



The following records were obtained by Equity Forward on April 4, 2023, in response to a public records request made to the Louisiana Department of Children & Family Services on January 27, 2023.

Questions and comments about these records can be sent to info@equityfwd.org.



**Office of State Procurement
PROACT Contract Certification of Approval**

This certificate serves as confirmation that the Office of State Procurement has reviewed and approved the contract referenced below.

Reference Number: 2000547005
Vendor: Caring to Love Ministries
Description: Alternatives to Abortion
Approved By: Kristi Bonvillain
Approval Date: 3/12/2021

The above referenced number has been assigned by this office and will be used as identification for the approved contract. Please use this number when referring to the contract in any future correspondence or amendment(s).

The Internal Revenue Service (IRS) may find that this contract creates an employment relationship between your agency and the contractor. You should be advised that your agency is responsible for all taxes and penalties if such a finding is forthcoming. It is incumbent upon your agency to determine if an employee/employer relationship exists. Your agency must make the appropriate withholdings in accordance with law and IRS regulations, if applicable.

DCFS-CF-1
Rev. 7/19

AGREEMENT BETWEEN
THE STATE OF LOUISIANA
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
AND
CARING TO LOVE MINISTRIES
FOR

Personal Professional Consulting Social Services Interagency Government

1) Provider/Contractor: Caring to Love Ministries	5) Fed. Employee Tax ID or SS #: 720977636 00
2) Address: 3813 N Flannery Road	6) Parish(es) Served: Regions: 1 Orleans (shared), 2 Baton Rouge, 3 Covington, 5 Lafayette (shared), 8 Shreveport, and 9 Monroe
3) City: Baton Rouge State: LA Zip Code: 70814	(Contracts with individuals) 7) License or Certificate #:
4) Remit-To-Address (if different):	(Contracts with individuals) 8) Date of Birth:
City: State: Zip Code:	(Contracts with individuals) 9) Place of Birth:

10) **Brief Description of Services to be provided:** Include description of work to be performed, goals and objectives to be met that are measurable; description of reports or other deliverables with dates to be received (when applicable). In a consulting service, a resume' of key contract personnel performing duties under the terms of the contract and amount of effort each will provide under terms of contract should be attached.

Provide Alternative to Abortion Services. See Exhibit A Statement of Work

11) Effective Date: November 15, 2020 12) Termination Date: June 30, 2021

13) Maximum Contract Amount: \$ 525,000.00

14) **Terms of Payment:** If progress and/or completion of services are provided to the satisfaction of the initiating Office/Facility, payments are to be made as follows: (stipulate **RATE OR STANDARD OF PAYMENT**, billing intervals, invoicing provisions, etc.). Contractor obligated to submit final invoices to Agency within fifteen (15) days after termination of contract. (Attach Exhibit B, if applicable)

Cost Reimbursement

Contractor shall bill monthly, in arrears, for actual cost incurred and paid for services rendered (provided). Supporting documentation of the costs incurred must accompany the form for reimbursement. Each monthly invoice must be submitted by 15th of the month following the month of services. If, necessary, supplemental invoices are allowed if they are submitted no later than the end of the month following the month of services. There should be no more than 12 supplemental invoices in any 12-month period during the term of the contract.

The Contractor will expend funds in a manner consistent with the budget which is part of this contract and attached as Exhibit B. Providing that there is no change to the total contract amount, the contractor can reallocate funds in cost categories or add new cost categories only upon written approval of DCFS/DOA Office of State Procurement (OSP)

PAYMENT WILL BE MADE ONLY UPON APPROVAL OF: Program Manager 1/2
(Specific Person, Position or Section)

- 15) Special or Additional Provisions, if any (IF NECESSARY, ATTACH SEPARATE SHEET AND REFERENCE):
- Maximum contract amount includes travel, which will be reimbursed in accordance with State Travel Regulations PPM 49.
 - Contract Extensions: *This subsection applies to contracts with less than a three year term.*
If necessary, this contract may be extended for one or more periods of time not to exceed a total contract period of three (3) years or thirty-six (36) months.
 - Attachment 1 Contractor Responsibilities
 - Attachment 2 Monthly Target Form
 - Attachment 3 Subcontractor Debarment Certification

16) If Corporation Profit or Non-Profit Let by RFP Advance Vendor Subrecipient
CFDA Title and Number Temporary Assistance for Needy Families (TANF) 93.558
Award Name, Number, Year Temporary Assistance for Needy Families G-1202 LA TANF 19
Federal Agency Social Security Act, Title IV, Part A as amended, Personal Responsibilities & Work
Federal Laws/Regulations Opportunity Reconciliation Act of 1996 FWORA, Public Law 104-193; Balance Act of 1997, Public Law 105-33.45 CFR Parts 260-265

During the performance of this agreement, the Contractor hereby agrees to the following terms and conditions:

Contract Monitor

The Contract Monitor for this contract is Program Manager 1/2.

Monitoring Plan: Contract agency shall develop a monitoring plan specific to the monitoring needs and performance measures of the Contract Party's project. During the term of this agreement, Contracting Party shall discuss with State's Contract Monitor the progress and results of the project, ongoing plans for the continuation of the project, any deficiencies noted, and other matters relating to the project. Contract Monitor shall review and analyze Contracting Party's Plan to ensure compliance with contract requirements.

Prohibition against Discrimination

The contractor agrees to abide by the requirements of the following as applicable: Title VI and VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990. Contractor agrees to provide a work environment free of potential harassment and not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, national origin, veteran status, political affiliation, or disabilities. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

Prohibition of Discriminatory Boycotts of Israel

~~In preparing its response, the Proposer has considered all proposals submitted from qualified, potential subcontractors and suppliers, and has not, in the solicitation, selection, or commercial treatment of any subcontractor or supplier, refused to transact or terminated business activities, or taken other actions intended to limit commercial relations, with a person or entity that is engaging in commercial transactions in Israel or Israeli-controlled territories, with the specific intent to accomplish a boycott or divestment of Israel. Proposer also has not retaliated against any person or other entity for reporting such refusal, termination, or commercially limiting actions. The State reserves the right to reject the response of the proposer if this certification is subsequently determined to be false and to terminate any contract awarded based on such a false response.~~

Prohibition of Discriminatory Boycotts of Israel

DW JS EH

In accordance with R.S. 39:1602.1, for any contract for \$100,000 or more and for any contractor with five or more employees, the Contractor certifies that neither it nor its subcontractors are engaged in a boycott of Israel, and that the Contractor and any subcontractors shall, for the duration of this contract, refrain from a boycott of Israel. The State reserves the right to terminate this contract if the Contractor, or any Subcontractor, engages in a boycott of Israel during the term of this contract.

Confidentiality

Contractor shall abide by all laws and regulations concerning confidentiality, which safeguard information, and the patient/client confidentiality.

Audits, Inspection and Review of Records

Contractor grants to the Agency, the State of Louisiana, through the Office of the Legislative Auditor, Office of the Inspector General, Federal Government and/or any other officially designated authorized representative of the Agency the right to audit, inspect and review all books and records pertaining to services rendered under this contract and the right to conduct on-site monitoring.

Social Service Contractor also agrees to comply with federal and/or state regulations and laws requiring an audit based on one or more of the following criteria:

- (1) Any subrecipient contractor who expends \$750,000 or more in federal funds from all sources is required to have performed a single audit for that year under the provisions of 2 CFR Part 200 Subpart F Revised December 26, 2014 Regarding Audits of States, Local Governments, and Non-Profit Organizations. Single audits shall be conducted in accordance with generally accepted government auditing standards (GAGAS) issued by the Comptroller General of the United States. The only exceptions to an annual audit are those exceptions as noted at 2 CFR Part 200.504 Subpart F.
- (2) Any subrecipient contractor who expends less than \$750,000 in federal funds from all sources and who is subject to the provisions of Louisiana Revised Statutes 24:513 (State Audit Law), shall follow the guidance offered in the Louisiana Governmental Audit Guide (as Revised). Those who are subject to the provisions of Louisiana Revised Statutes 24:513 include governmental, public or quasi-public agencies or bodies as defined by the Statute.
- (3) Any subrecipient contractor who expends less than \$750,000 in federal funds from all sources and is not subject to the provisions of Louisiana Revised Statutes 24:513 (State Audit Law), then no audit is required.
- (4) Any subrecipient contractor who is a nongovernmental provider and receives \$100,000 or more per year of state funds via one or more cost reimbursement contracts, shall submit to the Agency source documentation (evidenced by invoices, cancelled checks, certified payroll sheets, etc.) to justify each payment request. Agency may at its discretion request that a contract compliance audit utilizing internal auditors, certified public accountant or the Legislative Auditor's office be performed. These provisions are cited at Louisiana Administrative Code Title 34: V: 134.

Contractor subrecipient is required to obtain approval of its engagement letter from the Legislative Auditor's office. This engagement letter approval process should begin at least ninety (90) days prior to the end of the Contractor's fiscal year. Contractor subrecipient shall inform the Agency thirty (30) days prior to the close of their fiscal year by way of written notification of the type of engagement (single audit, program audit, compilation/attestation, etc.), the fiscal year end of the engagement and the projected total of federal and/or state fund expenditures. If the cost of the audit is to be recovered through this contract, a budget showing that portion of the audit cost allocated to each federal and/or state funded program, contract or grant should be attached. Subrecipient contractor should be aware that there may be limitations on audit costs charged to certain federal and/or state programs based on total funding and other considerations.

Upon completion of the audit engagement, two (2) copies of the completed report shall be forwarded to: Louisiana Department of Social Services, c/o Office of Management and Finance, External Audit Section, P. O. Box 3927, Baton Rouge, LA 70821. This is in addition to any other required submissions imposed on the audit entity.

Record Retention and Inspection

Contractor agrees to retain all books, records, and other documents relevant to contract and funds expended thereunder for at least four (4) calendar years after final payment or for three (3) calendar years after audit issues or litigation have been resolved.

Order of Precedence Clause

In the event of any inconsistent or incompatible provisions, this signed agreement (excluding the RFP and Contractor's proposal) shall take precedence, followed by the provisions of the RFP, and then by the terms of the Contractor's proposal.

Entire Agreement Clause

This contract, together with the RFP and addenda issued thereto by the Department, the proposal submitted by the Contractor in response to the Department's RFP, and any exhibits specifically incorporated herein by reference, constitute the entire agreement between the parties with respect to the subject matter.

Assignment of Interest in the Contract

Contractor shall not assign any interest in this contract and shall not transfer any interest in the same (whether by assignment or novation), without the prior written consent of the Agency thereto, provided, however, that claims for money due or to become due to the Contractor from the Agency under this contract may be assigned to a bank, trust company, or other financial institution without such approval. Notice of any such assignment or transfer shall be promptly furnished to the State. Failure to provide prompt written notice of any such assignment shall be grounds for termination of the contract. "Prompt written notice" is defined as "written notice provided within ten days of the assignment".

Taxes

Contractor hereby agrees that the responsibility for payment of taxes from the funds thus received under this agreement and/or legislative appropriation shall be said Contractor's obligation and shall be identified under Federal Tax I.D. 720977635 and Louisiana Department of Revenue account 9000779-001.

In accordance with R.S. 39:1624(A)(10), the Louisiana Department of Revenue shall determine that the prospective contractor is current in filing of all applicable tax returns and reports and in payment of all taxes, interest, penalties, and fees owed to the state and collected by the Department of Revenue and shall provide a tax clearance prior to approval of the contract.

Payments

It is agreed that in consideration for the goods delivered or services performed, the Agency shall make all checks payable to the order of Contractor in the amounts expressed or specified in the agreement. In cases where travel and related expenses are required to be identified separate from the fee for services, such costs shall be in accordance with State Travel Regulations and shall be specified under "Special Provisions." It is further agreed that Contractor accepts payment made under the terms of the agreement in full for services delivered.

Prohibitions on use of funds

No funds provided herein shall be used to urge any elector to vote for or against any candidate or proposition on an election ballot nor shall such funds be used to lobby for or against any proposition or matter having the effect of law being considered by the legislature or any local governing authority. This provision shall not prevent the normal dissemination of factual information relative to a proposition or any election ballot or a proposition of matter having the effect of law being considered by the legislature or any local governing authority. Contracts with individuals shall be exempt from this provision.

Notice of State Employment

This subsection is applicable only to contracts with individuals.

Should Contractor become an employee of the classified or unclassified service of the State of Louisiana during the effective period of the contract, Contractor must notify appointing authority of any existing contract with the State of Louisiana and notify the contracting office of any additional state employment.

Property of the State

When applicable, upon completion of this contract or if terminated earlier, copies of all records, reports, worksheets or any other materials related to this contract shall be provided to the state upon request.

Subcontracts

Contractor shall not enter into any subcontract for work or services contemplated under this agreement without obtaining prior written approval of the Agency (which approval shall be attached to the original agreement). Any subcontracts approved by Agency shall be subject to conditions and provisions as the Agency may deem necessary; provided, however, that notwithstanding the foregoing, unless otherwise provided in this agreement, such prior written approval shall not be required for the purchase by the contractor of supplies and services which are incidental but necessary for the performance of the work required under this agreement; and provided, further, however, that no provisions of this clause and no such approval by the Agency or any subcontract shall be deemed in any event or manner to provide for the incidence of any obligation of the Agency beyond those specifically set forth herein. Further provided that no subcontract shall relieve the Contractor of the responsibility for the performance of any subcontractor. Any subcontractor shall be required to sign the Subcontractor Debarment Certification Attachment which shall become a part of this contract.

Alterations, Variations, Modifications, or Waivers

Any alterations, variations, modifications, or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement. No claim for services furnished or requested for reimbursement by Contractor, not provided for in this agreement, shall be allowed by Agency.

Amendments

Any amendment to this agreement shall not be valid until it has been executed by the Undersecretary or Assistant Secretary or other designated authority of the office which is a party to the contract and the Contractor, and approved by required authority of the Department, and, if the contract exceeds \$2,000.00 the Director of the Office of Procurement, Division of Administration.

Set Off

In the event the Agency determines that certain costs which have been reimbursed to Contractor pursuant to this or previous agreements are not allowable, the Agency shall have the right to set off and withhold said amounts from any amount due the Contractor under this agreement for costs that are allowable.

Background Checks

Contractors shall ensure that any staff or volunteer in a position of supervisory or disciplinary authority over children will have the appropriate background checks as required by Louisiana State Law (See R.S. 15:587.1).

Hold Harmless

Contractor agrees to protect, defend, indemnify, save and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, its officers, agents, servants and employees, including volunteers, from and against any and all claims, demands, expense and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur or in any way grow out of any act or omission of the Contractor, its agents, servants, and employees or any and all costs, expenses and/or attorney fees incurred by the Contractor as a result of any claim, demands, and/or causes of action except for those claims, demands, and/or causes of action arising out of the negligence of the State of Louisiana, all State Departments, Agencies, Boards, Commissions, its agents, representatives, and/or employees. Contractor agrees to investigate, handle, respond to, provide defense for and defend any such claims, demand, or suit at its sole expenses and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent.

INDEMNIFICATION AND LIMITATION OF LIABILITY

Contractor shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and hold harmless the State and its Authorized Users from suits, actions, damages and costs of every name and description relating to personal injury and damage to property caused by Contractor, its agents, employees, partners or subcontractors, without limitation; provided, however, that the Contractor shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the State. If applicable, Contractor will indemnify, defend and hold the State and its Authorized Users harmless, without limitation, from and against any and all damages, expenses (including reasonable attorneys' fees), claims, judgments, liabilities and costs which may be finally assessed against the State in any action for infringement of a United States Letter Patent with respect to the Products furnished, or of any copyright, trademark, trade secret or intellectual property right, provided that the State shall give the Contractor: (i) prompt written notice of any action, claim or threat of infringement suit, or other suit, (ii) the opportunity to take over, settle or defend such action, claim or suit at Contractor's sole expense, and (iii) assistance in the defense of any such action at the expense of Contractor. Where a dispute or claim arises relative to a real or anticipated infringement, the State or its Authorized Users may require Contractor, at its sole expense, to submit such information and documentation, including formal patent attorney opinions, as the Commissioner of Administration shall require.

The Contractor shall not be obligated to indemnify that portion of a claim or dispute based upon: i) Authorized User's unauthorized modification or alteration of a Product, Material or Service; ii) Authorized User's use of the Product in combination with other products not furnished by Contractor; iii) Authorized User's use in other than the specified operating conditions and environment. In addition to the foregoing, if the use of any item(s) or part(s) thereof shall be enjoined for any reason or if Contractor believes that it may be enjoined, Contractor shall have the right, at its own expense and sole discretion as the Authorized User's exclusive remedy to take action in the following order of precedence: (i) to procure for the State the right to continue using such item(s) or part (s) thereof, as applicable; (ii) to modify the component so that it becomes non-infringing equipment of at least equal quality and performance; or (iii) to replace said item(s) or part(s) thereof, as applicable, with non-infringing components of at least equal quality and performance, or (iv) if none of the foregoing is commercially reasonable, then provide monetary compensation to the State up to the dollar amount of the Contract.

