

**Region II Infertility Prevention Project (IPP)
Program Planning and Management Worksheet**

INSTRUCTIONS FOR PROJECT AREAS:

The Region II IPP Infrastructure, in collaboration with project area partners, developed this worksheet in preparation for the June 19-20, 2008 Region II IPP meeting. Worksheet information will be utilized to support meeting activities related to the development of core objectives and activities for potential inclusion in Project Area 2009 CDC IPP Applications.

Project area IPP Coordinators should work with their IPP partners and draw upon prior CSPS applications, budgets, and local data resources in order to respond to each set of questions. **We would like one worksheet completed for each project area** (NJ, NYC, NYS, PR, and USVI).

Please complete Part I and Part II of this form according to the deadlines indicated below, and return to the Region II IPP Deputy Coordinator, Kelly Opdyke.

This worksheet includes two parts:

- **PART I. Analysis of IPP Funding, Costs, and Resources**
 - Complete and return by May 28, 2008

- **PART II. Identification of “Hot Spots”**
 - Complete and return by June 4, 2008

Project Area:	
Name of IPP Coordinator or Person Submitting this Form:	
Email:	
Phone:	

PART I. Analysis of IPP Funding, Costs, and Resources

1) What was the total amount of IPP funding awarded to your project area through your Comprehensive STD Prevention Systems (CSPS) grant in fiscal year 2007?

FY2007 Total IPP Grant Award: \$ _____

2) How was your IPP grant award distributed among project area IPP partners (STD, Title X Family Planning, and Laboratory)? What proportion was allocated for *staffing* versus *testing* and other expenses? Please complete the table below. If more than one Title X grantee is funded in your project area, specify the amount distributed to each grantee. (For a list of Title X grantees by project area, see the attached document, "Region II IPP Title X and STD Grantees by Project Area".)

FY2007	TOTAL Grant Award	STD Program	Title X Grantee #1:	Title X Grantee #2:
TOTAL Amount Distributed	\$	\$	\$	\$
% of Total for row	100%	%	%	%
% of Total for column	100%	100%	100%	100%

Amount Allocated for <i>Staffing</i>	\$	\$	\$	\$
% of Total for row	100%	%	%	%
% of Total for column	%	%	%	%

Amount Allocated for <i>Laboratory services</i>	\$	\$	\$	\$
% of Total for row	100%	%	%	%
% of Total for column	%	%	%	%

Amount Allocated for <i>Other*</i>	\$	\$	\$	\$
% of Total for row	100%	%	%	%
% of Total for column	%	%	%	%

****Describe "other" expenses:***

3) What is the average cost per chlamydia and/or gonorrhea test **for sites participating in IPP**, including the cost of the test kit, specimen transport, and laboratory processing? Please complete the table below; use additional rows if necessary. (For a list of Test Brand Names, please refer to the attached document, “Valid Chlamydia and Gonorrhea Test Types”.)

Test Brand Name†	CT single, GC single or CT/GC combo	Cost per Test*

† Refer to the attached document, “Valid Chlamydia and Gonorrhea Test Types”, for Test Brand.

* Including the cost of the test kit, specimen transport, and laboratory processing. If unknown, explain below.

Additional Comments:

4) Describe the population of female clients (i.e. users) served by your project in CY2007 (or the last year for which data are available), by age group, and (for Title X-managed clinics only) by health insurance status. **Include clients for all facilities that participate in the IPP prevalence monitoring project (“IPP Clinics”)**. Please complete the tables below.

IPP Clinics Managed by Title X Grantee #1		
Age Group (Years)	# Female Users per Year	
	Insured*	Uninsured
15-19		
20-24		
≥25		
Total		

IPP Clinics Managed by Title X Grantee #2		
Age Group (Years)	# Female Users per Year	
	Insured*	Uninsured
15-19		
20-24		
≥25		
Total		

* “Insured” includes clients with health insurance coverage for STI screening services paid through Medicaid, private insurance, or another source; in New York State, includes Family Planning Benefits Plan (FPBP) and Family Planning Extension Program (FPEP).

IPP Clinics Managed by STD Program	
Age Group (Years)	# Female Clients per Year
15-19	
20-24	
≥25	
Total	

Additional Comments:

