposes of this policy, a living individual about whom an investigator (whether professional or student) conducting research obtains data through intervention or interaction with the individual or identifiable private information ([45 CFR, Part 46](#)); this includes information in the medical record.

Entities conducting research involving *human subjects* must comply with 45 CFR Part 46, including obtaining Institutional Review Board (IRB) review and approval when required. Title X grantees also must submit IRB approvals to via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to receipt of the IRB approval. For more information on [45 CFR, Part 46](#) Protection of Human Subjects, subrecipients should refer to the [HHS Office of Human Research Protections](#). ([Title X Program Handbook](#), p 28).

Affirm supports and guides its subrecipients regarding compliance with applicable federal *human subjects* research regulations.

Subrecipients must

- notify the Director of Programs and Clinical Administration at Affirm immediately of any *human subjects* research activities submitted to an IRB review board at any Title X-funded health center; and
- provide final IRB approval documentation to the Director of Programs and Clinical Administration and Program Manager at Affirm **immediately** upon receipt.

Subrecipients must not engage in any activities that require IRB approval before

- receiving the IRB approval; and
- receiving written confirmation from Affirm that the required notice to OPA has been submitted.

Affirm will submit IRB approvals to OPA via GrantSolutions upon receipt from the subrecipient, consistent with the five-business-day submission requirement.



Information & Education (I&E) Review (IE.1-4)

Policy

Affirm requires an advisory committee to review all I&E materials (print and electronic) before distribution per Section 1005 of the Title X Statute and Title X Requirement [42 CFR 59.6\(a\)](#).³⁰ The review ensures the materials meet the needs of the population they intend to serve and are suitable for Title X purposes.

Affirm supports and guides its subrecipients regarding reviewing information and education materials and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must adopt and implement policies and procedures to administer an I&E process in alignment with Section 1005 of the Title X Statute and Title X Requirement [42 CFR 59.6\(a\)](#). Affirm provides training and guidance to subrecipients and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

The Advisory Committee must

- consist of at least five members; and
- include individuals broadly representative of the population or community the I&E materials are intended to serve in terms of relevant demographic and community factors, as described in [42 CFR 59.6\(b\)](#). In reviewing materials, the Advisory Committee must take the following actions:
 - Consider the educational, cultural, and language backgrounds of the individuals for whom the materials are intended. Consider the community's standards and norms regarding the appropriateness of the materials. Review the material's content to confirm that the information is factually correct, medically accurate, culturally and linguistically appropriate, accessible, and client-centered.
 - Determine whether the material is suitable for the population or community to which it will be made available.
 - Maintain policies that establish and oversee an Advisory Committee. The Advisory Committee policies must address the committee's requirements and responsibilities and specify how the factual, technical, and clinical accuracy components of the review are assured.
 - Establish a written record of its determinations. ([42 CFR 59.6\(b\)\(3\)](#))³¹

Procedures

Affirm regularly seeks new appropriate educational materials for use in outreach efforts and to promote to our network for consideration. Before use or promotion, Affirm conducts a four-phase review process: Staff Review, Medical Review, Community Review, and Final Determination. Affirm maintains an I&E MATERIALS INVENTORY LOG. Affirm updates this log as determinations are made. All materials must be reviewed at least once every three years.

Affirm established an I&E Taskforce in 2016 to collaborate in selecting, reviewing, and approving client education materials to be promoted throughout the Affirm Title X network. The taskforce comprises of

³⁰ See also I&E Expectation #1, #2.

³¹ See also I&E Expectation #4.



volunteer subrecipient staff and the Affirm I&E lead staff member. Meetings are held (virtually or in-person) at least once a quarter or as needed.

1. Staff Review

Assigned staff:

- reads the material for an initial impression of appropriateness for use,
- identifies the material's literacy level using a reading level tool,
- records the reading level on the STAFF REVIEW FORM³² and
- evaluates CLAS principles using the checklist found on the STAFF REVIEW FORM, and
- assigns an overall score using the Evaluation Checklist on the STAFF REVIEW FORM.

If the material receives an **unsatisfactory** score, then the material will not be circulated to clients or recommended. If the material is currently in circulation, staff will immediately notify the I&E Taskforce, recommending discontinuation.

If the material receives a **satisfactory** score, then it proceeds to the medical review.

2. Medical Review

A licensed person (e.g., RN, NP, MD) with expertise in SRH will conduct the medical review.

The medical reviewer:

- evaluates the technical, factual, and clinical accuracy of the material according to current medical and clinical best practices and standards,
- rates the material as: accurate, minimally inaccurate, or inaccurate on the MEDICAL REVIEW FORM, and
- submits their report to the I&E review staff.

If the medical reviewer deems the material **inaccurate**, then the material will not be circulated to clients or recommended. If the material is currently in circulation, staff will immediately notify the committee, recommending discontinuation.

If the medical reviewer deems the material **accurate**, then the material progresses to Community Review.

3. Community Review

Affirm recruits and maintains an I&E community advisory committee consisting of people representative of the population served by our Title X network for the review of I&E material. Ad hoc community advisors are retained as needed to maintain a timely review process. At least five community advisors must review each set of materials. Affirm I&E staff provide the community advisors with the materials and forms needed to conduct an independent review.

Community advisors:

- document their review on the COMMUNITY REVIEW FORM (in English and/or Spanish).
- submit completed forms to the Affirm I&E staff.

³² Goal reading level is at or below 5th grade.



If the community advisors deem the material **unacceptable**, then the material will not be circulated to clients or recommended. If the material is currently in circulation, staff will immediately notify the committee, recommending discontinuation.

If the community advisors deem the material **acceptable**, then the material progresses to Final Determination.

4. Determination

Affirm I&E staff:

- summarizes all submitted review forms using the SUMMARY OF REVIEWS AND RECOMMENDATIONS FORM,
- determines whether to add, continue, or discontinue use of the material,
- updates the I&E MATERIALS INVENTORY LOG to reflect the determination,
- orders and maintains storage of I&E materials
- labels materials as pending review or ready for use, and
- recycles discontinued materials.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policy and Procedures Confirm:

- Written policies address the requirement for materials to be reviewed prior to disseminating to clients.
- Written procedures describe the I&E materials review and approval process.

Documents Confirm:

- An I&E materials inventory log is maintained and updated regularly.
- Completed I&E materials review summary forms, meeting minutes, or other documentation of the committee's findings demonstrate the following of the written policies and procedures.
- Completed I&E staff review forms demonstrate that the material was reviewed by staff with consideration of CLAS principles (culturally and linguistically appropriate, taking into account the educational and cultural backgrounds of the intended audience) and to confirm that the materials are accessible and client-centered. Completed I&E medical review forms demonstrate that the material was reviewed for factual correctness and medical accuracy, reflecting evidence-based best practices.
- Completed I&E advisory committee review forms demonstrate that the material was reviewed by at least five community members.
- I&E advisory committee member log demonstrates members are broadly representative of the population or community for which the materials are intended (e.g., demographic information is collected on review forms)



Observations of Interactions with Clients Confirm:

- Educational materials provided to clients during the site visit have documentation that they have been approved by the I&E advisory committee according to the procedures and are listed on the I&E Materials Inventory Log.



Intellectual Property and Data Rights (AST.6)

Policy

Affirm and **subrecipients** may elect to copyright any work that is subject to copyright and was developed or for which ownership was acquired under a federal award. The federal government reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes and to authorize others to do so.³³ Publications developed while providing the Family Planning Services must not contain information that is contrary to Title X, the Affirm Title X Handbook, or to accepted clinical practice.

Procedures

Affirm complies with federal requests to reproduce, publish, or otherwise use work that was developed under the federal award.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Staff interviews

- Demonstrate Project Director knowledge of this policy.

³³ FY 2022 Title X Notice of Award—Standard Terms Expectation #6



Mobile Health Unit(s) or Other Vehicle(s) Purchasing (FA.11)³⁴

Policy

Affirm requires that no mobile health unit(s) or other vehicle(s), even if proposed in the application for the Title X award, is purchased with award funds without prior written approval from the grants management officer.

Affirm supports and guides its subrecipients regarding compliance with the Title X mobile health unit and vehicle purchasing requirements and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must follow the written approval process. Request for approval of such purchases must include a justification with a cost-benefit analysis comparing both purchase and lease options. Such requests will be submitted by Affirm as a Budget Revision Amendment in Grant Solutions.

Procedures

Subrecipients who seek to purchase or lease a mobile health unit to expand services and increase client outreach must submit a written request to Affirm by email. The written request must include the justification with a cost-benefit analysis comparing both purchase and lease options.

Upon subrecipient request for such purchase or lease, Affirm will notify the Project Officer (PO) at OPA and submit the request as a Budget Revision Amendment in Grant Solutions.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

General Site Observations Confirm:

No mobile health services are being conducted with Title X dollars without formal approval by Affirm and OPA.

Staff Interviews Confirm:

Staff are aware of this requirement.

³⁴See *also* Financial Accountability Expectation # 11.



Non-Clinical Counseling Services Training Requirements (HQS.11)³⁵

Policy

Affirm requires subrecipients to ensure that non-clinical counseling services (such as contraceptive counseling, nondirective options counseling, reproductive life planning, etc.) are provided by *adequately trained staff*, which may include CSPs and non-CSPs such as health educators and medical assistants.

An “*adequately trained staff member*” has attended and participated in required orientation, courses, curriculums, and/or teaching/mentoring experiences, maintains appropriate competencies, and is knowledgeable and proficient in providing non-clinical counseling services.

Affirm supports and guides its subrecipients regarding grant award compliance requirements and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must comply with the requirements set forth above.

Procedures

Affirm does not provide direct counseling services.

See [Clinical Services and Oversight \(CS.001\)](#)

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures Confirm:

- Which staff position types are approved to provide contraceptive counseling, nondirective options counseling, and reproductive life planning.
- Details of the training plans to be completed by staff before giving clients counseling.
- Instructions for documenting the oversight, such as chart review, observation, etc.

Documents Confirm:

- Staff received training described in policies and procedures.

Observations of Interactions with Clients Confirm:

- Counseling is provided by trained staff according to policies and procedures.

Staff Interviews Confirm:

- Staff have counseling skills and knowledge consistent with policies and procedures.

³⁵ See also Provision of High-Quality Family Planning Services Expectation #11. See also [TITLE X ORIENTATION & INSERVICE TRAINING POLICY \(ST.1-4\)](#), below.



Non-Coercion (PA.1-3)³⁶

Policy

Affirm requires its employees, Board Members, volunteers, consultants (collectively “personnel”), and Title X subrecipients to comply with Title X Requirement [42 CFR 59.5\(a\)\(2\)](#) as a condition of employment, engagement, or contract.

Affirm notifies all personnel of the following non-coercion principles and legal requirements:

- Acceptance of services must be solely on a voluntary basis.
- Personnel must not coerce any individual to accept services or use or not use any particular family planning methods.
- Acceptance of family planning services must not be used as a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program.
- Personnel may be fined or subject to imprisonment or both if they coerce or try to coerce any person to undergo an abortion or sterilization procedure by threatening the person with the loss of, or disqualification for, any benefit or service under a program receiving Federal financial assistance. ([42 U.S.C. 300a-8](#))

Affirm provides notice at least once annually to personnel that they are subject to the requirements above and that any individual who fails to comply with the requirements is subject to penalties as outlined above.

Affirm supports and guides its subrecipients regarding compliance with the federal non-coercion requirements and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must adopt a non-coercion policy prohibiting their employees or other personnel from engaging in any of the prohibited activities outlined above and notifying their personnel of the potential criminal penalties for failure to comply with the requirements, as outlined above. The policy must include a requirement that all staff receive notice of this policy. Notice of the policy must be provided at least once annually.

Procedures

Affirm does not provide direct services to clients.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures Confirm:

- Services are provided without subjecting individuals to any coercion.
- It is prohibited for any site to make the acceptance of family planning services a prerequisite to the receipt of any other services.

³⁶ See also Project Administration Expectation #1, #2, and #3.



- All staff are to be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.

Documents Confirm:

- General client consent forms specify that services are voluntary and not a prerequisite to the receipt of any other services offered.
- Contracts with subrecipients specify that administrative policies used by family planning service sites include a written statement that services are provided on a voluntary basis, not a prerequisite to receipt of any other services offered by the service site.
- Contracts with non-employee clinicians specify that clients may not be coerced to use contraception, or to use any particular method of contraception or service.
- Staff have been informed that a client's receipt of family planning services may not be used as a prerequisite to receipt of any other services offered.
- Staff acknowledge the non-coercion policy annually in writing.

Medical Records Document:

- Each client has signed a general consent form at least once per contract year that demonstrates they have received an assurance that services are voluntary.
- Consultation and signed informed consents are completed before any sterilization procedures.
- Clients with positive pregnancy results had all counseling options offered and provided without coercion.

Observations of Interactions with Clients Confirm:

- Clients were not coerced into undergoing sterilization procedures.
- Clients with positive pregnancy results were not coerced into undergoing an abortion.
- Clients may decline family planning services and receive care for other services offered at that site.
- A standard practice of:
 - establishing and maintaining rapport with the client,
 - assessing the client's needs and personalizing discussions accordingly,
 - working with the client interactively to establish a plan,
 - providing information that can be understood and retained by the client, and
 - confirming client understanding.

General Site Observations Confirm:

- Signage notifies clients that acceptance of services is 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 recipient.

Staff interviews Confirm:

- Staff demonstrate a clear understanding of non-coercion policies and the consequences of violations of this key expectation.



Non-Discrimination in the Provision of Services (PA.4)³⁷

Policy

Affirm requires subrecipients to

- provide services in a manner that protects the dignity of the individual (42 CFR §59.5(a)(3))
- provide services without regard to religion, race, color, national origin (including limited English proficiency), disability, age, sex (including pregnancy), sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status (42 CFR § 59.5(a)(4)); and
- adopt written policies and procedures addressing the nondiscrimination requirement and notify staff of the policy's requirements at least once per project period.

Affirm supports and guides its subrecipients regarding compliance with the federal non-discrimination requirements and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must comply with the requirements above. Additionally, subrecipients must ensure that clients have the opportunity to express concerns about care received and that those complaints are handled consistently. Subrecipients' policy and procedure manuals must explain the process clients will follow if they are not satisfied with the care received, including client involvement in the resolution of conflicts concerning care decisions. Any client complaint and the action taken on the complaint must be documented in the client's record.

Procedures

Affirm does not provide direct services to clients.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures Confirm:

- Services are provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status, consistent with 42 CFR § 59.5(a)(4).

Documents Confirm:

- No evidence of discriminatory practices.

Medical Records Document:

- No evidence of discriminatory practices.

Observations of Interactions with Clients Confirm:

- Nondiscrimination principles were followed during registration, eligibility determination, history taking, examination, counseling, and fee collection.

³⁷ See also Project Administration Expectation #4.



General Site Observations Confirm:

- Efforts have been made to make the site dignified for all people.



Program Income and Nonfederal Share (FA.12-14)³⁸

Policy

Affirm will include financial support from sources other than Title X (42 CFR § 59.7(c)) and will not expend Title X funds for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office ([Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 \(2022\)](#)).

Affirm supports and guides its subrecipients regarding compliance with the program income and nonfederal share requirements and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must adopt policies and procedures to ensure

- their budget shows support from other income sources outside of the Title X grant,
- all program income is used to support the nonfederal share of the project and to further program objectives,
- no Title X funds, including program income, are used to promote public support or opposition to any legislative proposal or candidate for public office, and
- comply with the separation of Title X and non-Title X services, as set forth in the [PROHIBITION ON ABORTION AS A METHOD OF FAMILY PLANNING POLICY](#).

Procedures

Affirm actively pursues state and private grants, as well as private donations to fund the nonfederal share.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policy and Procedures Confirm:

- Title X program funds must not be used to promote public support or opposition to any legislative proposal or candidate for public office
- All program income must be used to support the nonfederal share and further the program

Financial Records Confirm:

- Review of budgets and financial statements confirms sources outside of the Title X grant that contribute to the program

Staff Interviews Confirm:

- Interview with finance personnel demonstrates staff are aware of the policies and can describe the process, controls, and recordkeeping used as outlined in the policies and procedures.

³⁸ See also Financial Accountability Expectation #12, #13, #14.



Program Monitoring and Engagement (SME.1.3-11.PA.14)³⁹

Policy

The goal of Affirm's monitoring and technical assistance is to support Title X subrecipients to provide access to equitable, affordable, client-centered, quality reproductive health services.

Affirm will monitor the activities of subrecipients as necessary to ensure that their subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward, and subaward performance goals are achieved, consistent with [2 CFR 200.329\(e\)](#). This monitoring will include

- reviewing financial and performance reports required by the pass-through entity,
- following up to confirm that subrecipients take timely and appropriate action on all deficiencies identified by Affirm through audits, on-site reviews, and other means, and
- issuing a management decision for audit findings as required.⁴⁰

Affirm uses monitoring tools to ensure our subrecipients' accountability and compliance with program requirements and achievement of performance goals, consistent with [2 CFR 200.332\(f\)](#), which include

- providing subrecipients with training and technical assistance on program-related matters,
- performing on-site reviews of the subrecipient's program operations, and
- arranging for agreed-upon-procedures engagements as described in [2 CFR 200.425](#).⁴¹

Affirm also will

- evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward to determine the appropriate subrecipient monitoring tools described above, consistent with [2 CFR 200.332\(c\)](#);⁴²
- verify that each subrecipient that meets the criteria in [2 CFR Part 200 Subpart F](#) is audited annually as required, consistent with [2 CFR 200.332\(g\)](#);⁴³
- consider whether the results of any subrecipient's audits, on-site reviews, or other monitoring indicate conditions that require adjustments to Affirm's records, consistent with [2 CFR 200.332\(h\)](#);⁴⁴
- consider imposing specific subaward conditions upon a Subrecipient if appropriate as described in [2 CFR 200.208](#). ([2 CFR 200.332\(d\)](#));⁴⁵ and
- consider taking enforcement action against noncompliant subrecipients as described in [2 CFR 200.339](#) and in program regulations, consistent with [2 CFR 200.332\(i\)](#), which will include written documentation of

³⁹ See also Subrecipient Monitoring and Engagement Expectation #1.

