

**NATIONAL COMMUNITY CENTERS OF EXCELLENCE
IN WOMEN'S HEALTH**

PROGRAM GUIDELINES

Fiscal Year 2004

**Department of Health and Human Services
Office of Public Health and Science**

OFFICE ON WOMEN'S HEALTH

Authorized by 42 U.S.C. 3000-2(a)(1), 300u-6(e).

Catalog of Federal Domestic Assistance No. 93-290

GRANT APPLICATION CHECKLIST

**OFFICE ON WOMEN'S HEALTH
GRANT APPLICATION CHECKLIST**

FY 2004

PROGRAM: National Community Centers of Excellence in Women's Health

DUE DATE: July 20, 2004

KIT CONTENTS

- Cover Letter
1. Grant Application Checklist
 2. Program Guidelines
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 5. E.O. 13043 Re: Seat Belt Use
 6. The President's Welfare-To-Work Initiative
 7. Federal Register Notice
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This checklist summarizes the information and documents required for processing a grant application. Failure to submit the required documents in accordance with the general and specific instructions contained in this kit and in the Federal Register Notice and in the quantities requested may delay processing an application and/or render it non-responsive.

REQUIRED FORMS AND MATERIALS

<u>Item</u>	<u>No. Copies Required</u>
OWH Project Profile	
CCOE Program Abstract (Limit 1 Page)	3
Table of Contents	3
Application PHS 5161-1 with proper signatures, project abstract, Project narrative, detailed budget with justification, assurances, 3 page project summary, and technical proposal following the outline provided	3
Appendices	
Documentation of E.O. 12372 Compliance (State responses responses, transmittal letters)	3
Public Health System Impact Statement Documentation (PHSS)	3

PROGRAM GUIDELINES

**Program Guidelines for the
National Community Centers of Excellence in Women's Health
Cooperative Agreement
Fiscal Year 2004**

Program Guidelines have been prepared to assist community-based organizations in the preparation of competitive applications for the National Community Centers of Excellence in Women's Health (CCOE) grant program. The application is used by the Office on Women's Health to select the new CCOEs. The information provided in the program guidelines is supplementary instructions to the "General Information and Instructions for Grant Application" on page 2 of the Grant Application Form PHS 5161-1.

FORMS

1. **Face Page**, Standard Form 424: Complete all 18 items. As a reminder, this program is covered by Executive Order 12372. Contact the Single Point of Contact (SPOC) as indicated on the enclosed listing of instructions.
2. **Checklist**.
3. **Budget Information** (Form PHS-5161-1) - Non-Construction Programs, Standard Form 424A (complete all sections) and **Budget Justification Narrative**.
4. **Assurances** (Form PHS-5161-1) - Non-Construction Programs, Standard Form 424B: Signed by the appropriate institutional official.
5. **Certifications** (Form PHS-5161-1, pages 17-19): Signed by the appropriate institutional official.

NATIONAL COMMUNITY CENTERS OF EXCELLENCE IN WOMEN'S HEALTH

PROGRAM GUIDELINES

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**NATIONAL COMMUNITY CENTERS OF EXCELLENCE
IN WOMEN'S HEALTH**

2004 PROGRAM GUIDELINES

I. INTRODUCTION

These program guidelines provide additional details about the information contained in the Request for Application for National Community Centers of Excellence in Women's Health (CCOE) Cooperative Agreement published in the Federal Register and enclosed in the application kit. These guidelines are to be used in combination with the Federal Register Notice and the general instructions provided in the application kit.

This program will be supported through the Cooperative Agreement mechanism. The Department of Health and Human Services (DHHS) Office on Women's Health (OWH) involvement in the Cooperative Agreement will complement its long established involvement in the area of women's health.

The DHHS OWH will maintain continuous liaison with the National Community Centers of Excellence in Women's Health staff, both administratively and programmatically, with respect to those activities that are supported by the assistance provided through this Cooperative Agreement. DHHS OWH staff will cooperate with the CCOE staff to achieve the goals of the program. In addition, the DHHS OWH will provide substantive programmatic technical assistance.

