

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

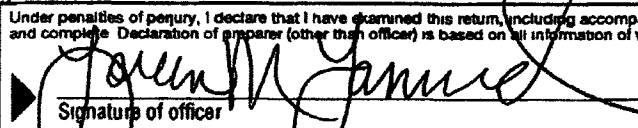
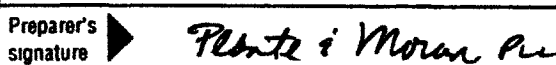
2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization PLANNED PARENTHOOD MID & SOUTH MICHIGAN		D Employer identification number 38-1707521
		Doing Business As		
		Number and street (or P O box if mail is not delivered to street address) Room/suite 3100 PROFESSIONAL DRIVE		E Telephone number 734-973-0710
		City or town, state or country, and ZIP + 4 ANN ARBOR, MI 48106		G Gross receipts \$ 11,234,613.
F Name and address of principal officer: LOREEN LAMERAND SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.PLANNEDPARENTHOOD.ORG/MIDSOUTHMI/				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1939 M State of legal domicile MI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PLANNED PARENTHOOD MID AND SOUTH MICHIGAN WILL ENSURE BROAD PUBLIC ACCESS TO REPRODUCTIVE HEALTH CARE	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	19
Revenue	5 Total number of employees (Part V, line 2a)	180
	6 Total number of volunteers (estimate if necessary)	0
	7a Total gross unrelated business revenue from Part VIII, line 4, and the 501(c)(3) revenue	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	0.
Expenses	8 Contributions and grants (Part VIII, line 1h)	4,938,115.
	9 Program service revenue (Part VIII, line 2g)	4,884,656.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,333.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,011.
Net Assets or Fund Balances	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,036,115.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,517,156.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,683,115.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	300,526.
Signature Block	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,424,808.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 300,526.	5,077,933.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,941,964.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,761,048.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	94,151.
	20 Total assets (Part X, line 16)	52,683.
	21 Total liabilities (Part X, line 26)	9,078,372.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,488,564.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer  LOREEN LAMERAND, PRESIDENT Type or print name and title	Date 6-27-10
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 PLANTE & MORAN, PLLC 111 EAST COURT ST, STE 1A FLINT, MI 48502	Date 5-25-10 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G15

11

SCANNED JUL 30 2009

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	354,015.	1	832,364.
	2 Savings and temporary cash investments	336,663.	2	270,451.
	3 Pledges and grants receivable, net	650,062.	3	217,462.
	4 Accounts receivable, net	638,785.	4	765,710.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	100,000.
	8 Inventories for sale or use	352,148.	8	307,475.
	9 Prepaid expenses and deferred charges	211,358.	9	213,828.
	10a Land, buildings, and equipment: cost basis	10a 6,347,453.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 3,215,149.		
		2,963,866.	10c	3,132,304.
	11 Investments - publicly traded securities	3,316,553.	11	3,492,048.
	12 Investments - other securities. See Part IV, line 11	232,206.	12	140,171.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	22,716.	15	16,751.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,078,372.	16	9,488,564.	
Liabilities	17 Accounts payable and accrued expenses	776,815.	17	821,670.
	18 Grants payable		18	
	19 Deferred revenue	3,500.	19	57,778.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	246,355.	23	219,860.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	0.	25	33,333.
	26 Total liabilities. Add lines 17 through 25	1,026,670.	26	1,132,641.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,834,973.	27	6,161,418.
	28 Temporarily restricted net assets	575,071.	28	552,847.
	29 Permanently restricted net assets	1,641,658.	29	1,641,658.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,051,702.	33	8,355,923.
	34 Total liabilities and net assets/fund balances	9,078,372.	34	9,488,564.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768

(election under section 501(h)). See the instructions for Schedule C for details.

- A Check ☒ if the filing organization belongs to an affiliated group.
 B Check ☒ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)		972.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		7,169.													
c Total lobbying expenditures (add lines 1a and 1b)		8,141.													
d Other exempt purpose expenditures		10,752,907.													
e Total exempt purpose expenditures (add lines 1c and 1d)		10,761,048.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		688,052.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		172,013.													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	487,182.	563,031.	647,098.	688,052.	2,385,363.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,578,045.
c Total lobbying expenditures	104,840.	1,610.	1,727.	8,141.	116,318.
d Grassroots non-taxable amount	121,796.	140,758.	161,775.	172,013.	596,342.
e Grassroots ceiling amount (150% of line 2d, column (e))					894,513.
f Grassroots lobbying expenditures	26,210.	235.	415.	972.	27,832.