⁴⁰ See also Subrecipient Monitoring and Engagement Expectation #5.

⁴¹ See also Subrecipient Monitoring and Engagement Expectation #6.

⁴² See also Subrecipient Monitoring and Engagement Expectation #3.

⁴³ See also Subrecipient Monitoring and Engagement Expectation #7.

⁴⁴ See also Subrecipient Monitoring and Engagement Expectation #8.

⁴⁵ See also Subrecipient Monitoring and Engagement Expectation #4.



areas of concern and a timeline for the subrecipient's submission of a plan to remedy the issues identified.⁴⁶

Support, Training, and Technical Assistance

Affirm provides ongoing support, training, and technical assistance to our Title X subrecipients. Affirm is committed to working collaboratively with subrecipients and providing ongoing technical assistance and support for subrecipients to take actions necessary to demonstrate compliance and respond to recommendations for quality improvements. Affirm will review the subrecipient's response and notify them when the identified concerns have been sufficiently addressed. If it is determined that compliance concerns cannot be resolved, Affirm's directors will work with the subrecipient's leaders to determine the appropriate next steps.

Subrecipient Program Resources

Affirm maintains written documents to support our subrecipients, including the Affirm Title X Handbook (formerly "PSPM"), which contains content from the Policies, Standards, and Guidelines, and the Site Monitoring Tool ("SMT").

The Affirm Title X Handbook contains

- these policies, to provide subrecipients with guidance on implementing their Title X-funded reproductive health programs, and
- program standards and guidelines, to explain how Affirm will evaluate subrecipient compliance with Title X and related requirements.

The SMT provides Affirm program staff with a tool for conducting formal site visits to evaluate the degree to which subrecipients provide services per the expectations. These tools are per the Title X Requirements and consistent with the OPA Program Review Tool.

Subrecipient Participation in Affirm's Program & Policy Development⁴⁷

Affirm will make reasonable efforts to involve subrecipients in the development of and revisions to policies and guidelines, consistent with 42 CFR § 59.5(a)(11)(ii) by, among other activities,

- seeking subrecipient feedback on revisions to the program standards and guidelines and Affirm's site monitoring process and tools,
- facilitating an Information and Education (I&E) Task Force comprised of representatives from subrecipients interested in participating,
- obtaining subrecipient input on quality improvement activities regularly, and
- facilitating subrecipient meetings at least three times per year.

Consolidation of Services and Avoiding Duplication of Efforts

Affirm will require an applicant to document that local entities have been given, to the maximum feasible extent, an opportunity to participate in the development of any application relating to the consolidation of service areas or health resources or would otherwise affect the operations of *local or regional entities*.⁴⁸

⁴⁶ See also Subrecipient Monitoring and Engagement Expectation #9.

⁴⁷ See also Subrecipient Monitoring and Engagement Expectation #11.

⁴⁸ See also Subrecipient Monitoring and Engagement Expectation #10.



Local and regional entities include existing or potential subrecipients that have previously provided or proposed to provide family planning services to the area proposed to be served by the applicant. (42 CFR § 59.5(a)(11)(i))

Affirm will make reasonable efforts to avoid duplication of effort in the provision of services across the Title X network.⁴⁹

Procedures

Affirm collects data about client encounters from subrecipients and distributes funds to subrecipients monthly through a Data Submission and Request for Funds (RFF) process. Occasionally, the frequency of data collection and RFF is quarterly to accommodate the unique needs of subrecipients. Requests are submitted by subrecipients via PIMS/CDS with detailed instructions outlined in the Affirm Program Manager Guide and Data Submission Guide.

Single financial reports are collected from subrecipients quarterly via PIMS/CDS with detailed instructions in the Affirm Program Manager Guide. These are reviewed for compliance by the Affirm Program Manager and Affirm Finance Manager.

Financial audit reports, consistent with the standards set out at 2 CFR 200, subpart F (“Audit Requirements”) are collected and reviewed annually by Affirm’s Finance Manager.

Affirm Program Managers and Subrecipient Program Managers jointly determine the frequency and mode of meetings for ongoing technical assistance and support with program management. These meetings are a combination of in-person and virtual and occur at least quarterly.

Formal Site Visits are comprehensive reviews and occur after the first year of service and at least every three years thereafter.

When deficiencies are identified by Affirm through audits, on-site reviews, and other means, written notification of areas needing improvement is provided in writing. After formal site visits a formal report including an Areas of Improvement section is presented to the subrecipient. See Site Visit Report Template

Affirm assists the subrecipient to develop a written Corrective Action Plan (CAP) with a timeline to remedy Areas of Improvement.

The Affirm program manager holds follow-up meetings with the subrecipient program manager to support the progress of resolving the CAP. The Affirm program manager will provide technical assistance until the improvements have been made. This work is supported by the DPCA, Data Manager, Finance Manager, I&E Lead, and STI Lead, each as needed. Meeting frequency is mutually decided by Affirm and the subrecipient based on the level of support needed. Typical intervals are monthly. See templates for meeting agendas.

If improvements are not made in a reasonable timeframe, enforcement actions are considered by Affirm. Enforcement may include discontinuation of the partnership or reduction of the grant amount.

⁴⁹ See also Project Administration Expectation #14.



At a minimum of three times a year, Affirm hosts meetings for all subrecipients to gather with Affirm. These meetings include education, collaboration, and input gathering from subrecipients to involve subrecipients in the establishment of Affirm's policies, guidelines, and practices

Affirm maintains maps of subrecipients across the state of Arizona and updates these at least annually. These maps help to avoid duplication of efforts and identify areas needing services. See Maps of Title X Subrecipients. Local or regional entities that would be affected by the expansion or consolidation of Title X services in their region are given, to the maximum feasible extent, an opportunity to participate in the decision-making process.



Prohibition on Abortion as a Method of Family Planning (AP.HQS.9)⁵⁰

Policy

It is the policy of Affirm to comply with all Title X requirements for the use of Title X funds, including the requirements to ensure that no Title X funds will be used in programs where “abortion is a method of family planning.”⁵¹ and that there is a separation of Title X activities from non-Title X activities.