The CCOE program shall address women's health from:

- A ***holistic perspective*** that considers the multiple influences of biological, psychological, environmental, and social factors on women's health, and that embraces a wellness approach, rather than being problem focused. Such a perspective focuses on women's assets, stressing their resiliency and relational ties as positive factors that affect health.
- A ***lifespan perspective*** that recognizes that women have different health and psychosocial needs as they encounter transitions across their lives and that the positive and negative effects of health and health behaviors are cumulative across a woman's life.
- A ***social role perspective*** that recognizes that women routinely perform multiple, overlapping social roles.

- A *woman-centered perspective* that considers women's gender-specific experiences as normative and recognizes the diversity among women in their health care needs and their access to adequate health resources.
- A *cultural perspective* that recognizes that culture, language, and country of origin have an important and significant impact on the health perceptions and health behaviors that produce a variety of health outcomes and that information must be provided at an appropriate literacy level.

II. ELABORATION OF CCOE PROGRAM COMPONENTS

- **Comprehensive Women's Health Services.** A core element of the program is a comprehensive women's health delivery system that includes gender and age-appropriate preventive services and is easily accessible to underserved women. These services must be women-centered, women-focused, women-relevant, and women friendly. The different comprehensive services must be pre-existing either at the CCOE or the participating partner organizations at the time the application is submitted. The applicant need not provide all the services at one location, but at the time the application is submitted, the services must be linked in a seamless system of care that is coordinated and easy to navigate. Services must include acute, chronic, and preventive care, and incorporate both primary and specialty services, including mental and dental health services, patient education, health promotion, and enabling services and be age and gender appropriate. Allied health professionals should be prominent members of the care delivery team. The applicant will need to list and define the components of comprehensive care, demonstrate that they are culturally, linguistically, gender and age-appropriate, and show that they have a clear and sustainable framework for providing those services. Applicants must also develop a system to track the services, including referrals, provided to CCOE patients.
- **Clinical Care Center.** At a minimum, each CCOE **clinical care center** must be a physically-identifiable space, within the CCOE facility(s), for the delivery of comprehensive health care that includes gender and age-appropriate preventive services for women. The CCOE **clinical care center** must have permanent signage and be devoted to women-friendly, women-centered, women-relevant care delivered from a multidisciplinary, holistic, and culturally and linguistically appropriate perspective. The CCOE **clinical care center** must also have a schedule and procedures for identifying and counting the women served by the CCOE and for tracking the cost of services provided to women who receive care through the CCOE program. The tracking procedures should also include plans for tracking referrals. Sites must be able to differentiate the care provided to women counted as CCOE patients, compared to non-CCOE patients.
- **Partnerships and Outreach.** Another important element of the program is the network of partnerships and outreach activities that build a coordinated women's health system in the community. Applicants will need to demonstrate how they are already linked with community organizations (e.g., hospitals, pharmacies,

mental health programs, social programs, schools, parent organizations, libraries, local businesses, civic organizations, faith-based organizations, government programs, etc.) and how they will increase those linkages to address each of the program components. Applicants must demonstrate how they work with community members, such as lay outreach workers or others, to interact directly with the community. Each applicant shall develop a CCOE advisory board or ensure that their already established advisory board be included in the decision-making process for CCOE program development, identification of community-based research questions, and formulation of policies. Applicants should also ensure that the advisory board includes as members their CCOE community partners. Additionally, applicants may submit letters of support, awards, documented successful collaborations, etc. as evidence of community support. Examples of community investments in activities in the form of funding, in-kind donations of space, resources, volunteers, or volunteered services may also be submitted as examples of community investment in the program.

- **Education and Training.** This includes both patient education and the training of health care providers (both lay, allied health, and professional). The purpose of patient education materials and activities is to help individuals be more informed about their health and more empowered as health care consumers. Education materials and activities must be culturally competent, gender and age-appropriate, at the appropriate literacy level, and targeted to issues affecting members of the community. Where possible, those materials and activities should be developed in response to community input, focus groups, advisory groups, etc. The intent of the educational materials is to provide information with an emphasis on prevention and/or a reduction of illness or injuries that is controllable through a modification in behavior. The applicant must describe how the program develops and implements patient education activities and materials; how it reaches women in the community; and what strategies are used to empower women through health education. (Examples: distance learning; working with the media; health fairs; outreach workers; resource centers; partnerships with libraries, pharmacies, stores/businesses, schools, faith-based and other organizations; etc.). The health care provider training element targets a broad spectrum of health care providers such as health care professionals, allied health professionals, students, residents, and lay health workers. Activities include such things as in-service training, continuing education, workshops and demonstrations, courses, telemedicine, and internship opportunities. The applicant must demonstrate how professional health care and allied health providers education will be implemented through its programs.
- **Community-Based Research.** This activity brings community members into the research process in a truly participatory manner to maximize the potential for exchange in knowledge and implementation of research findings. Community members work with researchers to help determine research issues, shape the research process/objectives, and bring research results back to the community. The shared goal is to maintain scientific integrity in the research methods while

also incorporating the skills, knowledge, and strengths of the participants/beneficiaries of the research. There is an emphasis on ensuring that research results are translated into practice and communicated back to the community. The applicant must clearly identify ways in which community participants are brought into the research process, how participants are recruited, how research topics are determined, how research is undertaken, how results are translated into practice, and how results are communicated back to the community in clear, useful ways.

- **Leadership/Career Development** for women in the health professions and in the community. One of the ways to address gender, racial, and ethnic gaps in health is to institutionalize diversity by supporting strategies to encourage women and minorities to join and remain in the health professions. In the area of women's health, this requires the design and implementation of policies to attract and maintain women of color, and to promote them into leadership positions in the health fields. In addition, women need to be promoted as leaders within their communities to promote the health of their communities and the people who live there. The applicant must demonstrate how its programs will promote leadership development for women. This may include activities such as mentoring, leadership training and skills development, opportunities for women to take leadership roles in planning and implementation, and activities to engage young women/girls in health careers and the promotion of their own health.
- **Sustained Technical Assistance.** The goal of this component is to share valuable lessons learned from this unique service delivery model. In the first few years of operation, much of those lessons learned will relate to the process of putting together a coordinated infrastructure. For example, the lessons and strategies that the CCOEs will relate to other programs may have to do with how to unite partners, work with researchers, use new information technologies to improve communications, secure resources, coordinate activities, partner with other community entities, recruit/manage volunteers, and so forth.
- **Replication of the CCOE model** must be underway in Year 2 of the grant. This activity involves the replication of all components of the CCOE model except replication. Several approaches may be used to replicate the CCOE model. One approach may be to start the process with the most developed component and phase in the other components. Another approach may be to begin with a component that will help address an identified need of the replication site. To be successful, applicants are encouraged to select a community-based organization that has an on-going or prior relationship with the CCOE to facilitate the replication of the model and it is recommended that at least one representative from the CCOE participate in the planning meetings of the replication site and vice-versa.
- **Evaluation** of the local CCOE program must be budgeted and planned as a part of the program from the outset. An evaluation plan must be well-developed,

addressing both process and outcome evaluation strategies that are realistic and relevant. It should be built around the program goals of reducing health disparities and improving health outcomes for underserved women. Community needs and priorities should be integrated in the measures and strategies, so that outcomes and process measures are not merely dictated from the top down. The evaluation plan should specify measures, data collection methods and approaches, methods of data analysis, standards to measure program successes/failures, and time frames. Plans must also address the ways in which lessons learned from the evaluation will be used to improve program effectiveness and the women's health knowledge base.