For all other claims against the Contractor where liability is not otherwise set forth in the Contract as being "without limitation", and regardless of the basis on which the claim is made, Contractor's liability for direct damages, shall be the greater of \$100,000, the dollar amount of the Contract, or two (2) times the charges rendered by the Contractor under the Contract. Unless otherwise specifically enumerated herein or in the work order mutually agreed between the parties, neither party shall be liable to the other for special, indirect or consequential damages, including lost data or records (unless the Contractor is required to back-up the data or records as part of the work plan), even if the party has been advised of the possibility of such damages. Neither party shall be liable for lost profits, lost revenue or lost institutional operating savings.

The State and Authorized User may, in addition to other remedies available to them at law or equity and upon notice to the Contractor, retain such monies from amounts due Contractor, or may proceed against the performance and payment bond, if any, as may be necessary to satisfy any claim for damages, penalties, costs and the like asserted by or against them.

INSURANCE

Insurance shall be placed with insurers with an A.M. Best's rating of no less than A-: VI.

This rating requirement shall be waived for Worker's Compensation coverage only.

Contractor's Insurance: The Contractor shall not commence work under this contract until he has obtained all insurance required herein. Certificates of Insurance, fully executed by officers of the Insurance Company written or countersigned by an authorized Louisiana State agency, shall be filed with the State of Louisiana for approval. The Contractor shall not allow any sub-contractor to commence work on his subcontract until all similar insurance required for the subcontractor has been obtained and approved. If so requested, the Contractor shall also submit copies of insurance policies for inspection and approval of the State of Louisiana before work is commenced. Said policies shall not hereafter be canceled, permitted to expire, or be changed without thirty (30) days' notice in advance to the State of Louisiana and consented to by the State of Louisiana in writing and the policies shall so provide.

Compensation Insurance: Before any work is commenced, the Contractor shall maintain during the life of the contract, Workers' Compensation Insurance for all of the Contractor's employees employed at the site of the project. In case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers' Compensation Insurance for all the latter's employees, unless such employees are covered by the protection afforded by the Contractor. In case any class of employees engaged in

work under the contract at the site of the project is not protected under the Workers' Compensation Statute, the Contractor shall provide for any such employees, and shall further provide or cause any and all subcontractors to provide Employer's Liability Insurance for the protection of such employees not protected by the Workers' Compensation Statute.

Commercial General Liability Insurance: The Contractor shall maintain during the life of the contract such Commercial General Liability Insurance which shall protect him, the State, and any subcontractor during the performance of work covered by the contract from claims or damages for personal injury, including accidental death, as well as for claims for property damages, which may arise from operations under the contract, whether such operations be by himself or by a subcontractor, or by anyone directly or indirectly employed by either or them, or in such a manner as to impose liability to the State. Such insurance shall name the State as additional insured for claims arising from or as the result of the operations of the Contractor or his subcontractors. In the absence of specific regulations, the amount of coverage shall be as follows: Commercial General Liability Insurance, including bodily injury, property damage and contractual liability, with combined single limits of \$1,000,000.

Insurance Covering Special Hazards: Special hazards as determined by the State shall be covered by rider or riders in the Commercial General Liability Insurance Policy or policies herein elsewhere required to be furnished by the Contractor, or by separate policies of insurance in the amounts as defined in any Special Conditions of the contract included therewith. **Licensed and Non-Licensed Motor Vehicles:** The Contractor shall maintain during the life of the contract, Automobile Liability Insurance in an amount not less than combined single limits of \$1,000,000 per occurrence for bodily injury/property damage. Such insurance shall cover the use of any non-licensed motor vehicles engaged in operations within the terms of the contract on the site of the work to be performed there under, unless such coverage is included in insurance elsewhere specified.

Contractor's own insurance policies take and maintain insurance of the same nature and in the same amounts as required of the Contractor.

Availability of Funds

This agreement is subject to and conditioned upon the availability and appropriation of Federal, and/or State funds; and no liability or obligation for payment will develop between the parties until the agreement has been approved by required authorities of the Department; and, if contract exceeds \$2,000, the Director of the Office of State Procurement, Division of Administration, in accordance with LA R.S. 39:159531. It is the responsibility of the contractor to advise the agency in advance if contract funds or contract terms may be insufficient to complete contract objectives.

The continuation of this contract is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

Reports

If applicable, at least by the end of each 6-month period of the above-mentioned contract, Contractor must submit to the Agency, a written report detailing the use of funds, progress toward meeting specific goals, measurable objectives, terms, results or conditions that can be achieved in the specific allocated time.

Environmental Tobacco Smoke

Provider will comply with Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (ACT), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs, either directly, or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The ACT does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment. The provider further agrees that the above language will be included in any sub-awards which contain provisions for children's services and that all subgrantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

Termination for Cause

The State may terminate this Contract for cause based upon the failure of the Contractor to comply with the terms and/or conditions of the Contract; provided that the State shall give the Contractor written notice specifying the Contractor's failure. If within thirty (30) days after receipt of such notice, the Contractor shall not have either corrected such failure or, in the case which cannot be corrected in thirty (30) days, begun in good faith to correct said failure and thereafter proceeded diligently to complete such correction, then the State may, at its option, place the Contractor in default and the Contract shall terminate on the date specified in such notice. The Contractor may exercise any rights available to it under Louisiana law to terminate for cause upon the failure of the State to comply with the terms and conditions of this contract; provided that the Contractor shall give the State written notice specifying the State's failure and a reasonable opportunity for the state to cure the defect.

Termination for Convenience

This contract may be terminated by either party upon giving thirty (30) days advance written notice to the other party but in no case shall continue beyond specified termination date. The contractor shall be entitled to payment for work in progress, to the extent work has been performed satisfactorily.

Controversies

Any claim or controversy arising between the State and the Contractor shall be resolved pursuant to LA R.S. 39:1672.2-1672.4.

Force Majeure

The Contractor and the State of Louisiana shall be exempted from performance under the contract for any period that the Contractor or State of Louisiana is prevented from performing any services in whole or part as a result of an Act of God, strike, war, civil disturbance, epidemic or court order, provided the Contractor or State of Louisiana has prudently and promptly acted to make any and all corrective steps that the Contractor or State of Louisiana can promptly perform. Subject to this provision, such non-performance shall not be considered cause or grounds for termination.

**Life Choice Project
Alternatives to Abortion
November 15, 2020 - June 30, 2020**

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EXHIBIT A

Executive Summary

Administrative Information

Project Title: Louisiana Life Choice Project Applicant
 Agency: Caring to Love Ministries (CTLM)
 Contact Information: Dorothy Wallis, Chief Executive Officer
 Phone Number: (225) 215-0004 Fax Number: (225) 273-5931
 Email address: dwallis@ctlm.org

The attached Statement of Work is submitted by Caring to Love Ministries (CTLM) in response to the Louisiana Department of Children and Family Services' Alternatives to Abortion Initiative Request for the period of November 15, 2020 to June 30, 2021.

Caring to Love Ministries respectfully agrees to comply with all of the Department of Children and Family Services' (DCFS) requirements regarding the terms and conditions as outlined within the Contract without exceptions should CTLM be awarded the contract for DCFS' Alternatives to Abortion Initiative.

Caring to Love Ministries (CTLM) is a life-affirming, faith-based nonprofit organization established in 1983. In its 38 years of operation, CTLM has led and participated in numerous efforts to address the complexities associated with unplanned pregnancies through educating, advocating, and raising awareness through work in pregnancy prevention, abstinence education, and quality prenatal care programs.

CTLM created the Life Choice Project (LCP) in 2002. Now, nearly 19 years later, LCP is recognized as a proven and successful statewide life affirming pregnancy and parenting model in response to the Alternative to Abortion Initiative. The goal is to promote early prenatal care for healthy pregnancy and full-term birth outcomes. Since its inception, more than 80,000 babies have been born to Temporary Assistance for Needy Families (TANF) eligible women. LCP offers a comprehensive array of prenatal care services through a partnership between life-affirming pregnancy resource centers/clinics; and faith- and community-based organizations collaboratively working to provide information, resources, and services to support pregnant women most vulnerable to poor birth outcomes.

The Life Choice Project (LCP) model is utilized for the delivery of services and activities as outlined in the Alternative to Abortion Initiative for pregnancy and parenting supports. LCP services target TANF eligible, low-income women who are pregnant or think they may be pregnant, their male partners, and/or pregnant minors whose family income is at or below the 200% federal poverty level.

LCP primarily provides information and counseling that promotes healthy childbirth and assists pregnant women in their decision regarding adoption or parenting, and includes information, education, and referrals for other services for the needs of the women and newborn. The information and education provided include topics regarding prenatal care, childbirth, adoption, parenting, and the use of abstinence to avoid unplanned and out-of-wedlock pregnancies. All of these services are provided free to women from the moment they are pregnant through the birth of their child.

The LCP model is based on nationally recognized research strategies proven most effective for improving prenatal health and birth outcomes. The five strategies include *prenatal care, quality improvement outreach, care management, health education and messaging, and social supports*. The strategies support the TANF goals one and four which are to provide assistance to needy families so children can be cared for in their own homes or in the homes of relatives and to encourage the formation and maintenance of two-parent families. The LCP model also incorporates the required Alternative to Abortion system of pregnancy and parenting supports for healthy childbirth, full-term pregnancy, decision making regarding adoption or parenting, and abstinence education throughout the proposed service delivery model.

Coordinated Prenatal Care Services (CPCS-HOSS) <i>Home Outreach Support Services</i>	CPCS-HOSS extends the center-based CPCS to target hard-to-reach TANF eligible, low-income pregnant women and pregnant minors usually without access to transportation. Pregnant women reside in rural and suburban communities and are often most vulnerable to poor prenatal health and birth outcomes. Services are delivered in their homes or other appropriate safe places (churches, community) where they feel comfortable and to provide access to critical early prenatal care during pregnancy as outlined in CPCS.	May be an in-person visit or a virtual tele-health visit.
Coordinated Prenatal Care Services (CPCS-SS) – Satellite Site	In an effort to expand services to new DCFS regions, CTLM has developed two satellite sites to expand access to LCP services for TANF eligible pregnant women most vulnerable for poor prenatal health and birth outcomes. A modified CPCS model will be utilized for service delivery. <i>Service projections for the CPCS Satellite Sites are inclusive in the primary CPCS targets indicated above with the goal of providing services to approximately 5* new clients per month per satellite site.</i>	Initial Counseling Level I; Abstinence Education; Counseling; Ongoing Monitoring; Referral; Family Services *COVID-19 concerns
Public Information and Awareness Campaign	A comprehensive health education and messaging strategy are incorporated to promote the importance of changing risk behaviors and promoting healthy behavior during pregnancy. This will be accomplished by utilizing websites, a toll free helpline, television/radio commercials, billboards, social media, direct mail, and printed materials. The strategies are designed to specifically target millennial (aged 18 to 29 years old) pregnant women or women who think they are pregnant, and pregnant minors who are at high risk for poor pregnancy health and birth outcomes.	(Services vary – refer to page 23)

Based on our statistical information of services provided to pregnant women and women who thought they were pregnant, the Life Choice Project services have reached those individuals residing in communities throughout the state. CTLM proposes to continue its multi-region approach. Currently nine LCP partner service providers are physically located in Region 1 New Orleans; Region 2 Baton Rouge; Region 3 Covington (*Hammond and Slidell*); Region 5 Lafayette; Region 8 Shreveport (*Shreveport and Natchitoches*); and Region 9 Monroe (*Ruston and Monroe*). CTLM is developing two new mini-satellite locations in the cities of Ruston and Monroe in an effort to expand our outreach efforts and effectively reach a broader population.

The LCP targets the population of low-income, TANF eligible pregnant women, women who think they are pregnant, their partners, pregnant minors and their families. Services will be offered to all women of reproductive age, but services will specifically target those high-risk pregnant women most vulnerable for poor birth outcomes. Specific emphasis will be placed on the population of pregnant women between the ages of 18 to 29 years, referred to as millennials and those who are most often unmarried. While African Americans are most at-risk followed by Caucasians, all racial and ethnic groups will be offered services. Although CTLM is a faith-based organization, our services were designed to be non-faith-based services to deliver the proposed services.

The outcome measurement is determined by the objectives, levels of influence and indicators as identified under each of the Five Strategic Core Approaches which supports the proposed outcomes of:

- Improved health and well-being of women experiencing unplanned pregnancy
- Increased number of healthy full-term unplanned pregnancies

Overall, the Life Choice Project aims to reduce the adverse effects of unplanned pregnancy and to support women experiencing crisis pregnancy. Through collaborations with key partners across the state, we continue to work to

ensure that pregnant women identified in need of care receive the provisions of counseling, support, referral, and the appropriate linkages to resources within their community and that their babies are born with the best possible chance to grow healthy, strong, and happy.

Caring to Love Ministries is requesting **\$525,000.00** for the seven-and-a-half month period **beginning November 15, 2020 through June 30, 2021** to continue the multi-region Life Choice Project approach of life-affirming pregnancy and parenting interventions to support TANF-eligible pregnant women who are most vulnerable to poor prenatal health and birth outcomes.

Approach and Methodology

Required Components

The Life Choice Project's Coordinated Prenatal Care Services offers a comprehensive approach of pregnancy and parenting support that fosters an understanding of the contributory factors and solutions to crisis/unplanned pregnancy at the individual, interpersonal, neighborhood/ community and service levels. This model incorporates the five strategies of *prenatal care, quality improvement outreach, care management, health education and messaging, and social support* recognized as best practices for improving pregnancy and birth outcome.

The Coordinated Prenatal Care Services (CPCS) is the primary intervention strategy used and is offered in three approaches. The approaches include the CPCS, CPCS-HOSS, and CPCS-SS. Basically, each approach follows a similar delivery format with only few exceptions. Adaptations to the initial CPCS approach are offered to strategically reach those pregnant women most vulnerable to poor pregnancy and birth outcomes.

- The primary CPCS intervention strategy offers clients access to fully-operational pregnancy resources centers/clinics currently located within the DCFS regions of 1, 2, 3, 5, 8, and 9.
- Coordinated Prenatal Care Services – Home Outreach Support Services (CPCS-HOSS) is the second intervention strategy that was created following Hurricane Katrina to offer home-based access to the targeted hard-to-reach pregnant women often without access to transportation, and to those residing in rural and suburban communities.
- The Coordinated Prenatal Care Services – Satellite Sites (CPCS-SS) is a recently developed strategy that offers the opportunity to create mini start-ups in new communities to expand services into additional DCFS cities in Regions 3 and 9.
- The public information and awareness campaign is the final intervention strategy, but just as important as the others. It promotes the importance of early access to prenatal care for improved healthy pregnancies and full-term births. It's used to promote the availability of the LCP's pregnancy and parenting services and support through a coordinated marketing approach. These strategies include social media options, websites, printed materials (i.e., brochures, flyers, and direct mail), advertisement on the radio, other signage, and a toll-free helpline available 24/7 to provide information, referrals and other assistance as needed. To further encourage participation, a variety of in-kind, community-donated incentives, such as diapers and formula, targets the postpartum mothers' unexpected pregnancies.

LPC's Coordinated Prenatal Care Services (CPCS) as described above, addresses TANF goals one and four to provide assistance to needy families so children can be cared for in their own homes or in the homes of their relatives, and to encourage the formation and maintenance of two-parent families. This approach also supports the Alternative to Abortion Initiative primary focuses of 1) healthy childbirth; 2) full-term pregnancy; 3) decision making regarding adoption or parenting as an alternative to abortion; and 4) abstinence education to avoid unplanned and out-of-wedlock pregnancies. The following chart demonstrates the correlation to the proposed services and activities offered through the Life Choice Project.