Affirm prohibits employees, board members, consultants, volunteers, and **subrecipients** from violating the Title X restrictions on the use of Title X funds, including Section 1007 of the Title X Statute, [42 CFR 59.5](#), and [65 Fed. Reg. 41281 \(July 3, 2000\)](#), as follows:

- Title X projects are prohibited from
 - providing abortion as a method of family planning or directly facilitating the use of abortion per [65 Fed. Reg. 41281 \(July 3, 2000\)](#), or
 - promoting or encouraging the use of abortion as a method of family planning through advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning.
- Title X projects must distinctly separate non-Title X from Title X project activities.

Affirm requires **subrecipient** providers to

- offer pregnant clients the opportunity to be provided information and counseling regarding various options, including abortion ([42 CFR 59.5\(a\)\(5\)](#)),
- provide neutral, factual information and nondirective counseling on abortion options and a list of resources upon request ([42 CFR 59.5\(a\)\(5\)](#)), and ⁵²
- provide referral to another provider who might perform an abortion where the procedure is medically indicated due to the client’s condition or the condition of the fetus (such as where the client’s life would be endangered) [42 CFR § 59.5\(b\)\(1\)](#).⁵³

Affirm supports and guides its subrecipients in their activities in compliance with the Title X requirements set forth above and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must comply with the Title X requirements for the use of Title X funds, including Section 1007 of the Title X Statute, [42 CFR 59.5](#), and [65 Fed. Reg. 41281 \(July 3, 2000\)](#), as described above.

Procedures

Affirm does not provide direct services to clients.

⁵⁰ See also Prohibition of Abortion Expectation #1, #2, #3, #4, #5, and #6.

⁵¹ See [Title X Rules and Regulation](#), 86 FR 56144 at p 48.

⁵² See also Provision of High-Quality Services Expectation #9, #11.

⁵³ The referral limitations in Section 1008 do not apply in cases where a referral is made for medical indications. ([65 Fed. Reg. 41281 \(July 3, 2000\)](#)); See also Prohibition of Abortion Expectation #6.



Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policy and Procedures Confirm:

- Non-Title X abortion activities are separate and distinct from Title X project activities.

Documents Confirm:

- If services that directly facilitate the use of abortion as a method of family planning are provided, they are identified as non-Title X services

Medical Records Document:

- Pregnant clients are offered the opportunity to receive nondirective counseling on all options, 42 CFR 59.5(a)(5). Clients may decline counseling on any option.

Observations of Interactions with Clients Confirm:

- Pregnant clients are provided with neutral, factual information and nondirective counseling upon request.

General Site Observations Confirm:

- Title X projects must distinctly separate non-Title X from Title X project activities.

Financial Records Confirm:

- Financial documentation at service sites demonstrates that Title X funds are not being used for abortion services, and adequate separation exists between Title X and non-Title X activities.
- Costs associated with non-Title X services are separated and distinguished from Title X costs.

Staff Interviews Confirm:

- Staff demonstrate knowledge that using Title X funding to promote or encourage the use of abortion as a method of family planning is prohibited. This includes advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning.



Prohibition on Requiring Durational Residency or Physician Referral (PA.6)⁵⁴

Policy

Affirm supports and guides its subrecipients on the Title X requirement set forth below and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities to maintain fidelity with Title X requirements.

Subrecipients must adopt and implement written policies and procedures to notify staff of the requirement to provide services without requiring proof of residency or a physician referral. [42 CFR § 59.5\(b\)\(5\)](#).

Procedures

Affirm does not provide direct services to clients

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures Confirm:

- Services must be provided without the imposition of any durational residency expectation or an expectation that the client be referred by a physician.

Client Interactions:

- Observations of the front desk and of the scheduling experience for prospective clients confirm that documentation of residency is not imposed on people presenting for care and services.
- Observations of the front desk and of the scheduling experience for prospective clients confirm that referrals are not required for receiving care and services.

⁵⁴ See also Project Administration Expectation #6.



Quality Improvement (QI), Quality Assurance (QA) (QIQA.1-3)⁵⁵

Policy

Affirm develops and implements QI/QA assurance plans that involve collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess patient satisfaction. ([PA-FPH-22-001 NOFO](#) and FY 22 Notice of Award Special Terms and Requirements)

Affirm supports and guides its subrecipients regarding policies and procedures to ensure compliance with QI/QA and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must adopt and implement written policies to comply with an ongoing commitment to quality improvement and quality assurance using [FPAR](#) data to measure outcomes.

Procedures

Affirm maintains the Affirm Data Guide to ensure that FPAR 2.0 data requirements are distributed to subrecipients. Additionally, Affirm conducts ongoing quality improvements based on the Title X family planning encounter data and subrecipient input.

Data collection and quality assurance:

Affirm receives FPAR 2.0 encounter level data electronically from subrecipients, monthly, and ensures data accuracy by:

- Implementing a variety of data validations are built into the Centralized Data System (CDS) to ensure complete and accurate data is submitted.
- Conducting quarterly data grooming activities and send each subrecipient a list of visits with sex and birthdate discrepancies, mandatory reporting, females over the age of 55, and clients on a non-FDA approved method to verify or make corrections.
- Subrecipient's unique clients are tracked in CDS and PIMS and used as a performance measure.
- Analyze FPAR data and fiscal reports to create dashboard reports to ensure subrecipients are on track with client numbers and budgets. Ensure subrecipients:
 - Serve clients living at or below 100% of FPL;
 - Provide services to adolescents; and
 - Provide a broad range of family planning methods.
- Affirm Program Managers report a summary of subrecipient performance to the Affirm leadership team quarterly in a meeting referred to as Dashboard Meetings.
- Affirm identifies key outcome measures that need improvement based on findings from quarterly Dashboard Meetings.

⁵⁵ See also Quality Improvement (QI) and Quality Assurance (QA) Expectations #1, 2, and #3.



- During regularly scheduled subrecipient meetings, present performance measure results for the overall network and by subrecipient. Technical assistance and key speakers are provided to address the program and clinical improvements.
- Program Managers assist subrecipients with program and clinical improvements on an ongoing basis.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policies and Procedures Confirm:

Written plans are in place to address quality assurance and improvement plans.