III. REQUIRED PRODUCTS AND MEETINGS

The following products and meetings are program requirements:

- Recipients of the CCOE award will participate in at least two annual national meetings to discuss implementation of the program, lessons learned, challenges, future opportunities, etc.
- Recipients of the CCOE award will be required to submit materials for the development of a "how-to" manual that describes methods used to attract partners, form collaborations, work with the community, etc.
- Recipients of the CCOE award will be required to participate in a national evaluation of the CCOE program. They will need to gather community input on measurable goals and outcomes and provide qualitative and quantitative data for the national evaluation. This requirement is in addition to the local program evaluation.
- Recipients of the CCOE award will participate in two annual Center Directors' meetings to discuss successful strategies, new opportunities, and problems and solutions.
- Recipients of the CCOE award are required to submit quarterly and annual progress reports as well as annual financial status reports.
- Recipients of new CCOE awards are required to participate in an orientation meeting that will be held October 28, 2004, in the Washington metropolitan area.
- Recipients of the CCOE award are required to provide a one-page abstract describing their CCOE program as part of the grant application.
- Recipients of the CCOE award are required to establish a CCOE website within six months of the award of the grant and to update the site as additional programs are implemented.
- Recipients of the CCOE award are required to display signage designating the facility as a National Community Center of Excellence in Women's Health.

IV. PROJECT PERIOD

The first year of the project runs from September 30, 2004, through September 29, 2005. Support may be requested for a total project period not to exceed 5

years. Non-competing continuation awards of up to \$150,000 per year will be made subject to satisfactory performance and availability of funds.

V. APPLICATION REQUIREMENTS

Applicants must utilize Grant Application Form PHS 5161-1 (revised July 2000) when preparing their application. Upon submission, applications must contain the listed items in the following order:

- Face Page (SF 424) contained in Form PHS 5161-1
- Checklist (pages 25-26, Form PHS 5161-1)
- Budget Information Form for Non-Construction Programs (SF 424A) contained in Form 5161-1
- Detailed Budget Justification (narrative)
- Negotiated Indirect Cost Rate Agreement
- Key Personnel Form
- Table of Contents
- Project Profile
- Project Abstract
- Project Summary
- Project Narrative
- Appendices that include resumes and position description, completed tables (if not included in the program narrative), and other materials that adhere to the specifications in the Federal Register Notice presented in Section 6
- Memorandum of Agreement/Understanding
- Public Health System Impact Statement (copy of transmittal letter)
- Assurances - Non-Construction Programs (SF 424B) contained in Form PHS 5161-1
- Certifications (pages 17-19, Form PHS 5161-1)
- E.O. 12372 Documentation (State Point of Contact)

The applicant and the participating partner facility must sign the memorandum of agreement/understanding (MOA/U) which specifies in detail the roles and resources each organization will bring to the project, the CCOE contact at the partner organization, and the duration and terms of the agreement. The agreement must be signed by an individual with authority to commit the organization (e.g., president, chief executive officer, executive director, or other similarly situated individual) and an MOA/U must be included for each partner organization listed in the application.

Applicants are required to submit an original ink-signed and dated application and 2 photocopies. **All pages must be numbered clearly and sequentially** beginning with the Project Profile. The application must be typed **double-spaced** on one side of plain 8 ½ x 11" white paper, using 12-point font, and contain 1" margins all around.

The Project Summary and Narrative *must not exceed a total of 25 double-spaced pages* excluding the appendices. The original and each copy must be stapled and/or otherwise securely bound.

VI. BUDGET PLAN

Line Item Budgets: An itemized budget for Year 1 using SF 424A must be included in the application. The budget should include any projected costs for personnel, support services, supplies, travel, contracted services, and other direct and indirect costs.

Budget Narrative/Justification: For each line item in the proposed budget, a narrative description and a justification that specifically describe the item and how it will support the achievement of the proposed project's objectives must be provided. Include the computational explanations of how costs were determined. (See sample "budget justification" provided in this application kit).

VII. PROGRAM NARRATIVE

Replace instructions in Grant Application Form PHS 5161-1, pages 21-23—Program Narrative with the outline provided below. The grant number, name of the grantee organization, address, telephone number, name of the Project Director, and the name of the preparer should be provided at the top of the page.