Intervention # 1 – Coordinated Prenatal Care Services (CPCS) and Intervention # 2 – Coordinated Prenatal Care Services (CPCS) Home Outreach Support Services Intervention #3 – Coordinated Prenatal Care Services – Satellite Sites		
Five Strategic Components	Related Services Activities	TANF Goals and ATA Required Four Components
Prenatal Care and Quality Improvement Comprehensive client-centered prenatal care intervention in accordance with best practices	Coordinated Prenatal Care Services (CPCS): <ul style="list-style-type: none"> ○ Initial Counseling 1 – Clients educated on the availability of the LCP services ○ Abstinence Education ○ Counseling (individual, partner, family) ○ Health Risk Assessment ○ Referral to Adoption Agency and/or Maternity Homes ○ Consultation about Adoption options and Safe Haven awareness ○ Referral to Medical and/or Mental Health provider 	TANF Goals 1 & 2 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or parenting 4. Abstinence Education
Care Management A professional /para- professional assigned to provide comprehensive foundation for support and coordination of services for pregnant women and their partners, and families members	<ul style="list-style-type: none"> ○ Care Plan Development ○ On-going Care/Monitoring ○ Birth Outcome Confirmation ○ Family Support Services to include male partners ○ Health and Nutrition Assessment ○ Family Assessment 	TANF Goals 1 & 2 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or parenting
Social Supports Emotional and information support and direct material support through the provision of resources	<ul style="list-style-type: none"> ○ Client Incentives provided through in-kind, community donations includes: food, clothing, infant supplies, etc.; ○ Social Service Referrals (basic needs, health/safety, healthy lifestyles, (WIC/Medical/Medicaid/Nutrition, etc.) ○ Prenatal and Infant Care Education Classes ○ Parenting Classes and Information ○ Childbirth Classes and Information ○ Adoption Information ○ Safe Haven Awareness ○ Abstinence Education ○ Domestic/Partner Violence ○ STD Testing Information ○ Substance Use/Alcohol ○ Smoking Cessation ○ Zika Virus Risk Information ○ Influenza Risk Information ○ Opioid Risk / Education ○ Covid-19 Risk / Education 	TANF Goals 1 & 2 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or parenting 4. Abstinence Education
Intervention # 2 – Coordinated Prenatal Care Services (CPCS) Home Outreach Support Services Intervention #3 – Coordinated Prenatal Care Services – Satellite Sites		
Five Strategic Components	Related Services Activities	ATA Required Four Components
Outreach A systematic effort to provide services beyond conventional limits to a particular segment of the community.	Coordinated Prenatal Care Services (CPCS) as described above <ul style="list-style-type: none"> ○ Parenting sessions / Family Support Services ○ Counseling 	TANF Goals 1 & 2 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or parenting 4. Abstinence Education

Intervention # 4 – Public Information and Awareness Campaign		
Five Strategic Components	Related Services Activities	ALA Required Four Components
Health Education and Messaging Information and instructions regarding wellness and disease prevention that seeks to influence social behaviors to benefit the audience and the community.	<ul style="list-style-type: none"> ○ Sources for Women toll-free helpline ○ Commercial advertisement via radio / tv ○ PSAs ○ Signage ○ Website, social media ○ Dissemination of printed promotional materials (i.e., schools, medical facilities, etc.) ○ Direct mail ○ Bi-monthly E-Choice Newsletter ○ Incentives to promote active participation are in-kind, community donations provided through other sources to assist clients with resources such as diapers, formula, and strollers campaign 	TANF Goals 1 & 2 1. Healthy childbirth 2. Full-term pregnancy 3. Decision making regarding adoption or parenting

Programs and services offered through the Life Choice Project are based on expert literature and research on unintended pregnancy, adverse birth outcomes, teen pregnancy rates, live birth rates, health-related risk factors during pregnancy, and induced abortion rates. For the Life Choice Project’s Initiative to accomplish its goals of improving birth outcomes, the approach must be:

- *Comprehensive and integrated*– interventions should address multiple risk factors simultaneously, using multiple strategies thereby creating a comprehensive and integrated approach.
- *Multi-Level* – interventions should address multiple influences at the individual, interpersonal, neighborhood/community, service systems and societal levels.
- *Collaborative* – interventions should be undertaken in collaborative partnerships representing diverse disciplines, knowledge and skills.
- *Community-Driven* – interventions should be developed, implemented and evaluated by local stakeholders.
- *Promising/Best Practices* – interventions should be supported by credible research-based information on effective means to increase the chances of healthy outcomes for mothers and babies.
- *Culturally Competent*- interventions to identify, treat, and follow women at-risk should be designed in a culturally competent manner.

CTLM incorporates Five Strategic Core Approaches (FSCA) in the design of the Life Choice Project’s service delivery for improving birth outcomes that include *Prenatal Care and Quality Improvement, Outreach, Care Management, Health Education and Messaging, and Social Support.*

1. **Prenatal Care & Quality Improvement**– Prenatal care remains the most widely used population-wide intervention for improving birth outcomes. The goal of this strategy is to improve the quality and content of prenatal care by assisting providers to implement standard, promising practices, and nationally recommended prenatal care services in culturally competent ways. The Life Choice Project utilizes a collaborative prenatal care quality improvement method that incorporates the basic elements for improving care in systems at the community, organization, practice and individual levels. This system of change through which prenatal care is provided promotes client centered, up-to-date care management through team care and community partnership.

In addition, through center-based, home outreach services, and the new satellite sites, a greater emphasis is placed on women with prior poor birth outcomes who are at-risk for having another poor birth outcome during their subsequent pregnancy. The goal of this strategy is to reduce the recurrence of adverse birth outcomes by providing prenatal care for women who have had prior early preterm or very low birth-weight births, fetal or infant deaths, pregnancies affected by preventable congenital anomalies, adolescent pregnancies, and other chronic health problems associated with adverse pregnancy outcomes; in short, the strategy will increase full-term pregnancies.

The core components of care will consist of 1) risk assessment, 2) health promotion, 3) medical and psychosocial interventions, and 4) outreach and case management.

2. **Outreach** – Even if a system is in place to provide quality prenatal care to every pregnant and parenting woman and family, it will have limited impact if women do not access prenatal care, particularly those at risk for poor birth outcomes. The goal of this strategy is to improve access to prenatal and other resources for at-risk women and families by providing care within their homes or other safe environments. Because of the COVID-19 pandemic, outreach visits may be in person or by tele-health means.
3. **Care Management** – The objective of care management is to connect pregnant and parenting women and families to the services they need. Similar to outreach, several effective local and national evidence-based best practice models have been developed, including the Nurse Family Partnership which uses professional home-visiting registered nurses, the Healthy Start program, and the Black Infant Health program, which use a combination of professional and lay workers to provide the care management.
4. **Health Education and Messaging** – Health education is the primary means for changing risk behaviors and promoting healthy behaviors during pregnancy. Prenatal health education primarily takes place at the prenatal visits. The goal is to expand the reach of health education through multiple channels at multiple levels. The aims are to change not only individual behaviors but also interpersonal (partners and families) support, community and social norms, institutional practices, and public awareness. Based on extensive literature review, successful health education interventions are characterized by the following: 1) they are grounded in scientific theory; 2) they are capable of reaching the target population, who are capable of reaching the desired outcomes; 3) they use multiple channels; 4) they are guided by formative research; 5) they are developed and implemented with community partnership; and 6) their core content is driven by community-identified priorities (e.g. abstinence and relationship education).
5. **Social Support** – Stress and mental health issues are priorities for pregnant women. A growing body of scientific literature has linked psychosocial stress to adverse birth outcomes, particularly preterm birth and low birth weight. The goal of this strategy is to promote healthy, full-term births by providing and promoting psychosocial support to pregnant and parenting women, their male partners and their families, through individual and family counseling services. These interventions offer a multi-level approach, consisting of 1) strengthening the capacity of partners, families, and social networks to provide psychosocial support, 2) building community support, and 3) enhancing system capacity to provide care management and home visitation.

For the Life Choice Project to be truly comprehensive and multi-level, we strive to implement each of the aforementioned core approaches that address multiple levels of influence. These strategies foster an understanding of the contributory factors and solutions to crisis pregnancy at the individual, interpersonal, neighborhood/ community, and service systems. Using this framework, the Life Choice Project's related services and activities are offered through the following four interventions:

Schedule for accomplishing project

Intervention 1 - Coordinated Prenatal Care Services (CPCS) –

The primary service delivered by the statewide network of pregnancy resource center partner service providers to TANF-eligible participants offers information, referral, access to needed medical, nutritional, social, emotional, educational, developmental, and other appropriate prenatal care services. These services are designed to improve the health and well-being of the expectant mothers and their unborn through preventive care to reduce morbidity and mortality of pregnant women and infants, and to promote the cost effective utilization of existing services.

A TANF-eligible recipient may enroll in the program free of charge at any time during her pregnancy. CPCS offers an ongoing process of services by care professionals and other personnel in a number of activities. The length and frequency of the services will vary according to the individual's and/or family's needs, but in general should be in accordance with the schedule outlined in the Client Service Assessment Guide.

Services are available at each pregnancy resource center/clinic and offer the provisions of counseling, information, resources, supports and access to appropriate linkages to support the social and emotional needs of pregnant women in crisis in order to ensure healthy and full-term pregnancies. Services are delivered as follows:

Service Activation

- *Initial Counseling 1* – Client served orientation that provides the prospective client information about the services offered through the Life Choice Project. Counseling also includes an assessment of drug / alcohol use, depression, domestic abuse, emotional tensions, etc. and a discussion of coping strategies as necessary.

Upon the verification of TANF eligibility and confirmation of client pregnancy, services are provided through one of the following provisions.

1. Client Pregnancy Services:

- *Counseling* by caring and trained advocates, counselors, and/or nurses offers emotional support, information and resources to vulnerable pregnant women, their male partners and/or families, or others in their support system in making informed decisions about their unexpected pregnancies to help them to consider parenting or adoption
- *Emotional Stability Assessments* evaluate the current emotional state of the both the pregnant and non-pregnant woman.
- *Health Risk Assessments* offer written assessment of pregnant women's general health and well-being.
- *Care Plan Development* offers a written service plan to guide pregnant women, their male partners, and/or families to set goals and actions related to issues/concerns identified by the Health Risk Assessment and the Emotional Stability Assessment.
- *Abstinence Education Sessions* provide information and resources to help women build decision-making skills and improve their knowledge about the importance of developing healthy relationships and promote healthier lifestyles choice of avoiding unplanned pregnancies out-of-wedlock.
- *On-going Care/Monitoring* offers care management through services that support pregnant women via regular visits and follow-up contacts to monitor the pregnant women's emotional well-being, follow-ups to prenatal and other health-related plans, and other issues relevant to care and service.
- *Support Service Referrals* offer linkage to other local providers and services to address needs/issues identified in the Health Risk Assessment to ensure appropriate care and support, i.e., smoking cessation, domestic violence, opioid risks, education and referral, and other health and lifestyle related concerns. These community services are provided in-kind through local resources.
- *Parenting Sessions* aim to support parents in developing and sustaining healthy relationships through parenting education sessions, couples sessions, communications, life skills development related to caring for the baby, and other information providing assistance and support in other family related matters. Male partners and families members are encouraged to actively participate in available program services. This also includes access to new and donated items for both mothers and newborns as available by each Partner Service Provider. Other services include individual and group parenting sessions on such topics as prenatal care, parenting skills, safety, preparing for baby, etc., to further support pregnant women during their pregnancy.
- *Confirmation of Full-Term Pregnancy* provides a follow-up visit to confirm full-term pregnancy, delivery and birth outcomes, initiate case closure, and to transition the new parent(s) to other supportive services based on availability. A full-term pregnancy is defined as one where the mother chose to carry to term with a plan to parent or place for adoption.

2. Negative Screening Services

- *Counseling*, from caring and responsive professionally trained peer counselors / advocates offers support, information and resources to assist women who may have thought they were pregnant to help them adjust to their situations. Counseling services are offered to women with negative pregnancy tests, as learning that they're not pregnant may be emotionally challenging experiences, as well as for those who may be relieved to learn that they're not pregnant. Other support is provided as needed to help non-pregnant women consider abstinence to reduce the incidence of future unplanned pregnancies. Counselors also stress the importance of healthy two-parent relationships prior to considering preconception planning to ensure optimal health of both parents, which in turn optimizes the health of their baby.
- *Abstinence Education Sessions* provide information and resources to help women build decision-making skills and improve their knowledge about the importance of developing healthy relationships, as well as to promote the healthier lifestyle choice of avoiding unplanned pregnancies out-of-wedlock.

Program Deliverables and Service Component Descriptions

The following chart outlines the deliverables for each service component, the description of the types of allowable services, and the limits to services for the three types of Coordinated Prenatal Care Services which are available at the local pregnancy resource centers/clinics, through the home outreach support services, and/or through the new satellite sites. This is a standard chart of services for all partner service providers. There are nine partner service providers; two are in their early development.

TANF-eligible pregnant women and women who think they may be pregnant and who desire to participate in the CPCS service delivery are offered these services free of charge from the moment they are pregnant through the birth of their child. Services are designed to support pregnant women throughout the term of their pregnancies. Pregnant women have the option to choose the level of program involvement that best meets their needs.

Intervention #1 - <i>Coordinated Prenatal Care Services (CPCS)</i>		
SERVICE ITEMS / TARGET NUMBERS	DESCRIPTION	Allowance
<p>Parenting Sessions (workshop sessions, individual training, and other activities) 1080</p>	<p>Service aims to support parents in developing and sustaining healthy relationships, in ways that help them to be better parents and experience more satisfying, long-lasting partnerships, which will in turn have beneficial long-term effects on their children's development and future life choices. Services and activities include:</p> <ul style="list-style-type: none"> § Strengthening family relationships § Developing and enhancing parenting skills § Enhancing father's leadership skills § Reducing barriers to effective parenting. <p>Prenatal Care- A variety of curricula and educational programs are utilized by the Service Providers from a visit-by-visit plan to handouts. Prenatal education classes are required to provide at least 15-30 minutes of instruction per session to pregnant women and are designed as the first step in becoming an effective parent to the baby.</p> <p>Baby & Me Classes- Parenting education sessions frequently used by many of the Service Providers and offer pregnant women opportunities to ask questions and gain new information. At minimum, Service Providers are encouraged to choose a pregnancy reference book such as -What to Expect When Expecting by Eisenberg, Mirkoff, and Hathaway, and use it together with the pregnant woman to help in preparation for the baby's arrival. The prenatal education programs should cover the following aspects of pregnancy, labor, and delivery and postnatal period accurately. Includes childbirth classes. A Prenatal Education Checklist noting suggested topics is attached.</p> <p>Individual Parenting Education sessions – Partner service providers are encouraged to adopt curricula approved for LCP programs or to submit their preference to the LCP Administrator for approval. Parenting education programs should include suggested topics that accurately and appropriately address aspects of child development, health and safety according to the participant's individual needs. Earn While You Learn is an optional curriculum available to service providers/subcontractors, but again, they are free to utilize other appropriate curricula or educational formats, such as Brightstart or similar, that best suit their service delivery. Online service delivery is acceptable with appropriate documentation.</p>	<p>Limit 1 session per visit; multiple sessions allowed.</p>
<p>Individual Counseling Services 2860</p>	<p>The following services may be used in individual counseling sessions:</p> <p>Client Served Orientation / Education - Initial contact with the pregnant woman or woman who thinks she is pregnant to explore her mental health status as it relates to a potential pregnancy. Topics include, but are not limited to, drug / alcohol use, depression, domestic abuse, etc. This is performed during a face-to-face interview and is documented in writing.</p> <p>Pre-natal Counseling – social support and guidance provided to assist pregnant women to assess their lifestyles. The professional staff member can do much in guiding expectant mothers to develop healthy behaviors during pregnancy by accessing appropriate resources and support, and to set goals for themselves, their personal relationships, health, family development, home education and/or careers.</p> <p>Emotional Stability Assessment - A formal, written assessment designed to evaluate the current emotional state and well-being of the pregnant woman. Administered by the prenatal care specialist, tensions surrounding the client's pregnancy can be identified and addressed to help her navigate her challenges. It can also help identify if the client is in an unsafe situation, such as being a victim of trafficking.</p>	<p>Limit 1 <i>initial</i> counseling service provided on first visit</p> <p>Minimum 1 additional counseling session per visit (including first) available</p>