Schedule C (Form 990 or 990-EZ) 2008

**Michigan Department of Management and Budget
STATE ADMINISTRATIVE BOARD
CONTRACT ABSTRACT**

APPROVED

March 1, 2011

1. DEPARTMENT COMMUNITY HEALTH		DIVISION/BUREAU/FACILITY DIVISION OF FAMILY AND COMMUNITY HEALTH							
		Michigan State Administrative Board							
2. CONTRACTOR'S NAME PLANNED PARENTHOOD OF MID & SOUTH MI					CONTRACT NO. 20111327				
					AMENDMENT NO. 2				
3. ADDRESS 3100 PROFESSIONAL DRIVE - PO BOX 3673 ANN ARBOR MI 48106					CIVIL SERVICE CS-138 NO. (If Applicable) NJ				
					MICHIGAN BASED BUSINESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A- Local unit of government				
					PERCENTAGE OF SERVICES PERFORMED IN MICHIGAN (i.e.: 100% of services) 100%				
4. (a) CURRENT STATE AGREEMENT AMOUNT	(b) CURRENT LOCAL, FEES AND OTHER	(c) CURRENT TOTAL AGREEMENT AMOUNT	(d) AMENDED STATE AMOUNT	(e) AMENDED LOCAL FEES AND OTHER	(f) COMBINED AMENDMENT TOTAL	(g) NEW STATE AGREEMENT AMOUNT	(h) NEW AGREEMENT TOTAL	(i) ESTIMATED TOTAL CURRENT YEAR COST	(j) AMENDMENT % OF TOTAL INCREASE OR DECREASE
2,773,908	4,519,573	7,293,480	181,622	0	181,622	2,935,530	7,455,102	7,455,102	2.22 %
5. FUNDING SOURCE BY PERCENTAGE (i.e.: 50% State Restricted, 45% Federal, 5% State GF) 36% FED 3% STATE RESTRICTED - HEALTHY MICHIGAN FUND, 2% LOCAL, 49% FEES AND COLLECTIONS.					6. METHOD OF PAYMENT (i.e.: Monthly, Fee for Service, etc.) MONTHLY FINANCIAL STATUS REPORTS				
7. PURPOSE/BUSINESS CASE THIS AGREEMENT PROVIDES FUNDING FOR ENABLING CLIENTS TO DETERMINE THE NUMBER AND SPACING OF THEIR CHILDREN; AVERT POTENTIAL MATERNAL INFANT AND DEATHS AND DISEASES; ADMINISTER A HIV/AIDS PROGRAM AND INTERRUPT THE CYCLE OF DEPENDENCY AND IMPROVE THE LIFE QUALITY FOR LOW INCOME PERSONS BY REDUCING UNINTENDED PREGNANCY.									
8. BENEFIT: THIS AGREEMENT WILL PROVIDE A REDUCTION OF UNPLANNED PREGNANCIES AND MATERNAL AND INFANT DEATHS FOR LOW INCOME WOMEN. THIS AMENDMENT WILL TREAT, EDUCATE AND PREVENT AND REDUCE HIV/AIDS IN THIS POPULATION AREA.									
9. COMMITMENT LEVEL: A SINGLE FISCAL YEAR AGREEMENT FROM OCTOBER 1, 2010 TO SEPTEMBER 30, 2011.									
10. RISK ASSESSMENT: N/A									
11. COST REDUCTION/SAVINGS: N/A									
12. ORIGINAL CONTRACT TERM 10/1/2010 TO 9/30/2011					13. CONTRACT BEING EXTENDED TO				
14. ACQUISITION METHOD: CHECK THE APPROPRIATE BOX. IF DMB OR AGENCY COMPETITIVELY BID, FOLLOW INSTRUCTIONS FOR ITEM #15. <input checked="" type="checkbox"/> Grant Award <input type="checkbox"/> DMB Competitively Bid <input type="checkbox"/> Agency Competitively Bid									
15. SUMMARY OF GRANT APPLICANTS OR BIDS - ATTACH A SEPARATE PAGE IN THE FORMAT AS FOLLOWS - BIDDER, CITY, STATE, PRICE									
16. GRANT AWARD PROCESS SUMMARY: The invitation to bid was posted on the DMB website and sent to local health departments, Federally Qualified Health Centers, hospitals, and other listservs. Grant materials were available on the MDCH website. Funding was awarded by county and external reviewers reviewed applications in counties with more than 1 competitor. In these counties, the highest scored application received 2/3 of funding and 1/3 of funding was awarded to the other applicant.									
17. TYPE OF CANCELLATION CLAUSE. (i.e.: 30 Day Cancellation Clause) 30 DAY CANCELLATION					18. DOES THE CONTRACT CONTAIN THE FOLLOWING. a. Non-Appropriation Clause <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. Business Integrity Clause <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
19. DOES THE CONTRACT INDICATE THAT THE CONTRACTOR WILL COMPLY WITH ALL LAWS, RULES, AND REGULATIONS THAT MAY PERTAIN TO THE CONTRACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, specify Location in The Contract: SEC. III, A. ASSURANCES									
20. ADDITIONAL INFORMATION:									
21. THE UNDERSIGNED CERTIFIES THAT ALL THE APPROVALS REQUIRED BY THE STATE ADMINISTRATIVE BOARD HAVE BEEN OBTAINED. DEPARTMENT/AGENCY APPROVED SIGNATURE <i>[Signature]</i> DATE 1/28/11									
22. AFTER AD BOARD - RETURN STAMPED APPROVAL(S) TO: SHARON ST. ARNO ID MAIL ADDRESS: 4TH FLOOR, LEWIS CASS BLDG. 320 S. WALNUT STREET LANSING, MI 48913									