The Program Narrative consists of six sections: Background, Implementation Plan, Management Plan, Local CCOE Evaluation Plan, and Technical Assistance/Replication Strategy. The detail Program Narrative Outline is presented below.

PROGRAM NARRATIVE OUTLINE

I. Background

- A. Local CCOE goals and purpose(s)
- B. Section 330 funding
- C. Local CCOE program objectives
 1. Tied to program goal(s)
 2. Measurable with time frame
 3. Elements identified in Factor 5: Objectives
- D. CCOE organization charts that include partners and a discussion of the resource being contributed by the CCOE, partners, personnel and their expertise and how their involvement will help achieve the CCOE program goals

II. Implementation Plan (Approach to the establishment of the CCOE program)

- A. Four components in place and plans with a timetable for phasing in the other two

- components
- B. Partnerships and referral system/follow up
- C. Community-based research
- D. National CCOE “how-to” manual
- E. Elements identified in Factor 1: Implementation Plan

III. Management Plan

- A. Key project staff, their resumes, and a staffing chart for budgeted staff
- B. To-be-hired staff and their qualifications
- C. Staff responsibilities
- D. Management experience of the lead agency and partners as related to their role in the CCOE program
- E. Succession planning and cross-training of responsibilities
- F. Advisory board
- G. Elements identified in Factor 2: Management Plan

IV. Local CCOE Evaluation Plan

- A. Purpose
- B. Design/methodology
- C. Use of results to enhance programs
- D. Elements identified in Factor 3: Evaluation Plan

V. Technical Assistance/Replication Strategy

- A. Identification of Replication site
- B. Reason for selection of Replication site
- C. Technical Assistance plans/strategies/time line
- D. Timeline for phasing in and integrating components
- E. Technical Assistance plans/strategies

Appendices

- A. Progress Report Outline
- B. Memorandums of Agreement/Understanding/Partnership Letters
- C. Required Forms (Assurance of Compliance Form, etc.)
- D. Staff Resumes and Position Descriptions
- E. Charts/Tables (Partners, advisory board, services, population demographics, components, etc.)
- F. Other Attachments

VIII. APPLICATION PREPARATION

Grantees are to submit an original, ink-signed and dated application and two photocopies. All pages must be numbered clearly and sequentially beginning with the Project Profile. The

application should be typed double-spaced on one side of plain 8 ½" x 11" white paper, no smaller than 12-point format, and contain 1" margins. The narrative section of the application is ***not to exceed a total of 25 double-spaced pages***. Applications that do not adhere to the above specifications may not be reviewed.

Applications should be submitted to:

Ms. Karen Campbell
 Director, Grants Management Officer
 OPHS Grants Management Office
 1101 Wooton Parkway, Suite 550
 Rockville, MD 20857

IX. TABLES

These tables may be used through out the project narrative to help present the text clearly or they may be included in the appendix.

Table 1: CCOE COMPONENT IMPLEMENTATION STATUS AND RESPONSIBILITY ORGANIZATION

COMPONENT	IN PLACE (Y/N)	RESPONSIBLE ORGANIZATION	START DATE
Comprehensive Women’s Health Services			
Outreach and Education			
Training for Professional and Healthcare Workers			
Community-based Research			
Leadership/career development			
Technical Assistance			

Table 2: CCOE ADVISORY BOARD

MEMBERS (Name/Degree)	TITLE	ORGANIZATIONAL AFFILIATION

TABLE 3: CCOE COMMUNITY PARTNERS

ORGANIZATION NAME	CCOE CONTACT PERSON Name, Address, Phone, Fax, E-mail)	SERVICES TO BE PROVIDED TO THE CCOE

TABLE 4: CCOE PROGRAM STAFF

NAME/DEGREE	CCOE PROGRAM POSITION	FTE EQUIVALENT

TABLE 5: POPULATION DATA

Race/Ethnicity Population Data							Gender Population	
Data within CBO Service Areas								
	Asian/ Pacific Islander	Black	Hispanic	Native American	White	Other	Male	Female
Community-based Organization (CBO) Service Area								
CCOE Target Service Area								