	<p>Health Risk Assessment A formal, written comprehensive needs assessment is developed by the prenatal care professional during a face-to-face interview with the pregnant women to assess their health and well-being. Assistance is also provided in applying to state programs such as WIC, Medicaid, LA Moms, etc. The process includes a review of a formal evaluation conducted by the prenatal care professional with the client. Information gathered through this assessment will aid in the development of a plan of care that will support the on-going coordination and monitoring of services to ensure healthy birth outcomes. At minimum, should cover:</p> <ul style="list-style-type: none"> • medical ; • social/family; • nutritional; • prenatal, educational and/or vocational needs <p>Care Plan The care plan shall be developed by the prenatal care professional with the client in a face-to-face interview with the TANF-eligible recipient to address their needs and build on their strengths. <i>The care plan shall:</i></p> <ul style="list-style-type: none"> • Address the specific needs of the individual/family as identified in the initial risk assessment; • Establish priorities among the needs identified and document a procedure formulated to address these needs; • Outline the responsibilities of the prenatal care professional, the individual and appropriate family members; and other pertinent persons; • Provide eligible individuals with information and direction that will enable them to successfully access and utilize the needed services identified by the plan; <p>On-Going Care It offers individualized services to at-risk pregnant women to strengthen their capacity to meet their needs whether personal, social, medical, or financial, facilitates the clients ability to access and appropriately utilize available resources. The prenatal care professional will assist the eligible participant based upon issues identified in the health risk needs assessment. It is performed through face-to-face contact and monitoring via telephone contact. Services must be documented in writing. The Service Provider will be responsible for monitoring the Care Plan to determine:</p> <ul style="list-style-type: none"> • what services have or have not been delivered; • whether the services were delivered as scheduled; • whether the services were consistent with the individual's care plan; and • whether modification to the care plan is required. 	<p>The recommended schedule, unless modified for an individual's need(s), is for pregnant women, each trimester during pregnancy, within one month prior to birth.</p>
<p>Support Service Referral (Includes distribution of information, referral and linkage to other community-based services provided as in-kind donations) 2370</p>	<p>Educational, informational, and other materials - All materials, such as brochures, pamphlets, flyers, etc. distributed to LCP clients must meet prior approval from the Life Choice Project office and should relate to decision-making on parenting, adoption, or abstinence. All items provided to clients during the delivery of LCP services must be secular. They should cover a wide range of topics including services for at-risk mothers; insurance; medical information; treatment centers (smoking cessation, substance abuse); stress reduction; development of the baby; discomfort during pregnancy; nutrition; safety; preparing for the hospital; preparing for the baby's arrival; post-partum care; health care expectations, well baby check-ups, immunizations, illness, etc.</p>	<p>Limit one referral service per visit Service Providers must provide documented evidence of referrals by completing the Referral/Pantry Service Form that</p>

	<p>Community Resources for Outreach and Referral Services – Each client who completes a visit will receive a support service referral for one or more areas of need. A directory of community resources must be available and include the description of services offered, name of agency, address, telephone number, contact person, and any cost associated with the services. The list includes, but is not limited to the following services and agencies: Adoption; AIDS/HIV; Alcohol, tobacco, and other drug abuse programs; Child welfare services; Children with special needs program; Early childhood intervention program (Head Start, Early Head Start, Birth to 3); Domestic/Family Violence; Day care centers; Employment/Job Training; Food pantries/other food services; <u>Special Supplemental Food Program for Women, Infant, and Children (WIC)</u>; <u>Housing and shelters for the homeless</u>; <u>Maternity Homes</u>; <u>Legal assistance</u>; <u>Social service (e.g., family/marriage counseling, family support services, clothing for newborns, Parenting education (including fathers), perinatal loss/grief counseling; Family Resource Centers; Adult Education; Transportation; etc.</u></p>	<p>identifies services to address the client specific needs.</p> <p>The Life Choice Project will provide limited resources in educational, informational, and other health related materials.</p>
<p>Abstinence Sessions 1692</p>	<p>Abstinence Sessions are offered to all clients to provide education on sexually transmitted diseases and their risks, and emotional risks of sexual activity outside of marriage. Clients may also receive education on the benefits of marriage and of fidelity within a marriage relationship. Abstinence education may also include assessing the clients' current situations to assess the option of adopting a plan to delay pregnancy until a more appropriate time, the importance of having healthy relationships with their male partners, and considering the consequences of unplanned pregnancies.</p>	<p>Minimum 1 session</p>
<p>Full Term Pregnancies 405</p>	<p>Full-Term Pregnancy Confirmation visits are performed to initiate case closure activities, obtain confirmation on the full-term delivery and birth outcomes, and to transition to other local support services. A high-risk woman who chooses to carry her baby to term but delivers early will be considered a full-term pregnancy for purposes of abortion alternatives. May be in-person, virtual, or by telephone.</p> <p>Since all Life Choice Project's services are voluntary, pregnant women may terminate visits at any time; however, cases are usually closed when the goals set and achieved and at the birth of the baby. During the closure visit, the mother and Home Visit Nurse or Home Visit Educator have the opportunity to review and summarize the information covered during the service delivery, to facilitate transition to other programs, and to acknowledge achievements made while enrolled in the program. Parents also have the opportunity to prepare for separation of the bond that has been established between with the Home Visit staff and the Home Visit by thinking of final questions to go over and by strengthening their relationship with other appropriate support systems in their life.</p> <p>For families who are transitioning to other programs, such as into the public school or local Head Start program, Home Visit staff should try to participate in transition planning meetings activities with the other program to facilitate the transfer of the family's case as deemed appropriate. May be in-person, by telephone, or virtual through telehealth.</p>	<p>Limit 1 session</p>

Intervention 2 - CPCS Home Outreach Support Services (CPCS-HOSS)

CPCS-HOSS is an outreach approach that extends the center-based Coordinated Prenatal Care Services to the target population of hard-to-reach, at-risk, low-income pregnant women and minors without transportation living in rural, urban, and suburban communities. Services are offered in their homes or in other designated safe environments (i.e., churches, libraries, community centers, or other public environments such as a store or restaurant that has public seating and where a client feels safe). It is especially important to find such safe locations that are also deemed essential during the COVID pandemic, as many clients do not want non-family members in their homes. Services may also be provided through virtual home health visits via Zoom or similar service through use of smart phones.

The following describes the flow of the service delivery similar to the method used in the center-based Coordinated Prenatal Care Services but with emphasis on the home environment.

- A TANF-eligible pregnant woman is informed about the CPCS Home Support Outreach Services during her initial visit to the center by the counselor following the completion of a screening. There are two types of CPCS Home Support Outreach Services - the initial prenatal visit and the birth outcome confirmation visit (BOCV) which is conducted following the baby's birth to confirm a full-term pregnancy, initiate case closure, and obtain information about the overall birth outcome for both mother and infant. The outreach visits are conducted by a the Home Prenatal Care Nurse (HPCN) and/or the Home Prenatal Care Educator (HPCE). The Home Prenatal Care Educator (HPCE) is a non-clinical person who works with the pregnant woman to assess basic needs and coordinate appropriate in-kind donated resources to support the mother, her baby and their families. The Home Prenatal Care Nurse (HPCN) is a clinical person responsible for assessing the overall health and well-being of the pregnant woman and providing her with the guidance and resources to support her in addressing any health-related concerns. The HPCN and the HPCE, along with pregnant women, their male partners, and families, work to ensure the necessary support and resources for the health of both the mother and the unborn child.
- Each CPCS partner service contractor Home Support Outreach Support Services may operate slightly differently in terms of the available resources. Through the support of in-kind contributions and other resources, the HPCN / HPCE may bring donated groceries on the home visits with the pregnant women and their families, but other locations may not have this resource available. Other community donated items may be available instead, such as clothing and other incidental items that pregnant women may need.
- During the prenatal care visit the HPCN / HPCE conducts a health risk assessment, provides counseling, support and other information to the pregnant woman. Her male partner and family members are encouraged to be engaged in the services and informed of the importance of accessing appropriate health care, nutrition, psychological support, etc. to reduce their risk factors during pregnancy. Parenting information may be shared during this visit as well.
- The HPCN / HPCE discusses the purpose of the birth outcome confirmation visit and asks that upon the infant's birth that team be contacted to schedule the (BOCV) visit. HPCN inquires if the pregnant woman is experiencing any complications with her pregnancy, and what the goals are for her pregnancy; an example of the answer might be "to have a healthy baby and take care of myself."
- HPCE or HPCN also inquires whether or not the pregnant woman has applied for Medicaid and WIC and scheduled doctor's appointment; all responses are documented appropriately. The staff discusses the importance of completing any tasks not completed as discussed during the intervention. The Prenatal Care Home Outreach assessment sheet is completed and signed by the HPCN. The questions are asked as listed on the form. If the client is experiencing any of the problems listed (cramping, bleeding, etc.) the client is instructed to call their doctor if they have one, or to be evaluated in the emergency room. Any current prescription or over the counter medications are listed. If the client does not mention prenatal vitamins the RN recommends that they consider taking them and suggests where to purchase them.
- Under client/family strengths identified: HPCN inquires as to who will be helping with the baby when it comes in order to help the pregnant woman to begin thinking about her support system.
- Client/family challenges identified might include problems identified by the pregnant woman or lack of a support system. How does she see the baby's father's involvement with her and this pregnancy?
- An example of a primary objective is -Healthy baby and full-term pregnancy

- Outcome Goals: Plans for after the baby comes such as work, education, etc. Regarding health education: gestational diabetes and preeclampsia are briefly explained and the pregnant woman is told what to expect if diagnosed with either of these complications. Suggestions on various parenting modules and prenatal series such as nutrition and exercise are offered. If the pregnant woman is a smoker, she is given information about the effects of smoking on both her health and that of her unborn child.
- During the visit other risk behaviors and concerns such as alcohol, recreational drug use, other addictive behaviors and STDs are discussed. The HPCN / HPCE works with the pregnant woman to establish a care plan that addresses referral and other support needs for the individual, her male partner, and family. Information about her family is also documented to assist in coordinating support as needed. The HPCN / HPCE reminds pregnant woman to contact the center anytime if she has any questions or concerns; go to the ER if she's experiencing any complications; consider enrolling in prenatal and parenting sessions; confirm referrals and other suggested supports; the HPCN / HPCE also provides printed materials such as "Baby Talk" magazine, and schedules follow-up visits if desired.
- During the *Full Term Pregnancy Confirmation Visit (BOCV)* the HPCN / HPCE will offer assistance with in-kind, community donated groceries, infant and adult clothing and provide a bag or basket of gifts for the baby that includes formula, diapers, wipes, and clothing for the baby, baby food, toys, assorted bath items based on availability and information on the type of formula or size of diapers. Services continue as the client is asked by HPCN or HPCE if she had any concerns about delivery, either for herself or the baby. HPCE or HPCN completes the Birth Outcome Confirmation Form that gathers information on the overall outcome of the delivery, baby weight, health-related concerns, etc. The new mother is asked about her goals for school, work, childcare, staying home, etc., now that she has had the baby. The mother is asked if she has made doctor's appointments for both herself and the baby, and scheduled WIC appointments. The parent is offered the opportunity to participate in a parenting session by viewing a DVD called Baby Care Home Video which is part of a 16-topic series related to baby care. Examples include breastfeeding, diapering, cord care, bathing, colic, giving medicine, etc. After viewing the DVD, the client may discuss her concerns and ask questions. HPCE or HPCN obtains additional information such as the family make-up. In concluding the BOCV the parent is provided a model release form by the HPCE who requests permission to take the baby's picture for our files. In concluding services, the HPCN / HPCE provides information to new parent(s) related to other supports such as the Nurse Home Visiting Program, if available within the area, to further assist her in her new role as a parent. Visit may also be offered as a virtual tele-health service.

Intervention #2 - <i>Coordinated Prenatal Care Services (CPCS) – Home Outreach Support</i>		
SERVICE COMPONENTS / TARGET NUMBERS	DESCRIPTION	ALLOWANCE
Home Outreach Support Services	Extends CPCS provides services to pregnant women in their homes or other designated safe environments to ensure access for hard- to-reach pregnant women without access to transportation, with particular emphasis to those living in rural communities. Non-medical services and parenting education are provided by Home Educator or Nurse to monitor pregnant women's prenatal condition throughout pregnancy, to prepare her for caring for the baby, and to provide appropriate referrals, resources and supports. May be in-person or through virtual tele-health. <i>(Refer to CPCS Services listed above)</i>	Limit 1 session per visit; Multiple visits allowed.

Intervention #3 – Coordinated Prenatal Care Services – Satellite Sites (CPCP-SS)

For several years, CTLM has attempted to increase the number of partner service providers particularly in other DCFS regions. A number of faith-based and community providers expressed interest in participating in the LCP, but the initial start-up expenses are cost prohibitive. Subsequently, this funding presents an opportunity for innovative and strategic solutions to expand the LCP services.

As a multi-region initiative, the Life Choice Project is continuously seeking to provide a wide range of supports and services throughout Louisiana to women experiencing a planned or crisis pregnancy. Support and services include information, education and other resources needed to ensure a healthy and full-term delivery. For this reason, the LPC has worked to establish pregnancy satellite centers/clinics in centrally located rural or marginalized area(s) that do not have a full-service pregnancy center/clinic nearby.

The pregnancy satellite center/clinic are set up to function in the same capacity as a regular operating pregnancy center/clinic providing services at least 3-days a week. These satellite clinics are in process of becoming fully licensed centers/clinics that will be able to provide services to clients, such as childbirth classes, medical consultation, and health and nutrition classes on a walk-in basis or by appointment. In addition, they will offer other resources typically provided by a full-service pregnancy center/clinic, such as in-kind community donations of baby clothes, formula, diapers or other resources to assist pregnant women or those experiencing a crisis pregnancy. One of the main benefits of establishing a satellite center/clinic is its ability to be more cost effective than a regular pregnancy center/clinic with start-up, overhead fees, and full costs associated with a new clinic and its implementation. However, as pregnancy satellite clinics/centers gain momentum through name recognition, the visibility of the services that it provides to both pregnant women and men over time will enable that particular satellite site to become a full service pregnancy center provider in that designated community and/or area. The target area that is in severe need of accessibility to pregnancy centers is Monroe (Region 9).

Having pregnancy satellite clinics located in these specific areas will enable pregnant and pregnant women in crisis to have access to quality pregnancy services and other resources to assist their needs. Another benefit of establishing the pregnancy satellite clinics/centers is that these clinics have the ability to be more technology- driven by making appointments more easily accessible for clients, pregnancy centers, and hospitals in the event that a client has to be referred to one of the full-service pregnancy centers or hospital in an emergency situation for follow up or further assessment.

The new sites are targeted to provide a modified version of the primary CPCS services as described above. The proposed deliverables are inclusive of the service targets identified in the Coordinated Prenatal Care Services. The overall goal is to reach at least 165 clients between the three satellite sites.

Intervention #3 – Coordinated Prenatal Care Services (CPCS) Satellite Sites	
SERVICE COMPONENTS	TARGET
Clients Served	110
Individual Counseling Services	110
Parenting Education Sessions	34
Abstinence Education Sessions	77
Support Service Referrals	110
Full-term pregnancies	10

Intervention #4. Public Information and Awareness Marketing Campaign

This strategy, although last, is critical in supporting the previously described three CPCS interventions approaches. The Public Information and Awareness Campaign offers a comprehensive health education and messaging strategy utilizing the Life Choice Project branded resources to promote the importance of changing risk behaviors and promoting healthy behavior during pregnancy. Strategies are utilized that specifically target the millennial (aged 18 to 29 years-old) pregnant women or women who think they are pregnant, and pregnant minors who are high risk for poor pregnancy health and birth outcomes. These media have been proven most successful at garnering their attention.

Intervention #4 – <i>Public Information and Awareness Marketing Campaign</i>	
Deliverables	Description of Services
TBA Dependent on air time availability	<p>Radio Spots</p> <p>The Radio commercials target crisis-vulnerable pregnant women using a professional media production featuring actors representing the target populations of adolescents, young women, and 30+ women of various ethnic groups who may be pregnant. The radio spots and PSAs will target young pregnant women and pregnant minors.</p>
Minimum of 2 Signage. when needed	<p>Signage</p> <p>The <i>“Know For Sure”</i> billboard campaign displays a young woman of unknown racial origin. Based on media and marketing research, the signage will be reflective of how a young woman experiencing a crisis pregnancy would most like to see themselves. Partner Service Providers are consulted to identify appropriate high traffic and high-risk communities for placement.</p>
2000 calls/ referrals	<p>Toll-free 800 Phone line</p> <p>The <i>“Know For Sure”</i> statewide hotline, 1-866-664-7873, will be utilized and the number will be featured in marketing information. This number, in combination with other communication resources, is a referral line staffed by employees of LCP /CTLM. The phone line is answered 24 hours daily including nights and weekends. Trained individuals responsible for assessing the caller’s needs, provide information, make referrals, as well as schedule appointments with one of the statewide service providers. Staff are responsible for tracking and monitoring the number of calls, types of calls, as well as outcome of calls.</p>
*On hold due to COVID-19	<p>Brochures and Posters</p> <p>Brochures and other printed informational materials promoting the Life Choice Project will be distributed to school-based health centers, schools, physician offices, hospitals, clinics, community centers, social services agencies, and churches throughout the state.</p>
Monthly Services	<p>Social Media Sources - Website, Snapchat, Yelp, Google Impressions, etc.</p> <p>Development of the KNOWFOR SURE.me and ACHOICE.org websites - a component of the pregnancy support and services campaign using social media outlets targeting at risk population of low-income pregnant women.</p>
Data located in TANF database	<p>Annual Report</p> <p>Produced and distributed to service providers, clients, collaborating agencies, and other referral sources to highlight and document the outcomes of services provided.</p>
Distribution to be determined by subcontractors	<p>Community In-kind Donated Incentives</p> <p>A variety of in-kind donated resources are utilized to promote the awareness of the Life Choice Project’s services as well as to motivate participants in continuing their services throughout the duration of their pregnancies. Inexpensive promotional items available for all Coordinated Prenatal Care Services (CPCS) and may include items such as tote bags, t-shirts, car-seats, strollers, etc. Each incentive program is unique to the service providers’ available in-kind, donated community resources are NOT purchased with any ATA funds. This diaper, formula, strollers or other needed items campaign will be used to reach the pre and postpartum mother with an unexpected pregnancy.</p>

Data Collection and Analysis

The Life Choice Project developed an electronic database management system to standardize the process for gathering and collecting relevant program data from each of the partner service provider sites. The information collected provides various data needed to assess the project's overall outcomes in terms of the number of clients receiving services, the types of services delivered, frequency of services, disclosures as to whether or not they are vulnerable to considering abortion, and their choice for parenting or adoption. Demographic information is also captured that includes clients' age, race/ethnic group, marital status, and educational attainment level. Additionally, the system provides information on clients' geographical locations including zip codes, cities, and parishes, as well as the DCFS region in which clients reside, and the numbers served and other characteristics of their clients.