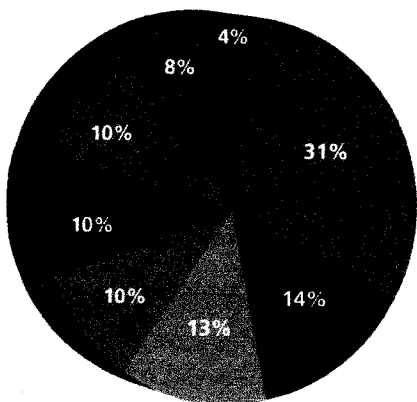
Best Outcomes Report

Planned Parenthood Federation of America (PPFA) is piloting a study of "Excellence in Care" in abortion services. They have created patient surveys to measure the patients' perception of their abortion care. The Ann Arbor Health Center participated in these surveys and ranked high on the national Best Outcome Report in several categories, including being treated with care and respect, given enough privacy, and given enough information from staff. We always knew we provided exceptional abortion care but it is great to know others think so as well! This also gives us a chance to measure ourselves against other affiliates to see how we compare and learn from them.

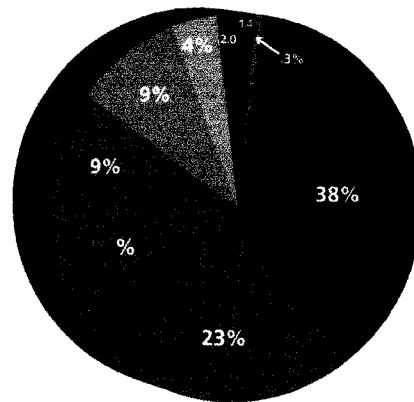
STI Express

We have joined with the Infertility Prevention Project to initiate a service to provide sexually transmitted infection (STI) screening as a package for patients. The goal is to screen a large number of men and women with hopes of protecting their fertility by offering early treatment and prevention. We are offering a "package rate" and it is a quick visit that doesn't require a full exam. STI's included in the screening are gonorrhea, chlamydia, HIV and syphilis.