Age Population Data within the CBO and CCOE

	Age 0-4 (Male/Female)	Age 5-17 (Male/Female)	Age 18-34 (Male/Female)	Age 35-64 (Male/Female)	65 and older (Male/Female)
CBO Service Area					
CCOE Service Area					

OWH PROJECT PROFILE

**NATIONAL COMMUNITY CENTERS OF EXCELLENCE
IN WOMEN'S HEALTH (CCOE)**

PROJECT PROFILE

- 1. Applicant Organization:**
- 2. Non-profit Organization:** Yes _____ No _____
- 3. CCOE Center Director:**
- 4. CCOE Program Coordinator:**
- 5. Address:**
- 6. Center Director Phone:** _____ **FAX:** _____ **E-Mail:** _____
- 7. Section 330 Support:** Yes _____ No _____
- 8. Project Title:**
- 9. DUNS Number:**
- 10. Evidence of racial/ethnic composition of people served (Location/page number within application)**
- 11. Evidence of male/female composition of people served (Location/page number within application)**
- 12. Evidence of underserved composition of people served**
- 13. Diagram or chart describing partnerships and relationship between partnering organizations to provide comprehensive care to underserved women, and to combine care with education, training, outreach, research, and leadership development.**

**SAMPLE BUDGET JUSTIFICATION FORMAT &
KEY PERSONNEL FORM**

OFFICE ON WOMEN'S HEALTH
SAMPLE BUDGET JUSTIFICATION

This sample is provided as a guide in preparing the detailed budget justification. For each line item provide a full description of the item, justification of the need for the item as it relates to the goals and objectives of the project and computational explanation of how costs were determined.

PERSONNEL - \$

Name Position Yearly Salary Percent Effort Federal Share

Complete the items shown above for each position and briefly describe the duties for each.

FRINGE BENEFITS - \$

Indicate the percentage used to compute fringe benefits and items included in the package, i.e., FICA, Workmen's Compensation, Health Insurance, etc.

CONSULTANTS - \$

Provide name and/or organization, daily fees, number of days, brief scope of work and other incidental data supporting proposed costs.

TRAVEL - \$

Local - Include destinations, number of miles and number of trips.

Out-of-town - List and breakout costs for EACH trip indicating destinations(s), event, number of days, airfare, hotel, per diem, etc.

NOTE: This line item for lead organization staff only. All other travel must be shown in the "other" line item.

SUPPLIES - \$

Item Quantity Unit Cost Total Cost

Complete the above for each item.

CONTRACTUAL - \$

Provide name and/or organization, a description of the service and a line item budget for each contractor.

OTHER - \$

List and indicate cost for each item. Food and printing are not allowable costs.

TOTAL DIRECT COSTS - \$

Self explanatory.

INDIRECT COSTS - \$

Provide a copy of the negotiated Rate Agreement and/or an explanation of how indirect costs were computed.

TOTAL REQUESTED BUDGET - \$

Self explanatory.

E.O. 13043

INCREASING SEAT BELT USE IN THE U.S.

Please contact Karen Campbell for this document.

**THE PRESIDENT'S
WELFARE-TO-WORK INITIATIVE**

Please contact Karen Campbell for this document.

CCOE FEDERAL REGISTER NOTICE

<http://a257.g.akamaitech.net/7/257/2422/06jun20041800/edocket.access.gpo.gov/2004/pdf/04-13894.pdf>

**OWH REGIONAL WOMEN'S HEALTH
COORDINATOR'S**

U.S. PUBLIC HEALTH AND SCIENCE

**OFFICE ON WOMEN'S HEALTH
REGIONAL WOMEN'S HEALTH COORDINATORS
2004**

Region I- CT, MA, ME, NH, RI, VT
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Women's Health Coordinator
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DHHS Office on Women's Health
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STATE SINGLE POINTS OF CONTACT

www.whitehouse.gov/omb/grants/spoc.html

APPLICATION FORM 5161-1

www.cdc.gov/od/pgo/forminfo.htm