Coordinated Prenatal Care Services Data Collection Process	
1.	Identify geographic location (list cities and parishes)
2.	Total number of TANF eligible pregnant women
3.	Total number of pregnant women approved for CPCS.
4.	Demographics: a. Total number of pregnant women (17 years and under) b. Total number of minority women Race/Ethnicity (African-American; Asian; Latin; Indian and Middle Eastern, Native American)
5.	Status of pregnant women enrolled this reporting period: a. Married b. Single, never married c. Divorced d. Widowed
6.	Educational level of enrolled pregnant women: a. Total number of women with advanced education (College/VoTech) b. Total number of women graduated from high school or has a GED c. Total number of women not graduating from high school
7.	Total number of first-time pregnancies
8.	Total number of subsequent pregnancies (at time of enrollment)
9.	Total number of pregnant women considering adoption
10.	Total number of abortion vulnerable pregnant women
11.	Total number of pregnant women enrolled in CPCS this reporting period: a. First visit completed in first trimester b. First visit completed in third trimester c. First visit completed – unknown
12.	Total number of visits completed this reporting period using CPCS pay program source: a. Total number – Client Orientation Counseling 1 – Educate Clients on Services b. Total number – Abstinence Counseling/Education c. Total number – Counseling Sessions d. Total number – Health Risk Assessment and Care Plan Development e. Total number – On-going Monitoring and Care (Follow-up) f. Total number – Family Support Services g. Total number – Birth Outcome Confirmation h. Total number of – Home Outreach Support Services
13.	Total number of center-based services this reporting period.
14.	Total number of home-based services this reporting period
15.	Total number of satellite services this reporting period.
16.	Total number of active pregnant women enrolled in PCCS this reporting period.

17.	Total number of pregnant women exiting CPCS this reporting period
18.	Total number of physician referrals
19.	Total number of physician verifications
20.	Total other Services received (non-CPCS) a. Physician b. Other medical services
21.	Total types of other services received (non-CPCS); i.e., ultrasound/sonograms
22.	Total number of births
23.	Total full-term births

Program Monitoring and Quality Assurance

As a TANF responsibility, a Quality Assurance Policy and Plan that guides the monitoring and evaluation of CPCS partner service providers is used by the Quality Assurance Compliance team that outlines a quality care plan for the effective delivery of identified services and its frequency. Subcontractors must also comply with the quality assurance policy that addresses the following: *standards of care; clinic policies and procedures; client chart review; reporting procedures; and resources, referrals, and informational materials*. There are two layers to the Program Monitoring and Quality Assurance procedure: on-site service monitoring and request for reimbursement auditing.

For the on-site service monitoring, Quality Assurance (QA) Compliance Specialists are designated to cover north, east, west and south parts of the state. QA Compliance Specialists are trained in performing appropriate procedures to monitor and assess the partner service providers' adherence to the documentation, reporting, and service delivery format. As is required by guidelines found QA compliance team conducts monthly on-site assessments of each subcontractor using a checklist that details the expectations and procedures. Random/un-scheduled visits are also conducted periodically, when necessary. During those on-site visits, compliance specialists review and assess the subcontractor's continued compliance with protocol and directives of the program.

For a new applicant site, an initial On-site Review is conducted that allows the Quality Assurance Compliance Specialist to assess the agencies' capabilities, locations, adequacy of the facilities, resources, and staff's ability to comply with the expectations of the program. After the subcontractor has been determined to have successfully met the requirements, a second visit will follow in which the QA Specialist will conduct the New Service Provider Orientation to ensure that the director and staff are trained on the program's expectations and the procedures that must be followed during the monthly monitoring/audits.

During the first month of operation, the Quality Assurance Compliance Specialist will contact the subcontractor to schedule an on-site visit to conduct a comprehensive review of all records. Once the Quality Assurance Specialist determines that the subcontractor and staff have the appropriate knowledge, understanding, and skills to effectively meet the expectations, the QA Specialist will conduct monthly random reviews of 10% - 50% of the client records, depending on the expertise of the clinic and the ongoing condition of their charts. Particular attention is paid to the Quick Quality Report and to the Form 100 signature page to verify client eligibility and participation. In addition, compliance specialists ensure that insurance and medical licenses are up-to-date and that any other on-site requirements are being maintained.

In the event there are deviations, the subcontractors will be provided written notification during the on-site visit. Subcontractors are given an opportunity to respond to the findings and, as necessary, provide a plan of action for correcting the issue(s). Upon successful completion of assessment, QA staff submits the visit findings to the CTLM staff for review and filing. Prior to the release of funds, the subcontractor must submit written verification each month that the funds are used appropriately and that the services are provided as agreed.

As previously mentioned, an electronic database management system is utilized for the collection of service data from each subcontractor. This information is relevant for reporting of information necessary to assess the program's overall outcomes. The partner service providers can utilize the electronic database management system to review and analyze services they provide at any given time. LCP administrative staff utilizes this information to monitor and analyze each partner service providers' trends.

Partner service providers also generate monthly reports that capture specific information related to the goals and objectives of the project that, along with a copy of the Client Services Assessment Guide, formulates a guideline for the delivery of the CPCS center/clinic-based services, CPCS Home Outreach Support Services, and CPCS satellite sites' services to TANF-eligible pregnant women. This form is also used to compile and report individual reports of services for each client. This report must be completed in its entirety for each reporting category and submitted along with the Request for Reimbursement Form, which is due to the LCP administrative office by the 3rd of the month following services.

All partner service providers will generate a Monthly Service Reporting Form that serves two purposes. First, this form is utilized by Subcontractors for accurate reporting of monthly client services provided. Second, this form is also a tracking tool, providing detailed information regarding client demographics and other activities available during the month. This report is completed in its entirety. The information is compiled to generate a compilation of service outcomes each month. The project staff, including the Quality Assurance Compliance team, reviews information monthly to assess and identify challenges and needs. This information is also used to generate the DCFS/TANF Measures of Success (MOS) monthly report.

The second layer of Quality Control relates to the Request for Reimbursement invoice packet submitted by the subcontractors and is also in two phases. Phase One occurs when the monthly invoice packet is received. At that time, a Compliance Specialist reviews that packet for accuracy, according to the CTLM Invoice Processing checklist. An example of items reviewed include, but are not limited to the following:

- a. Item billed is in the subcontractor's budget and is an allowable expense item billed
- b. Item billed reflects a service date within the current month being billed
- c. Item billed has appropriate documentation, such as complete bills and proof of payment
- d. Item billed has the appropriate header, including current PO number, budget section, and category

If a discrepancy is found, the subcontractor is contacted to either submit the correct / additional document or to correct the cover page and spreadsheet to reflect the correct information. When that information is received, it is placed into the subcontractor's invoice packet. Once the preliminary review is completed, the Project Director and Client Support Specialist conduct a secondary review to verify that packets are complete, correct, and that each item listed for reimbursement is in the approved B-1 Budgets. CTLM also maintains a spreadsheet detailing budget versus actual expenses to monitor the funds remaining in each budget category, which allows the Project Director to ensure that funds are only being spent as allowed and to monitor the rate of expenditures.

Key Personnel

Caring to Love Ministries (CTLM), the administrator of the Life Choice Program is responsible for the administrative and programmatic oversight of the Life Choice Project's statewide initiative. This includes the management of fiscal, monitoring, and all programmatic activities including data collection, analysis, and reporting utilizing the on-line data management system to gather information on service delivery, client data, and overall program effectiveness. Through a series of activities that include planning meetings, conference calls, weekly staff and subcontractor meetings, trainings, an annual conference, and resource development materials the program is strategically implemented through the collaborative efforts of key project staff, professional technical service providers, and CPCS partner service providers to ensure the effective operation of the Life Choice Project.

The administrative and fiscal management of the program is led by the Project Administrator Dorothy Wallis with the support of LCP staff that includes:

- Client Services Coordinator responsible to collaborate with the CPC Subcontractors, providing support and assistance related to contractor needs. Coordinate and plan programmatic, technical training to support the efforts of the subcontractors in their day to day service delivery. Review a small sample of client satisfaction surveys.
- Client Support Specialist responsible for Data tracking for performance; assist in the facilitation of subcontractor client target standings; provide clerical/secretarial support to assist the Subcontractors and program staff in various duties, including developing and maintaining systems communications of client flow process; assist in the facilitation of communication with directors concerning mandatory conference calls, trainings, and webinars; assure invoices are properly coded, eligible, and assembled for billing.
- Accountant is responsible for managing all accounting systems, budgets, leading the coordination of the partner service provider services verification process, and billing.
- Home Prenatal Care Nurse (HPCN) responsible for managing the CPCS – Home Outreach Support Program providing direct care to support pregnant women in their home environments or other safe place and provide assistance and support to other CPCS subcontractors in the delivery of similar services in their local communities.
- Home Prenatal Care Educator, is a non-clinical person who works with the pregnant woman to assess basic needs and coordinate appropriate resources to support the mother, baby, and their families; directs clients to the LCP program and clinic that can best meet their prenatal and parenting needs.

In addition to the project staff, the Life Choice Project is supported by the professional technical consultants whose expertise assists in the effective operation of the project.

- Quality Assurance Compliance Specialists are responsible for conducting on-site monitoring visits to assess partner service provider's compliance with the program's overall goals and expectations and to review monthly financial invoices from subcontractors.
- Public Relations/Media consultant coordinates health messaging and education activities to promote awareness and education about healthy behavior during pregnancy; coordinate media buys, billboards, and other associated marketing and promotion activities.
- Web-based Communications consultant manages and maintains the all data base systems for the tracking and reporting of program activities and services; provides training and technical assistance to project staff and subcontractors in accessing and troubleshooting database issues.
- Part-time contract data entry specialist is responsible for assisting with the review and verification of partner service provider's monthly services and invoicing documentations
- Information Technology Specialist is responsible for the maintenance and upkeep of computer hardware and software systems.
- John Hogue, Attorney serves as the legal advisor of the project to ensure the compliance with the requirements and policies.

In addition, a Peer Advisory Council comprised of the CPCS leadership who regularly reviews, both individually and as a group, the program's overall performance, identify issues or concerns, and provide recommendations for service improvements.

Coordination of a Broad Service Delivery Area

Currently there are nine partner service providers located in the DCFS Regions 1, 2, 3, 5, 8, 9 that deliver the Coordinated Prenatal Care Services to TANF-eligible low-income pregnant women, women who think they are prAll sub-contractors are life-affirming providers and their services promote the options of parenting and adoption. No agencies participating in the Life Choice Project refer or perform abortions.

The nine partner service providers currently offer the Coordinated Prenatal Care Services (CPCS) services through their pregnancy resource centers/clinics and have at least 162 years combined years of experience working with pregnant women. This network of faith-based pregnancy resource centers/clinics participate as partners in providing the coordinated delivery of support and services to the target population of pregnant women in crisis. Services are designed to support the local efforts of participating agencies and to provide the resources and support that enable them to enhance their capacity to effectively meet the needs of their clients. Coordinated Prenatal Care Services Subcontractors include:

- A Pregnancy Center and Clinic, Lafayette, LA
- Care Pregnancy Clinic, Baton Rouge, LA
- Care Pregnancy Clinic Hammond, Hammond, LA
- Care Pregnancy Center of Monroe, LA
- Care Pregnancy Center of New Orleans, LA
- Care Pregnancy Center of Ruston, LA
- Care Pregnancy Clinic of Shreveport, LA
- Crisis Pregnancy Help Center of Slidell
- Women's Resource Center of Natchitoches

For detailed information on subcontractors including legal name, physical address, contact number, hours of operation, director name, and project staff positions, see Appendix 1.

Measurable gains toward proposed outcomes and performance indicator targets

To successfully accomplish the goal of improved birth outcomes of women experiencing unplanned pregnancies, the Life Project proposes implementation of its four interventions of Coordinated Prenatal Care Services (CPCS) fully operational pregnancy resource centers/clinics, CPCS Home Outreach Support Services, CPCS Satellite Sites, and the Public Information and Awareness Marketing Campaign. This approach is based on a comprehensive and multi-level framework of best/promising practices that address multiple levels of influence. These strategies foster an understanding of the contributory factors and solutions to crisis pregnancy at the individual, interpersonal, neighborhood/ community, and service systems. Under each of the Five Strategic Core objectives, levels of influence and indicators are identified that support the proposed outcomes of:

- Improved health and well-being of women experiencing unplanned pregnancy
- Increased number of healthy full-term unplanned pregnancies

Project Goal and Objectives

Goal: Improved positive birth outcomes of women experiencing unplanned pregnancies.

Five Strategic Core Approaches	Objectives	Level of Influence	Indicators
<p>Prenatal Care Intervention</p>	<p>Objective 1: To provide care to pregnant women whose prior pregnancy was affected by one of the following: early pre-term, fetal or infant death, adolescent pregnancy, chronic medical conditions.</p> <p>Objective 2: Improve access to and utilization of prenatal care interventions for at-risk women, their partners and families. A) Connect at-risk women and families with needed resources and services. B) Ensure follow-up to care plan; C) Assist parents to improve child's health and development by providing healthy parenting practices; D) Assist mothers, their male partners and families to develop a plan for their future, continue education, find employment and become economically self-sufficient.</p>	<p>Individual-focused interventions to provide information about early and on-going prenatal care for at-risk women.</p> <p>Individual-focused services to at-risk women, their partners and families to assist with assessment of strengths and challenges evident in the woman, and family, recognize areas where intervention is indicated by developing and implementing a plan that has been jointly developed by all involved.</p>	<p>Evidenced: CPCS (center/clinic-based) and CPCS – Home Outreach Services, CPCS Satellite Sites: Intake Process, Pregnancy Verification, Counseling, Health Risk Assessment, Care Plan Development, On-going Care/Monitoring, Referral, Family Support Services - assist client with physician referral, assist with Medicaid, LA Chip applications and other appropriate services.</p> <p>Evidenced: Client Orientation Initial Counseling I, Health Risk Assessment, Care Plan Development, On-going Follow-up and Referrals</p>
<p>Quality Improvement</p>	<p>Objective 1: To increase screening and referral for several risk factors of poor birth outcome by assisting organizations to implement system changes required to support implementation of standard, evidence-based prenatal care interventions (referral for smoking cessation, nutrition screening and referral, screening for maternal depression and stress, screening and referral for substance use.</p>	<p>Individual-focused prenatal care intervention to provide screening and referral to address risk factors that can impact pregnancy outcomes. Center-based and home-based services of Counseling, Health Risk Assessment, Care Plan Development, Abstinence education, On-going Care and Monitoring, Service Referrals, Parenting sessions, Family Support Services (nutritional assessment, social services needs, etc.)</p>	<p>Evidenced: LCP Partner Service Providers will participate in 90% of the required training through conference calls, service components trainings, annual meeting, and other workshops, as measured by sign-in sheets.</p>

<p>Health Education & Messaging</p>	<p>Objective 1: To provide multi-level health education and messages aimed at</p> <p>(A) Promoting health behaviors during pregnancy</p> <p>(B) Enhancing interpersonal support for healthy behavior during pregnancy.</p>	<p>Universal mass media campaign messages provide information to universal population statewide.</p> <p>Individual-focused multi-level approach</p>	<p>Evidenced: Know4Sure 800 phone-line as well as other telecommunication methods, billboards, brochures/flyers, internet, website and advertisement; outreach education services through community health fairs, etc.</p> <p>Evidenced: Health Education (i.e. childbirth and parenting classes, Other core content issues that includes substance abuse, domestic violence, safe-haven, stress/mental health/ depression, breast feeding, Zika Virus education, Influenza Information, COVID-19 Information, abstinence/relationship education, opioid risks), Referrals</p>
<p>Outreach</p>	<p>Objective 1: To improve access and utilizations of prenatal care interventions for at-risk women and families.</p> <p>(A) Increase early entry and consistent prenatal care;</p> <p>(B) Identify and connect at risk-women and families to needed resources and services;</p> <p>(C) <u>Ensure clients receive referred services through follow-up activities;</u></p> <p>(D) <u>Collaborate with community stakeholders to establish and build trust;</u></p> <p>(E) <u>Increase consumer empowerment and satisfaction with services</u></p> <p>(F) <u>Increase coordination and collaboration among prenatal care and social service providers.</u></p>	<p>Individual-focused multi-level approach</p>	<p>Evidenced: Referrals, Stakeholder partners</p>
<p>Social Supports</p>	<p>Objective 1: To protect women and their families against psychological stress during pregnancy by strengthening:</p> <p>(A) The capacity of partners and families to participate in psychological support at the interpersonal level;</p>	<p>Partner and Family Support, Community Support</p>	<p>Evidenced: One-on-one care management, access outreach resources, support groups, one-on-one home visits, male partner involvement.</p>

Performance Indicators:

We aim to achieve the target number of

- 1) **1100** pregnant women living under 200% of the federal poverty line for our prenatal care intervention, monitored monthly for our monthly reports as well as the year-end report.
- 2) **270** prenatal home visits outreach:
 1. Of the pregnant women engaged in the home outreach support services 60% will demonstrate increase in knowledge related to the importance of women's and prenatal health for full term pregnancies, as measured by pre/post-test results.