Documents Confirm:

Quality assurance and improvement projects are conducted.

Staff Interviews Confirm:

A commitment to quality assurance and improvement.



Sterilizations Services (FPSR.004)

Policy

Affirm may provide limited funding each year for sterilization procedures based on available Title X funds. Sterilization is offered only as funding is available. When offered, separate contracts addressing this service will be carried out, setting forth the requirements outlined below.

Permanent sterilization by tubal ligation, occlusion, or removal or vasectomy services are provided on a fee-for-service basis. Contracted subrecipients will be paid at the rates established in the Contract between the Contractor and Affirm.

Subrecipients contracted to provide sterilization services must adhere to all requirements outlined in [42 CFR Part 50, Subpart B—Sterilization of Persons in Federally Assisted Family Planning Projects](#).

Affirm supports and guides its subrecipients regarding policies and procedures to ensure compliance with sterilization service requirements and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Contracted subrecipients must schedule clients directly at the health center for sterilization counseling and a complete physical examination, including appropriate laboratory testing. If the client is an acceptable candidate, the procedure may be scheduled.

Contracted subrecipients must

- obtain pre-authorization from Affirm before conducting any sterilizations per their contract,
- obtain the client's signed consent using the HHS-issued consent form for sterilization services,⁵⁶ and
- perform the sterilization *after* 30 days and *before* six (6) months have passed since obtaining the signed HHS consent form.

Procedures

Affirm does not provide direct services to clients

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements. See [Non-Coercion \(PA.1-3\)](#)

⁵⁶ See [HHS-687 form \(English\)](#) or [HHS 687-1 Form \(Spanish\)](#) (expires 7/31/2025).



Subrecipient Charges, Billing, and Collections (FA.1-9)

Policy

Affirm supports and guides its subrecipients, and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities to maintain fidelity with the following Title X mandates:

Subrecipients must adopt written policies and/or procedures to ensure compliance with the following requirements:

- Provide that priority in the provision of services will be given to clients from low-income families. [42 CFR 59.5\(a\)\(6\)](#)⁵⁷
- Provide that no charge will be made for services provided to any clients from a low-income family except to the extent that payment will be made by a third party (including a government agency) that is authorized to or is under legal obligation to pay this charge. [42 CFR 59.5\(a\)\(7\)](#)⁵⁸
- Provide that unemancipated minors who wish to receive services on a confidential basis regarding billing must be considered based on their own resources. [42 CFR § 59.2](#)⁵⁹
- Provide that charges will be made for services to clients other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued per [42 U.S.C. 9902\(2\)](#) will be made according to a schedule of fees designed to recover the reasonable cost of providing services ([42 CFR 59.5\(a\)\(8\)](#)):
 - Family income should be assessed before determining whether copayments or additional fees are charged.
 - Insured clients, whose family income is at or below 250 percent of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.⁶⁰
- Take reasonable measures to verify client income without burdening clients from low-income families. Recipients with lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients' self-reports. If a client's income cannot be verified after reasonable attempts, charges must be based on the client's self-reported income. [42 CFR 59.5\(a\)\(9\)](#)⁶¹
- If a third party (including a government agency) is authorized or legally obligated to pay for services, make all reasonable efforts to obtain the third-party payment without applying any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX, or XXI agency is required. [42 CFR 59.5\(a\)\(10\)](#)⁶²

⁵⁷ See also Project Administration Expectation #5, Financial Accountability Expectation #1.

⁵⁸ See also Financial Accountability Expectation #1.

⁵⁹ Definition of Low-Income Family. See also Financial Accountability Expectation #2.

⁶⁰ See also Financial Accountability Expectation #3, 4, 5.

⁶¹ See also Financial Accountability Expectation #6.

⁶² See also Financial Accountability Expectation #7.



- Ensure that all services purchased for project participants are authorized by the project director or their designee on the project staff. (42 CFR § 59.5(b)(7))⁶³
- Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided following a plan that establishes rates and methods of payment for medical care. These payments must be made under agreement with a schedule of rates and payment procedures maintained by Affirm. The subrecipient must be prepared to substantiate that these rates are reasonable and necessary. 42 CFR 59.5(b)(9)⁶⁴

Procedures

Affirm does not provide direct medical services or charge clients.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policy and Procedures Confirm:

- Clients with family income less than 100% of the Federal Poverty Level (FPL) must not be charged for services;
- Clients with family income between 101% to 250% FPL must be charged on a sliding scale;
- Minors presenting independently for confidential services must be assessed based on their own income;
- Income verification must not burden clients from low-income families;
- Family income and size must be assessed before determining patient charges or fees;
- Reasonable efforts must be made to obtain third-party payment when a payor is authorized or legally obligated to pay for services;
- Insured clients must not be charged more in copayments or other fees than they would have paid on the sliding fee scale;
- Patient confidentiality must be protected in billing and collections processes for self-pay and insured patients;
- There is a process for waiving or writing off fees; and
- There is a process for annually updating the slide fee schedule consistent with the annually published FPL.

Documents Confirm:

- The most recent FPL is being used to set the slide fee schedule.

Medical Records Document:

- Insurance carrier or self-pay status for each client;
- Patient income and family size declaration used to determine the client's discount

⁶³ See also Financial Accountability Expectation #8.

⁶⁴ See also Financial Accountability Expectation #9.



Observations of Interactions with Clients Confirm:

- No client is turned away for inability to pay
- Reasonable efforts are made to collect information about third-party payers to enable billing insurance

General Site Observations Confirm:

- Check-in areas provide reasonable privacy to discuss income and family details

Financial Records Confirm:

- Client invoices accurately apply Title X discounts and follow established policies
- Client records are up to date with income, household size, and insurance coverage
- Third-party payments are billed without Title X discounts
- Clients with family income at or below 250% of FPL and insurance coverage are not charged more in insurance co-pays than they would be charged if they did not use their insurance and only used the sliding scale
- Patient billing for minors is confidential and separate from records accessible by their parent/guardian.
- Contracts and rates for family planning service providers

Staff Interviews Confirm:

- Front desk staff can describe how clients are welcomed and assessed to determine the client's discount
- Finance staff can describe the financial processes and systems, allocations, and methodologies, according to their policies and procedures.
- Staff can describe the billing process and EHR protocols that protect the client's confidentiality
- Finance staff can describe the procurement process: confirming who can initiate, approve, and modify purchases; review of the documentation trail, and post in financial and inventory management systems.
- Finance staff can describe the process, including cost analysis assumptions, Title X fee determination, and the schedule of discounts.