Social Supports

Of the pregnant women engaged in support services, we aim that 60% of participants demonstrate an increase in knowledge of issues related to prenatal care, breastfeeding, fetal development, child safety, and infant care, as measured by pre- and post-tests. Clients will also acknowledge referrals received as indicated by signatures on support service referral forms.

Health Messaging and Education

- 1) Development and dissemination of **2000** educational materials pertaining to prenatal care, resources, nutrition, adoption, abstinence, etc. to pregnant women, families, as measured by resource inventory.
- 2) **3000** calls for information, referral, and services through the Know4Sure toll-free 800 phone-line and additional related telecommunications methods
- 3) **1692** Abstinence sessions to help women build decision-making skills and improve their knowledge about the importance of developing healthy relationships and to promote the healthier lifestyles choice of avoiding unplanned pregnancies out-of-wedlock and STDs.

Care Management

Of the pregnant women engaged in the follow-up birth outcome confirmation visit, 35% will report healthy birth outcomes for infant and mother.

Monthly Targets for the Coordinated Prenatal Care Services

Below are projected monthly participants' targets for the three key Life Choice Project interventions; Coordinated Prenatal Care Services, and the CPCS Home Outreach Services and the CPCS- Satellite Sites. CTLM and the other CPCS partner service providers will provide services to TANF eligible target populations of pregnant women, women who think they may be pregnant, pregnant minors, their male partners, and their families. These services reflect a total of 16,140 proposed interventions.

Description of Services	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Total
Clients Served	135	210	250	275	285	285	285	285	2010
Counseling Sessions	185	346	388	388	388	388	388	389	2860
Abstinence Sessions	115	176	210	231	240	240	240	240	1692
Support Service Referrals	130	288	325	325	325	325	326	326	2370
Parenting Education Sessions	70	130	146	146	147	147	147	147	1080
Full Term Pregnancies	20	55	55	55	55	55	55	55	405

Qualifications of Coordinated Prenatal Care Partner Service Providers

Caring to Love Ministries will serve as both the primary contractor and a subcontractor (Care Pregnancy Clinic) in the delivery of the proposed multi-regional pregnancy and parenting program. In addition, partnerships with other faith-based and non-profit organizations are utilized as partner service providers to assist in providing direct service to the target populations. Currently, we have partnerships with nine *Coordinated Prenatal Care Services (CPCS) partner service providers* that offer services through their pregnancy resource centers/clinics and have approximately one hundred sixty-two combined years of experience working with pregnant women.

All new and former applicants interested in becoming partner service providers through the Life Choice Project must complete a competitive New Partners Service Providers Request for Application for consideration, review and approval. Annually, each existing partner service provider must complete and submit a Renewal Application. All applicants are screened for eligibility and must meet certain requirements for consideration which include:

- applicant demonstrates proof the organization shares in the mission of promoting the life-affirming options of helping women to preserve the life of their unborn;
- operates as a nonprofit organization;
- operates in good standing with the State of Louisiana; provides at least two references acknowledging the agency's reputation in the local community;
- adheres to program requirements and standards of care;
- agrees not to perform, refer or encourage women to have an abortion and ensures other referral agencies do not refer, perform or encourage abortion;
- agrees not to supplant existing funding for identical services;
- completes budget summary and narrative to disclose the planned use of the funds;
- agrees to disclose existing state and federal funding sources and describe the intended purpose of the state or federal funds;
- identifies a plan to expand or enhance services;
- acknowledges a clear understanding and agrees that funding will be used to provide the required social services;
- acknowledges that funds will "Not" purchase religious materials; foods, clothing, and items that are not allowed through the ATA funds.
- ensures that religious activities are not allowable under this funding; and
- Religious activities must be clearly separate from the services under this program in terms of either time and/or location.

All subcontractors are required to participate in training that clearly outlines how faith-based agencies provide social services and support to pregnant women and women who may think they are pregnant that doesn't compromise either their activities or the funding requirements. All materials and resources for distribution to clients are approved in advance to ensure program compliance is met. Upon completion of the application, Caring to Love Ministries' staff will review the application for compliance with the expectations and other eligibility requirements.

All RFAs are rated as either recommended for approval or not recommended for approval and submitted to DCFS representation for review and final disposition. While the applications continue to be refined, a sample application for partner service provider is enclosed. Refer to the CPCS Partner Service Providers Request for Application

As part of the Request for Application, all expectations in terms of the use of funds is clearly outlined and subcontractors must agree to these conditions by identifying their planned use of the funds and that the funds will not be used to supplant existing funds. Subcontractors must complete a proposed summary of activities for the use of the funds and a budget. This information is reviewed during the assessment of their application to ensure that the subcontractors understand and agree to comply with these expectations.

Once the prospective subcontractor has been determined eligible for participation in the program monthly quality assurance site visits are conducted to assess subcontractor’s compliance in terms of the service delivery, recordkeeping, documentations, reporting and other procedures as required. Following the completion of each site visit, the QA staff provides a written summary of findings during the visit, documenting problems and challenges as well as successes. In the event there are problems, the subcontractors will be provided written notification during the on-site visit. Subcontractors are given an opportunity to respond to the findings and, as necessary, provide a plan of action for correcting the issue(s). Upon successful completion of assessment, QA staff submits the visit findings to the CTLM staff for review and filing. Prior to the release of funds, the subcontractor must submit written verification each month that the funds are used appropriately and that the services are provided as agreed. Refer to Quality Assurance Program.

The Life Choice Project complies with TANF regulations as outlined in the Federal Register. The following recipients are eligible to receive services:

- Family independence Temporary Assistance Program (FITAF)
- Kinship Care Subsidy Program (KCSP)
- Food Stamps
- Medicaid
- Louisiana Child Health Insurance Program (LA CHIP)
- Supplemental Security Income (SSI)
- Free or Reduced Lunch
- Child Care Assistance Program (CCAP).

Life Choice Project utilizes standardized procedures for the process for educating clients on the available LCP services that ensure consistency among all participating subcontractors. Only individuals who are pregnant; or think they are pregnant and TANF eligible can participate in the CPCS center/clinic based services, home outreach services, and satellite services. All participants are required to provide documentation of family income level at 200% of the poverty level. The TANF EZ Form will be used to document information. Refer to allowable documentation below.

<p>Proof of Income</p>	<ul style="list-style-type: none"> • Clients under the age of 19 can use their parent’s income if parent’s income is available, or as an option student income can be used. • Proof of income must be submitted to verify eligibility. If receiving TANF, a check stub, documentation of SSI, or court papers showing child support can be accepted. • Unemployed, if terminated within the past year, evidence of termination, e.g., letter from last employer on letterhead paper with name and telephone number of person to call to verify termination. If receiving unemployment compensation, provide letter or form showing number. • A copy of the most recently filed 1040 tax form and W-2 forms. Social Security number. • If client is supported by family member(s), a letter of support may be provided stating the details about the level of support. The letter must include the names and telephone numbers of the relative(s) providing support.
<p>Proof of Identification/ Residency</p>	<ul style="list-style-type: none"> • Driver’s license • Social Security Number • WIC or Food Stamp Card • Free or Reduced Lunch • School Identification • SSI Documentation

Experience and Capacity of Organization

Life affirming Mission

The Life Choice Project exists to empower women and men to make life affirming decisions regarding pregnancy, as well as the value of abstinence before marriage through counseling, education and other compassion care and services. In addition, our mission is consistent with promoting childbirth rather than abortion.

Experience providing services to targeted population:

Caring to Love Ministries, a 40-year-old faith and community-based nonprofit entity located in Baton Rouge, LA has led local and statewide endeavors while serving over 128,000 pregnant women, particularly those most vulnerable for poor pregnancy health and birth outcomes. CTLM has provided services to women of child-bearing age before, during, immediately after, and between pregnancies. The women we serve are predominately African American and poor (Louisiana has the nation's second-highest poverty rate). They not only suffer from tremendous social challenges including violence, racism, crime, and poor education but also have high rates of drug and alcohol addiction, behavioral health problems, obesity, and often experience sexually transmitted diseases.

Our programs and services continue to address those risk factors that have adverse effects on our target population of TANF-eligible low-income pregnant women's social, emotional and physical well-being through our supportive services such as counseling, prenatal and parenting support groups, free clothing for mother and child, food, referrals and other appropriate services. CTLM also partners with maternity homes and adoption agencies, linking our clients to other life affirming entities to support mothers as they choose life for their unborn.

In October 2002, CTLM created the Life Choice Project. Since its inception, approximately 63,400 babies were born to TANF-eligible women. LCP has offered an average of 26,000 life affirming interventions annually through a partnership of life affirming pregnancy resource centers/clinics, and faith and community-based organizations working collaboratively to provide information, resources, and services to support pregnant women who are most vulnerable for poor birth outcomes.

Capacity to plan and implement a sound program

With nearly 19 years of knowledge and experience in operating such an initiative, CTLM's leadership and professional consultant team were recruited by the representatives from Florida, Georgia, and Texas as subject matter experts to assist in the development of similar statewide pregnancy and parenting initiatives in their respective States.

Caring to Love Ministries has a long history of providing services that fill critical service gaps in our community. In fact, with the exception of the Slidell location, all of the partner clinics were originally established by or with the help of Caring to Love Ministries. This includes partnerships in creating abstinence education programs for adolescents, operating a maternity home for pregnant mothers, and partnering with local adoption agencies, to assist mothers as they choose life for their babies. CTLM's broad range of services, information and resources support the emotional and mental well-being of pregnant women particularly those in crisis.

During its long-term partnership with State agencies, CTLM continued to demonstrate its fiscal integrity through the management and operations of previously funded programs such as Abstinence Education and Teen Pregnancy Prevention. Since the inception of the Life Choice Project in 2002, CTLM has successfully proven its fitness and capacity to effectively create, implement, and administer a statewide life affirming initiative. Each year of operations, CTLM has successfully accomplished and most often exceeded its targeted goals in the delivery of life-affirming comprehensive systems of services. The agency remains in compliance with the provisions of the agreed-upon deliverables, adhering to established procedures in documentation, monitoring, reporting, and fiscal management in the overall program's administration. Caring to Love Ministries has met all requirements, thereby demonstrating the organization's capacity to effectively deliver a program of this magnitude.

Caring to Love Ministries assures the continual and consistent compliance with the State of Louisiana, Department of Children and Family Services, meeting its requirements and directives in regard to the programmatic and fiscal administration of the statewide life-affirming project. Should Caring to Love Ministries/Life Choice Project become

the recipient of the 2020 DCFS' Alternatives to Abortion funding, CTLM agrees to abide by all requirements as established by the Louisiana Department of Children and Family Services, the Office of the Legislative Auditor, Inspector General's Office, Federal Government and/or other such officially designated bodies' right to inspect and review all books and records pertaining to the services rendered under the Life Choice Project in the event of an award of a contract. CTLM agrees to grant access to the State of Louisiana, through the Department of Children and Family Services, and agrees to comply with any and all monitoring/evaluation site visits or request for information for the above mentioned entities in a timely manner. In addition, CTLM will ensure that any potential conflicts of roles or responsibilities with other organizations or projects should be resolved.

- CTLM is free of conflicts of interest and will disclose any potential or perceived conflicts of interest should they arise.
- CTLM assures that all information pertaining to the solicitation and recruitment of service providers, subcontractors, and clients are conducted above board and information is disseminated fairly and impartially.
- CTLM will continue to maintain the adequate liability insurance and adopt referral procedures that limit liability risks.

In nearly 19 years operating the Life Choice Project, CTLM has developed, implemented and managed a comprehensive approach that successfully address many of the complex issues that place Louisiana's low-income pregnant women at risk for poor prenatal health and birth outcomes. Throughout this rewarding process, CTLM, along with our statewide / multi-regional collaborative network of partner service providers has increased our knowledge, expanded and enhanced our delivery methodology and strengthened our capacities to effectively and efficiently meet the needs of the population of vulnerable at-risk pregnant women, their partners and families. The infrastructure that we have successfully put in place includes the development of key components critical in supporting the implementation, administration and on-going support of such an initiative as demonstrated below.

LIFE CHOICE PROJECT – INFRASTRUCTURE DEVELOPMENT

I.	Development of Alternative to Abortion Project Model and Service Delivery Component	<ol style="list-style-type: none"> 1. Organizational Structure 2. Service Delivery Framework 3. Administrative and Programmatic Oversight Process 4. Goals, Objectives, Outcome Indicators, Measures of Success 5. Staffing Plan - Hiring and Recruitment Process 6. Volunteer Identification, Recruitment and Orientation Process;
II.	Development of the Service Provider Component	<ol style="list-style-type: none"> 1. Process for Service Provider Identification & Recruitment 2. Guidelines for Eligibility Requirements 3. Development of RFA 4. Policies and Procedures 5. Selection and Certification 6. Criteria for Site Visit Verification and Orientation 7. Contractual Agreements 8. Continuous Monitoring and Evaluation of Service Providers 9. Program Evaluation Form 10. Training and Technical Assistance
III.	Marketing and Outreach Component	<ol style="list-style-type: none"> 1. Development of Marketing Plan to include: media, billboard, direct mail, toll-free hotline, community-based marketing and promotion, 2. Marketing Campaign Evaluation, social media network,
IV.	Development of Client Services Component	<ol style="list-style-type: none"> 1. Client Eligibility and Determination 2. Guideline for Service Delivery 3. Client Orientation, Enrollment Application, 4. Service Tracking and Reporting 5. Client Feedback, 6. Resources and In-kind Incentives
V.	Staff Development Component	<ol style="list-style-type: none"> 1. Development of Staff Job Descriptions 2. Staff Identification and Selection 3. Staff Training & Professional Development
VI.	Development of Quality Assurance Component	<ol style="list-style-type: none"> 1. Standards and Guidelines 2. Data Collection and Analyzing 3. Auditing Procedures
VII.	Outreach Services and Partnership Development	Identification and Collaboration with faith- and community based organizations providing life-affirming support
VIII.	Financial Management Component	<ol style="list-style-type: none"> 1. Internal Financial Controls 2. Billing and Reimbursement Process 3. Financial Reporting System 4. Service Provider Billing and Reimbursement Process
IX.	Program Management	<ol style="list-style-type: none"> 1. Data Collection 2. Tracking and Reporting Process 3. Development of Home Visiting and Outreach Services 4. Development of CPCS Satellite Site Operations 5. Data Analysis

Professional Development

Caring to Love staff development activities include a project overview that provides information on the project’s funding sources and mandates that relates to the delivery of the prescribed services. Each staff member is required to read the contract and report on suggestions to assist in the implementation of the program, services, and activities.

The initial staff development process is designed to educate staff on the intent and purpose of the funding, all programs, services, and activities, the project’s implementation plan, process for service monitoring and method for measuring the project’s outcomes. Additionally, all staff members are trained in all aspects of service providers’ roles and responsibilities, including educating the clients about LCP services, service documentation, monthly billing and how the information is documented on instruments such as the Measure of Success Reports.

Coordinated Prenatal Care Service (CPCS) Partner Service Providers are trained and offered on-going technical assistance in the delivery of the coordinated system of care that provides information and resources about pregnancy, parenting, adoption, abstinence, and relationship education to help pregnant women continue their pregnancies with ease. Upon completion of the training, each subcontractor adopts and implements the CPCS Model that includes initial counseling/education, pregnancy verification, individual counseling, health risk assessment, care plan development, on-going care coordination and monitoring, post-partum follow-up and family support group activities. Individual, couple, and family counseling assists clients in adjusting to their new roles. Other services include community-based partnerships, outreach services, and access to maternity homes, adoption agencies and other supportive services.