Subrecipient Contract Information & Terms (SME.2)⁶⁵

Policy

Affirm will identify every Title X subaward to the subrecipient as a subaward and include required information at the time of the subaward, as required by 2 CFR § 200.331. If any data elements in the subaward change, Affirm will include the changes in subsequent subaward modifications. When some of this information is unavailable, Affirm will provide the best information available to describe the federal award and subaward. Affirm provides subrecipients an opportunity to review the Title X Regulations and the Affirm Title X Handbook prior to signing contracts.

Procedures

Required Contract Information

All subaward contracts must identify the contract as a subaward and contain the following information:

- Federal Award Identification.
- Subrecipient name (which must match the name associated with its unique entity identifier);
- Subrecipient's Project Director/Principal Investigator (PD/PI)
- Subrecipient's unique entity identifier (UEI);
- Federal Award Identification Number (FAIN);
- Federal Award Date;
- Subaward period of performance start and end date;
- Total amount of federal funds obligated to the subrecipient by Affirm;
- Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);
- Name of HHS awarding agency, Affirm, and contract information for Affirm's awarding official;
- CFDA number and name; Affirm will identify the dollar amount made available under each federal award and the CFDA number at time of disbursement;
- Identification of whether the award is R&D; and
- Indirect cost rate for the federal award (including if the *de minimis* rate is charged). All requirements imposed by Affirm on the subrecipient so that the federal award is used in accordance with federal statutes, regulations and the terms and conditions of the federal award, as outlined by OPA. (<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/title-x-program-expectations>)
- Any additional requirements that Affirm imposes on the subrecipient for Affirm to meet its own responsibility to the HHS awarding agency including identification of any required financial and performance reports;
- A requirement that the subrecipient permits Affirm and its auditors to have access to the subrecipient's records and financial statements as necessary for Affirm to meet the requirements of this part; and

⁶⁵ See also Subrecipient Monitoring and Engagement #2.



- Appropriate terms and conditions concerning closeout of the subaward, as outlined in the **Closeout Guide**. Final payment to the Contractor, if applicable, is contingent upon the Contractor completing closeout procedures as detailed in Affirm's Delegate Closeout Checklist which is available as needed or on request.

Additionally

- Affirm and Subrecipients must complete the HHS Form 690 (Assurance of Compliance). Prior to contracts being issued, subrecipients must send confirmation of the current completed and signed HHS Form 690.
- Subrecipients must provide a list of any subcontractors and/or independent consultants providing Family Planning Services. This list must be provided within 14 days of the execution of the contract or the subsequent engagement of any subcontractor(s) and/or independent consultant(s).
- Subrecipients must disclose the executive total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year. This disclosure must be made within 30 days of the execution of the contract.
- Affirm permits subrecipients to claim indirect costs, subject to the following conditions:
 - The de minimus indirect rate is used, or;
 - An alternate rate may be used if written federal approval is provided.



Contract Development Timeline

Affirm follows a timeline of activities for subcontract development in non-competitive contract years.

November 1	Affirm sends subrecipients forms and instructions for requesting the amount of funding for the new contract year, based on the proposed number of clients and services to be provided.
December 1	Subrecipients must return completed forms to Affirm via the PIMS. Affirm will use the information submitted as the basis for contract negotiations with the subrecipient and will include the information in the Title X renewal application submitted to OPA.
December – January	Affirm will conduct negotiations with each subrecipient to determine the scope of services for the new contract year and any details of the new contract.
March	Affirm will receive Title X Notice of Award (NOA) from OPA. If the NOA is more or less than anticipated, Affirm will provide subrecipients an opportunity to submit any requested changes to the forms.
April 1	Contract year begins.
April	Finalize and issue contracts.

Affirm’s timeline will be adjusted earlier to accommodate the submission due date of the Title X grant application, during competitive years.

Contract Amendments Process

Amendments to the contract may be issued during the contract year based on available unobligated funds. The Affirm CEO will provide the Affirm Board of Directors updates as to changes in funding levels at the Board meeting.

Contract updates will be made if program requirements change, in partnership with legal guidance.



Title X Orientation & Inservice Training (ST.1-4)

Policy

Affirm requires all employees to participate in Title X orientation training upon hire and Title X in-service training throughout employment with Affirm, as required by Title X Requirement [42 CFR 59.5 \(b\)\(4\)](#).⁶⁶ Affirm policies describe annual training distinct from the training required per project period.

Employees must complete Title X orientation training in their first 90 days of employment and, thereafter, once per project period.

Affirm's employee annual training program includes but is not limited to training on

- federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, and human trafficking;⁶⁷ and
- family member involvement in the decision of minors to seek family planning services and counseling minors on how to resist being coerced into engaging in sexual activities.⁶⁸

Affirm supports and guides its subrecipients regarding Title X orientation and in-service training and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must adopt policies and procedures to ensure that all program staff receive training as outlined below.

Procedures

Affirm will:

- Train new staff on the requirements outlined in the Title X Orientation & Inservice Training.
- Conduct training for all staff members annually and per project period.
- Maintain training logs for at least five years.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Policy and Procedures Confirm:

- A written plan for all program staff to receive training as outlined above.

Documents Confirm:

- Subrecipients keep records of the assessment(s) of staff training needs and a training plan that addresses key expectations of the Title X program and priority areas.
- Subrecipients agencies maintain written records of orientation, in-service and other training attendance by project personnel.

⁶⁶ See also Staff Training Expectation #1, #4.