The Life Choice Project service model is comprised of other on-going supportive services through trainings, resources, and tools to provide the statewide / multi-regional collaborative network of CPCS Partner Service Providers with quality trainings and educational experiences to enhance their capacities for working with low- income women experiencing unplanned pregnancies, partners/spouses, and their families.

IDENTIFICATION, RECRUITMENT, AND SELECTION OF SERVICE PROVIDERS	
In-service Training	<p>Phase I: Potential service providers are recruited for one to two weeks In-service Training that offers an in-depth overview of the prescribed programs, services, and activities offered by the Life Choice Project. It also covers information on applicants’ eligibility and the certification process. Participants will receive a copy of the RFA - Request for Application for New Partner Service Providers or a Renewal Application for those existing Partner Service Providers.</p> <p>The RFA is a standard instrument utilized to assess agencies’ eligibility for participation in the Life Choice Project. Information required in the RFA includes:</p> <ul style="list-style-type: none"> ○ Experience working with pregnant women facing unplanned pregnancies; ○ Target populations to be served, identifying parish; ○ Identification of current funding sources; ○ Proposed use of funds and what new or expanded services will be provided. Statement of disclosure that the funds received from the Life Choice Project will not supplant other funding sources; ○ Written disclosure or some other form of proof that the prospective service provider does not refer or perform abortion.
	<p>Phase II: Upon approval of the RFA, the service provider with the assistance of LCP administrative staff, will develop an outreach service plan specific to their communities’ needs.</p>
	<p>Phase III: A site-visit is scheduled by the Life Choice Project administrative staff to verify existing services, physical location, and ascertain that services are offered to targeted clients.</p>
	<p>Phase IV: This is the final phase. Once the prospective service provider has reached this level, they must complete all required documentation:</p> <ul style="list-style-type: none"> ○ LCP – Prenatal Care Coordination Services Contract that details the obligations between the Life Choice Project and the service provider. ○ Life Choice Assurances & Agreements that details service requirements and monitoring procedures. ○ Completion of the W-9 and all other required forms. ○ Verification that Subcontractor is in “Good Standing” to contract with the State of Louisiana through the Secretary of State’s Office

<p>CPCS Partner Service Provider Professional Development Series There is a mandatory policy that all service providers must participate in Service Provider Professional Development Training. Conference participation is optional but available to service providers, staff, volunteers, and other stakeholders. This training is a one to two week training.</p>	
	<p>Session I – Policies & Procedures This session provides a general overview of the Life Choice Project with the introduction of administrative and compliance team staff and their roles and responsibilities. It provides detailed information on the project's goals, objectives, eligibility determination process, demographics and characteristics of the proposed target population. In addition, this session clarifies the roles of subcontractors regarding responsibilities and adherence to established policies and procedures.</p>
	<p>Session II – Faith-based Workshop <i>This session assists ministries to understand that they do not have to compromise their religious practices to provide social services activities.</i> This session provides information to help clarify faith-based entity role in receiving funds from the state and federal government as stated in the Executive Order of December 12, 2002, entitled Equal Protection of the Law for Faith-based and Community Organizations issued by President George W. Bush. It addresses the appropriate procedures regarding the separation of religious and social services activities. NO FEDERAL FUNDING CAN BE USED FOR RELIGIOUS PURPOSES. In order to provide prescribed services and receive the financial support from the state's TANF funds, it is important that clients understand from the onset that there is a distinct separation between the Life Choice Project services and the faith-based ministry services that are also provided. A power-point presentation and faith-based brochure demonstrates how funds can be used to support social service activities.</p>
	<p>Session III – LCP Prenatal Care and Coordination Services This training session provides in-depth information on the implementation of the Life Choice Project – Prenatal Care and Coordination Services. It covers the three approaches that the service is offered CPCS center/clinic based services, home outreach support services, and the CPCS – SS the new Satellite Sites. Information covers procedures on required service components, health assessments, case management, frequency of services, follow-up procedures.</p>
	<p>Session IV – Life Choice Project Billing & Reporting Procedures This session covers the Chart of Services and the Request for Reimbursement Form. This information provides a breakdown of allowable charges and billable limitation for reimbursement from the Life Choice Project – Prenatal Care and Coordination Services to eligible pregnant women. The Request for Reimbursement Form is utilized to provide monthly information regarding service deliverables as well as statistical data for documenting and reporting data, and measuring outcomes relating to the clients.</p>
	<p>Session V – Life Choice Project Quality Assurance Program This session provides in-depth information on the standards, purpose and subcontractor's required participation in the Life Choice Project Quality Assurance Program. It outlines the procedures for scheduling and performing on-site monitoring of subcontractors.</p>
	<p>Session VI – Outreach, Recruitment & Marketing Plans This session covers the strategies to reach TANF eligible pregnant women most in need of services through several media. Bus signs, direct-mail, radio and television ads and commercials, brochures, flyers, newsletters, posters, toll- phone hotline, and presentations all comprise strategies to identify prospective clients. Service Providers are required to develop an Outreach Plan that identifies two methods that will be used to reach clients in their communities. Strategies should include outreach activities such as health and or community events. Community Resource for Outreach and Referral Directory, each subcontractor is responsible for identifying local and state information, and referral services to assist in their service to pregnant women facing unplanned pregnancies.</p>

Caring to Love staff development activities include a project overview that provides information on the project's funding sources and mandates that relates to the delivery of the prescribed services. Each staff member is required to read the contract and report on suggestions to assist in the implementation of the program, services, and activities.

The initial staff development process is designed to educate staff on the intent and purpose of the funding, all programs, services, and activities, the project's implementation plan, process for service monitoring and method for measuring the project's outcomes. Additionally, all staff members are trained in all aspects of service providers' roles and responsibilities, including educating the clients about LCP services, service documentation, monthly billing and how the information is documented on instruments such as the Measure of Success Reports.

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The Life Choice Project service model is comprised of other on-going supportive services through trainings, resources, and tools to provide the statewide / multi-regional collaborative network of CPCS Partner Service Providers with quality trainings and educational experiences to enhance their capacities for working with low- income women experiencing unplanned pregnancies, partners/spouses, and their families.

CONFERENCES AND OTHER WORKSHOPS

<p>LCP Conference Annual workshops are provided to expand the service provider knowledge of issues that directly affect pregnant women facing unplanned pregnancies. Due to budget constraints and current COVID restrictions, we are unable to have annual conferences. But we are creative in our continuing education.</p>	<p>§ Training in crisis pregnancy center management and legal issues presented by NIFLA (National Institute for Family Life Advocates). This session help centers identify their vulnerability regarding their services to target population and how to effectively plan and manage their organizations;</p> <p>§ Training addressing adoption issues and policies. This session helps center directors gain valuable information and resources to aid them in their counseling for adoption and parenting issues.</p> <p>§ Issues affecting pregnant women include education center directors, staff, and volunteers with expertise in sexual abuse and child abuse issues; existing adoption services; role-playing; technical assistance, and networking to share ideas and experiences.</p>
	<p>Examples of previous conference presentations</p> <ul style="list-style-type: none"> • Maternity Homes Care - Anne Pierson • Mandatory Reporting - John Hogue, Attorney • Non-Profit Capacity- building - Garcia Bodley • Quality Assurance - Jennifer Ham • Reaching the Millennium Generation- Patrice Lewis • Relationship Education Part 1 and Part 2 - Deborah Clayton • Recruiting Volunteers - Jennifer Ham • Recruiting Volunteers on College Campus - Kathleen Richard • Recruiting Teen Volunteers - Becky Stewart • Sarbanes Oxley Act, Non-Profit Best Practices - Beth Chase • Sex Trafficking - Cindy Collins • Serving the Abortion Minded Client - Dorothy Wallis • Stress Management - Garcia Bodley • Teaching with Compassion - Kathleen Richard • Understanding the Needs of an Abortion Minded Client - Ashley Milken • Program Recognition and celebration of the program’s successful outcomes.

Facilities, equipment, community partnerships or other relevant information

Caring to Love Ministries has both an administrative office and a clinic operation. The administrative office houses the administrative staff responsible for the management of the Life Choice Project. The administrative operations are housed on the first floor of the 9,000 square foot main office of Caring to Love Ministries’ 3813 North Flannery Road, Baton Rouge, LA. This facility adequately accommodates the needs of the program staff to perform their duties. The facility offers a reception area, private restroom, six offices, a conference room, kitchen, and the 2nd floor of the facility is used as a storage area for the retention of all partner service providers’ clients records and other program- related materials. There are sufficient office supplies, furniture, and other resources needed to effectively and efficiently run the program.

Care Pregnancy Clinic is the physical location for CTLM’s clinic that services as one of the partner service providers and offers the Coordinated Prenatal Care Services. The facility has all the resources needed to adequately meet the needs of staff and clients. There’s a waiting area, offices, counseling room for sonograms, kitchen area, and private restrooms for staff and clients use. The clinic is equipped with desks, chairs, laptop and desktop computers, printers, copiers and other resources needed to operate.

The CPCS subcontractors operate their programs in local rural, suburban and urban communities throughout the state. One of the requirements for participating in the LCP is that the centers/clinics facilities are adequate to meet the service delivery model needs. Generally, the facilities are office settings with rooms for the staff; a reception area, private counseling rooms and a multi-purpose/ conference room is available at most centers. Centers offering sonograms have separate resource rooms or private medical rooms to perform sonograms.

Documentation of Program's Success

During the post-flood period of October 1, 2016 to September 30, 2020, Caring to Love Ministries, together with our Life Choice Project's partner agencies, successfully served over **9511** abortion-vulnerable, TANF eligible pregnant women. Through the two service delivery models of center/clinic based Coordinated Prenatal Care Services and CPCS- Home Outreach Support Services (CPCS – HOSS), we've offered 12 optional service components to pregnant women and women who thought they were pregnant. We've successfully delivered **71,126** interventions during that time.

The Coordinated Prenatal Care Services (CPCS) and the CPCS Home Outreach Support Services has offered 10 Life Choice Project service components to 2,015 pregnant women and those women who thought they were pregnant from July 2019 through September 2020, even during the COVID-19 pandemic. Services were provided to women living in communities across the state. Caring to Love Ministries provided services to 52 of our 64 parishes, which crossed all regions.

The Coordinated Prenatal Care Services (CPCS) utilized in clinics and home outreach offer pregnant women and their families support and encourage their active participation throughout their pregnancies for their health and that of their unborn children. In the last two years, over 90% of our clients chose to carry their babies to term.

DISCLAIMER INFORMATION

Neither Caring to Love Ministries (CLTM), the Life Choice Project (LCP) subcontractors, nor its contributors shall be held liable for any improper or incorrect use of the information described and/or contained herein the program's resource guide or referral listing and assumes no responsibility for anyone's use of the information. In no event shall Caring to Love Ministries (CLTM), the Life Choice Project (LCP) subcontractors, or its contributors be liable for any direct, indirect, incidental, special, exemplary, or consequential damages (including, but not limited to services and or resources. This disclaimer of liability applies to any damages or injury, whether based on alleged breach of contract, tortious behavior, negligence or any other cause of action, including but not limited to damages or injuries caused by any failure of performance, error, omission, interruption, deletion, or in the delay in services.

Indemnification

The user agrees to defend, indemnify, and hold harmless, Caring to Love Ministries (CLTM), the Life Choice Project (LCP) subcontractors, its contributors, any entity jointly created by them, their respective affiliates and their respective directors, officers, employees, and agents from and against all claims and expenses, including attorneys' fees, arising out of the use of the resources and or referral service by the user.

Disclaimer of Warranties/Accuracy and Use

Although the resources and referral information have been created from sources believed to be reliable, no warranty expressed or implied is made regarding accuracy, adequacy, completeness, legality, reliability or usefulness of any information. Caring to Love Ministries (CLTM), the Life Choice Project (LCP) subcontractors, and its contributors provide this information on an "AS IS" basis. Changes may be periodically added to the information herein; these changes may or may not be incorporated in any new version of the publication. Referrals and resources information can also quickly become out-of-date. It is recommended that the user pay careful attention to the contents of any information received, and that the originator of the information be contacted with any questions regarding appropriate use. If the user finds any errors or omissions, we encourage the user to report them to Caring to Love Ministries (CLTM) or the local Life Choice Project (LCP) subcontractor.

Disclaimer of Endorsement

Caring to Love Ministries (CLTM) and the Life Choice Project (LCP) subcontractors are distributors of content sometimes supplied by third parties. Any opinions, advice, statements, services, offers, or other information or content expressed or made available by third parties, including information providers, users, or others, are those of the respective author(s) or distributor(s) and do not necessarily state or reflect those of the Caring to Love Ministries or the Life Choice Project. Reference herein to any specific service by trade name, trademark or otherwise, does not constitute or imply its endorsement, recommendation, or favoring by the services or product, and such reference shall not be used for endorsement purposes.

The does not, by way of distribution of resources or referral information, endorse, adopt, recommend, promote or support products, positions, statements made or taken by parties.

Caring to Love Ministries and the Life Choice Project subcontractors are not responsible or liable for any loss or damage of any sort incurred as the result of your dealings with third party.

Appendix 1
2020-2021 Subcontractor Information

A Pregnancy Center & Clinic

913 S. College Rd. Suite 206
Lafayette, LA 70503
337-232-5509 (Office)
337-351-8391 (Cell)
337-232-5945 (Fax)
Website: apcclafayette.org
Hours: M-Th 9:00-5:00
F 9:00-12:00 (phones answered 1:00-5:00)

Care Pregnancy Clinic

3813 N. Flannery Rd.
Baton Rouge, LA 70814
225-215-0001 (Office)
Website: achoice.org
knowforsure.me
Hours: M-F 9:00-5:00

Care Pregnancy Clinic – Hammond

1250 SW Railroad Ave. Suite 240 B
Hammond, LA 70403
(985) 507-2252 (Phone)
(205) 577-5997 (Director Cell)
Hours: M, Th, F 9:30-2:30

Care Pregnancy Clinic - Monroe

Department of Children and Family Services – *Alternatives to Abortion Initiative – 11/1/2020 to 9/30/2021*
Caring to Love Ministries – “The Life Choice Project”

3001 Armand, Suite C
 Monroe, LA 71201
 318-348-6669 (Phone)
 (318) 805-7610 (Director cell)
 Hours: M, T, W 9:30 - 2:30

Care Pregnancy Clinic – New Orleans

3830 Williams Blvd
 Kenner, LA 70065
 (504) 353-5628 (clinic)
 Hours: M, W, Th 9:30 - 3:30 (Appts. Until 2:00)

Care Pregnancy Center – Ruston

206 E. Reynolds Dr, Suite D2
 Ruston, LA 71270
 (318)243-8054 (Office Phone)
 (318) 805-7610 (Director cell)
 Hours: W, Th, F 9:30 – 2:30

Care Pregnancy Center – Shreveport

2419 Meriwether Rd. Building B
 Shreveport, LA 71108
 318-402-8830 (Office)
 601-645-2295 (Director cell)
 Hours: T, W, Th 10:00–2:30

Crisis Pregnancy Help Center of Slidell, Inc.

Department of Children and Family Services – *Alternatives to Abortion Initiative – 11/1/2020 to 9/30/2021*
 Caring to Love Ministries – “The Life Choice Project”

550 Gause Blvd., Suite 2
Slidell, LA 70458
985-643-4357 (Office)
985-774-4610 (Cell phone director)
504-233-2832 (24 hour helpline)
Website: crisispregnancyhelp.org
Hours: M, T, W, F 9:30-2:00 (currently by appointment only); 24 hour emergency availability

Women's Resource Center

107 North St.
Natchitoches, LA 71457
318-357-8888 (Office)
318-332-1103 (Cell)
318-352-4188 (Fax)
Website: wrcnatchitoches.org
Hours: T, W, Th 9:00-4:30
M, F administrative

EXHIBIT B-BUDGET

CONTRACTOR
SERVICE PROVIDED
CONTRACT PERIOD

Caring to Love Ministries
Alternatives to Abortion
Nov 15, 2020 - June 30, 2021

ADDRESS
3813 N. Flannery Rd., Baton Rouge, LA 70814

REGIONS SERVED

- 1 - New Orleans
- 2 - Baton Rouge
- 3 - Covington
- 5 - Lafayette
- 8 - Shreveport
- 9 - Monroe

7.5-MONTH BUDGET PERIOD
Nov 15, 2020 - June 30, 2021

NOTE All budget justifications including computation of this budget must be retained and provided upon request. If more space is needed you may attach additional sheets utilizing the same format for the appropriate section.

SECTION A. SALARY - (Contracted/hourly employees not included)

Complete this section only for expenses that will be invoiced to the contract. Percentage of salary charged to contract must correlate to the actual percentage of time worked in the program.