⁶⁷ See also Staff Training Expectation #2

⁶⁸ See also Staff Training Expectation # 3



Medical Records Document:

- Reliable, consistent high quality charting practices that address key elements of the Title X program demonstrating achievement of training goals. See [Clinical Services and Oversight \(CS.001\)](#)

Observations of Interactions with Clients Confirm:

- Reliable, consistent delivery of high-quality care that addresses key elements of the Title X program demonstrating achievement of training goals. See [Clinical Services and Oversight \(CS.001\)](#)

Staff Interviews Confirm:

- Staff are knowledgeable and able to answer questions related to the key elements of the Title X program demonstrating achievement of training goals. See [Clinical Services and Oversight \(CS.001\)](#)



340B Program Enrollment (PA.13)⁶⁹

Policy

Affirm requires compliance with the expectation that all subrecipient clinic locations enroll in the 340B Program and comply with all [340B Program requirements](#). (FY 22 Notice of Award Special Terms and Requirements)

Affirm supports and guides its subrecipients regarding policies and procedures to ensure compliance with QI/QA and monitors subrecipient compliance through on-site reviews and other subrecipient monitoring activities.

Subrecipients must ensure that their service sites enroll in the 340B Program and comply with all 340B Program requirements, including

- initial certification,
- annual recertification, and
- avoiding diversion or duplicate discounts.

Procedures

Affirm does not provide direct medical services to clients and does not enroll in 340b.

Site Monitoring

Affirm monitors each subrecipient for quality and compliance with this policy by verifying the following elements.

Documents Confirm:

- Documentation of 340B ID entity registration under the subrecipient's name.
- 340b services are being rendered and documented as confirmed by an inventory and log check.

Staff Interviews Confirm:

- Staff understand and are utilizing the 340b program.

⁶⁹ See *also* Project Administration Expectation # 13.

Attachment 6

Affirm Request for Title X Contract Funds Form *(“Reimbursement Request”)*



Affirm

Request for Title X Contract Funds

Agency:

Reporting Period

From:

To:

This is a request for :

Advance Funds

Reimbursement

		Amount Awarded	Total Funds Earned this Reporting Period (i.e. this request)	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned	Available Balance	% Earned YTD
Title X Base Grant					\$ -	\$ -	
Amendment 1					\$ -	\$ -	
Amendment 2					\$ -	\$ -	
					\$ -	\$ -	
Total			\$ -	\$ -	\$ -	\$ -	

*To be determined by agency and verified by Affirm

Certification: By signing this request, I certify to the best of my knowledge and belief that the request is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. code, Title 18, Section 1001).

Authorized Signature

Date of request

Actual Signature required, stamped signature will not be accepted

Name

Title

Affirm Program Dept Use Only		Affirm Accounting use only	
Affirm Program Manager Certification			
	Performance satisfactory for payment		Date invoice recorded in QB
	Performance unsatisfactory withhold payment		Date of drawdown
	Incorrect invoice, returned for clarification		Affirm check #
	No payment due		Date of check
			Title X report updated
			Date of ACH deposit
Program Manager Signature	Date	Affirm Finance Manager Signature	Date

Attachment 7

Proof of Insurance and FTCA Status



**PIMA COUNTY
DEPARTMENT OF FINANCE AND RISK MANAGEMENT**

Art Cuaron, Director

CERTIFICATE OF SELF-INSURANCE

THIS IS TO CERTIFY THAT PIMA COUNTY, IN ACCORDANCE WITH A.R.S. §11-981 AND PIMA COUNTY CODE §3.04, IS SELF-INSURED.

TO THE EXTENT PERMITTED BY LAW, PIMA COUNTY, AS A SELF-INSURER, IS PROVIDING EVIDENCE OF BUSINESS GENERAL LIABILITY COVERAGE FOR THE COUNTY OF ONE MILLION DOLLARS (\$1,000,000) PER OCCURRENCE AND THREE MILLION DOLLARS (\$3,000,000) ANNUAL AGGREGATE ENDORSED FOR PREMISES-OPERATIONS, PRODUCTS/COMPLETED OPERATIONS, CONTRACTUAL, PROPERTY DAMAGE, AND PERSONAL INJURY LIABILITY, FIDELITY COVERAGE FOR THE COUNTY OF FIVE THOUSAND DOLLARS (\$5,000), MEDICAL MALPRACTICE FOR THE COUNTY OF ONE MILLION DOLLARS (\$1,000,000), AND WORKERS COMPENSATION STATUTORY COVERAGE FOR THE COUNTY OF ONE MILLION DOLLARS (\$1,000,000) FOR LIABILITIES THAT HAVE BEEN PROPERLY DETERMINED TO ARISE FROM THIS ACTIVITY.

DATE OF ISSUE:
October 20, 2025

CERTIFICATE HOLDER:
Arizona Family Health Partnership
3800 N. Central Avenue, Suite 820
Phoenix, AZ 85012
Attn: Ms. Kiana Anaya 602-288-6263

Program:
Pima County Health Department providing
education, distributing contraceptives and
health screenings per Grant #5FHPA006520-
02-00

Certificate Date:
October 1, 2025 to September 30, 2026

***Certificate good with respect to
Pima County only.***



Maria Luna, Risk Manager
Pima County Finance & Risk Management Department

Attachment 8

Subrecipient Key Contacts

- Program Director (PI/PD)
- Notice Contact per §7.5
- Subrecipient Staff Responsible for Program Activity



SUBECIPIENT KEY CONTACTS

Subrecipient	Pima County Health Department
Designated PI/PD	Dr. Theresa Cullen <i>The Designated Principal Investigator or Project Director (PI/PD) is “the individual(s) designated by the subrecipient to direct the project or program being supported by the award. The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity.” HHS Grants Policy Statement §1.7.1 (accessible at https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html)</i>
Notice Contact per §7.5 of the Contract	Dr. Theresa Cullen Pima County Health Department 3950 S Countrv Club Rd. + <i>The individual identified above is the official contact for purposes of notice under §7.5 of the Contract.</i>
Staff Responsible for Title X Activity	Program Leadership & Oversight Michelle Moore Clinical Leadership & Oversight Dr. Andrew Saal I&E Review & Community Engagement Michelle Moore Data & Reporting Michelle Moore & Michelle Magana Finance & Billing Romar Tapeceria Pharmacy & 340B Dr. Andrew Saal Staff Training & Competency Oversight Michelle Magana & Michelle Magana Subcontractor & Referral Management Michelle Moore Other ☐ ☐ LI ☐ DSSOLFDEOH ☐ Dr. Andrew Saal