(A) NAME POSITION/TITLE	(B) ANNUAL SALARY from all sources (Fringe not included)	(C) % OF TIME ALLOCATED TO PROGRAM	(D) (B*C=D) ALLOCATED ANNUAL SALARY AMOUNT TO PROGRAM	(E) 7.5-MONTH TOTAL CONTRACT PERIOD SALARY
Client Service Coordinator- 60% Administrative	\$ 16,800.00	100%	\$ 16,800.00	\$ 10,500.00
Home Prenatal Care Educator - 0% Administrative	\$ 15,960.00	100%	\$ 15,960.00	\$ 9,975.00
Client Support Specialist - 60% Administrative	\$ 24,000.00	100%	\$ 24,000.00	\$ 15,000.00
Project Administrator - 80% Administrative	\$ 63,529.41	85%	\$ 54,000.00	\$ 33,750.00
Accounting Services- 1099 - 0% Admin.	\$ 12,800.00	100%	\$ 12,800.00	\$ 8,000.00
Public Relations/Media Coordinator- 1099 - 0% Admin	\$ 8,400.00	100%	\$ 8,400.00	\$ 5,250.00
Webmaster/Infor Tech Consultant- 1099 - 0% Admin	\$ 4,800.00	100%	\$ 4,800.00	\$ 3,000.00
Information Technology Cons- 1099 - 0% Admin	\$ 4,829.88	100%	\$ 4,829.88	\$ 3,018.68
Professional Technical Services- 1099 - 0% Admin	\$ 43,200.00	100%	\$ 43,200.00	\$ 27,000.00
TOTAL				\$ 115,493.68

SECTION B. Fringe Note: Itemize the fringe benefits for each position listed. Fringe benefits should not be included in gross salary.

Position/Title	Retirement	Insurance	FICA 7.65%	UI	Workers Comp 1.75%	Other	% To Contract	7.5-MONTH CONTRACT PERIOD
Client Service Coordinator- 60% Administrative		-	1,285.20		294.00		100%	987.00
Home Prenatal Care Educator - 0% Administrative			1,220.94		279.30		100%	937.65
Client Support Specialist - 60% Administrative		-	1,836.00		420.00		100%	1,410.00
Project Administrator - 80% Administrative			-		-			\$ -
Accounting Services-1099 - 0% Admin.			-		-			\$ -
Public Relations/Media Coordinator- 1099 0% Admin			-		-			\$ -
Webmaster/Infor Tech Consultant- 1099 -0% Admin			-		-			\$ -
Information Technology Cons-1099- 0% Admin			-		-			\$ -
Professional Technical Services- 1099- 0% Admin			-		-			\$ -
Total		-	4,342.14		993.30			3,334.65

* Place % allocation used under to determine benefit amount under each category heading*

SECTION C. TRAVEL EXPENSES

Complete this section only for expenses identified to the contract. Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

LINE ITEM	7.5 MONTH BUDGET PERIOD TOTAL
CONFERENCE TRAVEL (Enter detail)	
ROUTINE TRAVEL-Home Visits and Outreach Support travel costs	\$ -
OTHER (Enter detail)	
TOTAL	\$ -

SECTION D. OPERATING EXPENSES

Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services. A copy of lease agreement should be attached.

LINE ITEM	7.5 MONTH BUDGET PERIOD TOTAL
PRINTING-Printed materials, promotional materials and resources	\$ 841.99
COPY MACHINE-copier costs for documentation, files, reports	\$ 3,750.00
INTERNET SERVICE-costs of internet for office/programmatic use	\$ 3,750.00
BILLBOARD (cost of placing billboard locations)	\$ -
MEDIA-production/placement of TV/Radio spots/Social Media	\$ 15,000.00
WEBSITE-KnowforSure and Achoice website monthly maintenance; SEO	\$ 2,534.63
	\$ -
TOTAL	\$ 25,876.62

SECTION E. SUPPLIES

Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business. List each type with complete description of item and costs. Attach a detail explanation of these charges.

LINE ITEM	7.5 MONTH BUDGET PERIOD TOTAL
Educational Materials-training and educational resources	\$ -
Annual Conference-meeting of project staff/subcontractors	\$ -
	\$ -
TOTAL	\$ -

SECTION F. PROFESSIONAL

Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical, and dental. (Subcontracts and non-salaried personnel should be included in this section.)

CHARGE (be specific)	7.5 MONTH BUDGET PERIOD TOTAL
AUDITOR SERVICES	\$ 8,761.80
TOTAL	\$ 8,761.80

SECTION G. OTHER CHARGES

Complete this section only for expenses identified to the contract. Include expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

LINE ITEM	7.5 MONTH BUDGET PERIOD TOTAL
SUBCONTRACTOR PAYMENTS	\$ 371,533.25
TOTAL	\$ 371,533.25

SECTION H. EQUIPMENT

Complete this section only for expenses identified to the contract. Include tangible assets purchased for use in the operations of an office such as, office machines and furniture. Cost would include purchase price, delivery charges, taxes, and other purchase related costs. Equipment is defined as any item of value and/or has a useful life of more than one (1) year. The value of equipment is defined by the user agency and funding source. Contractor's required to obtain prior approval required from DCFS before making purchases.

LINE ITEM	7.5 MONTH BUDGET PERIOD TOTAL
TOTAL	\$ -

SECTION I. INDIRECT COST

Complete this section only for expenses identified to the contract. Indirect costs should be no more than the agreed on budgeted amount. Attach a copy of the contractor's approved indirect rate agreement or rate plan.

LINE ITEM	7.5 MONTH BUDGET PERIOD TOTAL
TOTAL	

BUDGET SUMMARY

BUDGET ITEM	7.5 MONTH BUDGET PERIOD TOTAL	CONTRACT TOTAL
Section A Salary	\$ 115,493.68	\$ 115,493.68
Section B Fringe	\$ 3,334.65	\$ 3,334.65
Section C Travel Expense	\$ -	\$ -
Section D Operating Expense	\$ 25,876.62	\$ 25,876.62
Section E Supplies	\$ -	\$ -
Section F Professional	\$ 8,761.80	\$ 8,761.80
Section G Other Charges	\$ 371,533.25	\$ 371,533.25
Section H Equipment	\$ -	\$ -
Section I Indirect Cost	\$ -	\$ -
TOTAL	\$ 525,000.00	\$ 525,000.00

Budget reflects entire cost of services. Contractor is responsible for all cost incurred which are not agreed upon for providing services through this contract.

THIS AGREEMENT CONTAINS OR HAS ATTACHED HERETO ALL THE TERMS AND CONDITIONS AGREED UPON BY THE CONTRACTING PARTIES. ALL PARTIES CERTIFY THAT THEY HAVE REVIEWED THE INFORMATION AND ARE AUTHORIZED TO ACT ON BEHALF OF THE RESPECTIVE AGENCY.

Dorothy Wallis
 Dorothy Wallis, President/CEO

12/16/2020
 Date

Debra L. White
 DCFS Program Manager 1/2

2/3/2021
 Date

DCFS Program Director

Date

Attachment 1

I. Responsibilities:

A. The Department of Children and Family Services (DCFS) shall:

1. Prepare the TANF state plan amendments and enable rulemaking to facilitate this plan as necessary. Agencies are authorized under R.S. 39:1598 Regular Legislative Session to conduct emergency rulemaking for this purpose.
2. Provide payment to Contractor within 20 calendar days of submission of completed and accurate invoices submitted by the 15th of each month to DCFS for reimbursement of expenditures for payments for service rendered. DCFS shall make notice to the Contractor, in writing, regarding the need for any additional information so that processing of payment will not be delayed. DCFS shall provide written communication to the Contractor regarding any changes to the format needed for timely processing of invoices.
3. Provide technical assistance regarding rules, regulations, and policies governing the use of TANF funds.
4. Review Contractor performance measures monthly to ensure that performance measures are being met throughout the TANF contract period. If the Contractor fails to meet projected performance measures for two consecutive months, DCFS may request a meeting with the Contractor to determine the cause for the deviation, discuss the corrective action plan necessary to alleviate the problem and set a deadline for the performance enhancement plan to be implemented.
5. Perform periodic on-site contract monitoring at both contractor and subcontractor sites.

B. The Contractor shall:

1. Promulgate rules for implementation of the program, if appropriate and necessary, according to the most expedient process as determined by Contractor.
2. Meet or exceed the stated goals, objectives set forth within this agreement, and heretofore described in the statement of work and subsequent performance measures for service delivery for the contract period. Failure to meet or exceed these measures can be considered grounds for termination or revision of this agreement and can affect future consideration for funding.
3. Comply with applicable federal and/or state laws (31 USC 7501 through 7507, Uniform Guidance (2 CFR 200), 45 CFR 74.26 and LA R.S. 24:513 and 514) pertaining to required audits or annual financial statement of the Contractor's operation as a whole, or of specific program activities.
4. Ensure that all subcontractors are informed of any applicable audit requirements and that all necessary audit requirements are complied with. The Division of Administration will have the option to conduct an audit for any and all contractors to ensure compliance.
5. Submit an invoice for services rendered by the 15th of each month to the Department of Children and Family Services at the following address:

Department of Children and Family Services
ES Contract Services Section
P O Box 94065
Baton Rouge, La. 70804-9065
6. Provide DCFS backup documentation to accompany invoices submitted within the contract period. DCFS will review the backup documentation and determine if the charges are correct and allowable. If deficiencies are detected in the review of the documentation, DCFS will request clarification or additional information from Contractor and may, if warranted, request backup documentation on additional invoices both past and future. If any overpayments are determined from the DCFS review, the recoupment of the overpayment will occur on future invoices.
7. Repay, to the Department of Children and Family Services, any federal sanction or penalty amount (not to exceed the amount received under this contract) determined by

single state audit or other reviews, which sanction or penalty is directly related to the services provided pursuant to this contract and is imposed as a result of the negligence or fault of Contractor.

8. Inform DCFS within 30 calendar days of final receipt of any legislative audit findings directly related to this TANF funded program. A copy of the pertinent audit report will be submitted to the following address:

Department of Children and Family Services
ES Contract Services Section
P O Box 94065
Baton Rouge, La. 70804-9065

9. Cooperate with DCFS regarding program oversight and evaluation. These include, but are not limited to the following:
 - Submission to DCFS upon approval of the contract, initial projections regarding service delivery and the agreed upon performance outcome measures for the contract period.
 - DCFS will be copied on program monitoring documents that are written between the Contractor and the eligible entity.
 - Submit to DCFS the contractor's plan for subcontractor evaluation and monitoring.

10. Submit contract template to be used with any subcontractors or agents of the Contractor who may perform services described to implement each component of this contract to DCFS for a TANF compliance review. The contract template shall include goals, objectives, and performance measures as approved by the Department of Children and Family Services. Non-compliance shall be communicated in writing to the Contractor no later than 10 days after submission. The forms for review shall be submitted to DCFS at the following address:

Department of Children and Family Services
ES Contract Services Section
P O Box 94065
Baton Rouge, La. 70804-9065

11. Work to ensure that subcontractors understand the stated TANF goal and that subcontractors are implementing services as to meet established performance criteria and provide necessary intervention to improve performance. Where performance is unsatisfactory, the Contractor shall exercise available remedies – including subcontract termination and suspension of payment – to ensure overall performance and outcomes are achieved.
12. Inform and work to ensure subcontractors of the requirement and obligation to provide requested information necessary for program evaluation and to cooperate with other actions associated with evaluation and oversight.
13. Be responsible for the maintenance of documentation of eligibility, services provided and expenditures, as provided by law.
14. Communicate in writing requests for any programmatic or budgetary changes for review and approval by the Department of Children and Family Services.
15. By signature of this agreement the Contractor agrees and understands the following:
 - The Contractor shall inform its subcontractors and ensure understanding of all applicable audit requirements. The Contractor shall be responsible for ensuring completion of any applicable audit for said agency subcontractors. Said agency has the option of conducting the audit for applicable subcontractor.
 - The Contractor shall designate a program staff person(s) or hire a subcontractor to perform program monitoring activities that include site visits, review of program implementation, and contract compliance issues for each of its subcontractors.
16. Have the DCFS logo on all media and published materials including but not limited to brochures, posters, training booklets, etc. that are purchased with TANF funds for services.
17. Provide within 30 days after the date of the contract, a detailed spreadsheet with each subcontractor's allocations and the parish served by each subcontractor.

18. Provide within 30 days after an amendment to a subcontractor allocation, an updated spreadsheet along with a cover sheet providing justification for any amendments to the contract.
19. Cooperate with any evaluations as required by DCFS.

II. Funding Agreements, Conditions, Payment Terms, and Administrative Allocations

As a party to this agreement, the Contractor understands and agrees to the following:

1. Funding for this program is contingent upon availability and appropriation of TANF funds. Future funding in subsequent fiscal years for this program is contingent upon the future availability and appropriation of TANF funds. Demonstrated capacity to provide service delivery as well as documented performance outcomes of effective service delivery will also be taken into consideration.
2. TANF funds shall:
 - Not be used to supplant funds in existing programs.
 - Not be used to fund programs with unsatisfactory performance, unsatisfactory financial management practices or entities that are prohibited from doing business within the state of Louisiana.
 - Not be used for Post-Retirement benefits for Subcontractors
 - Be used to supplement and expand existing programs, create new programs or to continue service delivery of existing TANF-funded initiatives with satisfactory performance.
 - Not be used as a match to draw down other federal funds.
 - Be used only for the designated purposes. Any overpayments will be offset from future payments within the current or any subsequent contract period.
3. Requests to redirect or reallocate funds shall be communicated in writing to the Department of Children and Family Services for review and approval.
4. Contractor shall submit an invoice for services rendered by the 15th of each month. Program services and administrative costs should be itemized separately.
5. Documentation by Contractor deemed acceptable to support invoices for services shall be maintained and made available upon request by Contractor and its subcontractors.
6. This contract is subject to and conditioned upon the availability and appropriation of Federal, and/or State funds; and no liability or obligation for payment will develop between the parties until the contract has been approved by required authorities of the Division of Administration/Office of State Procurement and DCFS.
7. Funding for this agreement is subject to revision at the discretion of the Joint Legislative Committee on the Budget (JLCB).


III. Termination

Both parties agree to give at least thirty (30) days' written notice to the other if it becomes necessary to terminate this contract. The contract can be immediately terminated by either party, if it is determined by either of the co-signers of this contract that any provision of this contract cannot be fulfilled because of a legal or regulatory reasons.

**Department of Children and Family Services
TANF Database
Monthly Targets (11/15/2020 - 06/30/2021)**

To be Completed by Partner:

Agency:	Caring to Love Ministries
TANF Initiative:	Abortion Alternatives Initiative
Contract/MOU Amount:	\$525,000.00
Contact Person:	Dorothy Wallis
Telephone:	225-215-0004
E-Mail Address:	dwallis@ctlm.org

Sign: 
Date: December 23, 2020

To be Completed by DCFS:

Date Received:	
Date Entered on Database:	
Entered By:	
Date Partner Contacted:	

Performance Indicator	Database Completed by DCFS	Nov 20 Target	Dec 20 Target	Jan 21 Target	Feb 21 Target
		Report Due Dec 20	Report Due Jan 21	Report Due Feb 21	Report Due March 21
Clients Served		135	210	250	275
Counseling Sessions		185	346	388	388
Abstinence Sessions		115	176	210	231
Support Service Referrals		130	288	325	325
Parenting Service Referrals		70	130	146	146
Full Term Pregnancies		20	55	55	55
30% of clients engaged in support services (parenting, prenatal education, etc.)					
50% of the clients targeted for the follow-up birth outcomes services report healthy birth outcomes for infant and mother					

**Department of Children and Family Services
TANF Database
Monthly Targets (11/15/2020 - 06/30/2021)**

To be Completed by Partner:

Agency:	Caring to Love Ministries
TANF Initiative:	Abortion Alternatives Initiative
Contract/MOU Amount:	\$525,000.00
Contact Person:	Dorothy Wallis
Telephone:	225-215-0004
E-Mail Address:	dwallis@clm.org

Performance Indicator	Database-completed by DCFS	March 21 Target	April 21 Target	May 21 Target	June 21 Target
		Report Due April 21	May Due May 21	Report Due June 21	Report Due July 21
Clients Served		285	285	285	285
Counseling Sessions		388	388	388	389
Abstinence Sessions		240	240	240	240
Support Service Referrals		325	325	326	326
Parenting Service Referrals		147	147	147	147
Full Term Pregnancies		55	55	55	55

Performance Indicator	Database-completed by DCFS	Year-End Target	Notes
Clients Served		2010	
Counseling Sessions		2860	
Abstinence Sessions		1692	
Support Service Referrals		2370	
Parenting Service Referrals		1080	
Full Term Pregnancies		405	

ATTACHMENT 3 : Subcontractor Debarment Certification

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

1. The subcontractor certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction (*insert contract name and services for example: First Data contract with DCFs for Project Management services*) by any Federal department or agency.
2. Where the subcontractor is unable to certify to any of the statements in this certification, such sub-contractor shall attach an explanation to this proposal.

Signature

Date

Name and Title