Patient Demographics



Income Level / Pay Source



Ages All Sites

Income Level / Pay Source	Number	Percentages
< 100% Poverty	12,706	31%
101-150% Poverty	5,265	13%
151-200% Poverty	4,003	10%
201-250% Poverty	1,808	4%
> 250% Poverty	4,228	10%
Medicaid	3,984	10%
Plan First!	5,689	14%
Private Insurance	3,072	8%
Total	40,755	100%

Ages All Sites	Number	Percentages
< 15	133	0.3
15-17	3,612	9%
18-19	5,450	13%
20-24	15,419	38%
25-29	9,413	23%
30-34	3,510	9%
35-39	1,811	4%
40-44	840	2%
44 >	567	1.4%
Total	40,755	100%

Total medical visits	109,544
Patient Census	36,632
(Oral Contraceptives	101,324)
Contraceptive Patches	6,018
IUD's	731
Contraceptive Rings	18,833
Pap Tests, Cervical Cancer Screening and Breast Exams	15,789
Emergency Contraception Dispensed	20,424

Pregnancy Testing and Options Counseling	11,538
Prenatal Visits	1,946
HIV/AIDS Testing and Counseling	2,715
(Surgical Abortion Procedures	1,324)
Medication Abortion	998
Colposcopy/Cryotherapy/LEEP	487
Vasectomy	34

Medical Services

PPMSM 2009 Annual Report

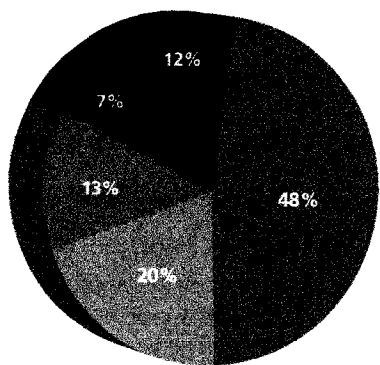
Warren Relocation

Our Warren health center has a new home! On February 3, 2009 the Warren health center was relocated to an existing building at 29350 Van Dyke. This new location has greater visibility than the old health center and it includes a bright and inviting waiting room, three exam rooms and a lab. There is plenty of parking which allows for secure parking for both staff and patients. In the first full six months the health center was open, the new location saw a 25% increase in patient visits from the same period the previous year. We're very excited for this opportunity to serve more women, men and teens in the Warren area.

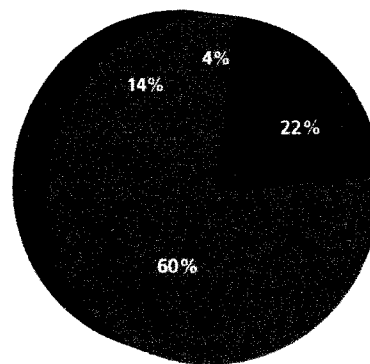
PNPL (Plan Now, Pay Later)

Birth control is only effective when it's used consistently, yet recent data showed that patients who don't purchase a year's worth of birth control during their annual exam visit stop using it after approximately five months. For women who must rely on public transportation or who are facing the demands of raising a family, inflexible work schedules and other factors, returning to the health center each month to pick up birth control can be a major hurdle. In order to help ensure that women stay on their birth control for the full year, PPMSM developed the Plan Now, Pay Later program (PNPL). In our first year we have enrolled 565 patients with contracts worth \$101,716.50. PNPL enables women to take home up to a year's worth of birth control while paying for it a month at a time by allowing us to bill their credit or debit card each month. By leaving with a whole year's worth of pills we are able to give our patients peace of mind for a full year!

Patient Demographics



Income Level



Ages All Sites

Income Level	Number	Percentages
< 100% Poverty	12,706	48%
101-150% Poverty	5,265	20%
151-200% Poverty	4,003	13%
201-250% Poverty	1,808	7%
> 250% Poverty	4,228	12%
Total	40,755	100%

Ages All Sites	Number	Percentages
15-19	3,612	22%
20-29	15,419	60%
30-39	3,510	14%
40 >	567	4%
Total	40,755	100%

Total medical visits 106,756

Patient Census 39,451

(Oral Contraceptives 111,321)

Contraceptive Patches 6,175

IUDs 1,158

Contraceptive Rings 20,448

Pap Tests, Cervical Cancer Screening and Breast Exams 16,461

Emergency Contraception Dispensed 17,842

Contraceptive Injections 7,835

Contraceptive Implants 163

Pregnancy Tests 14,217

Prenatal Visits 1,999

HIV Testing and Information 4,053

(Surgical Abortion Procedures 1,369)

Medication Abortions 861

Colposcopy/Cryotherapy/LEEP 585

Vasectomys 72

Agency Name	Tax ID	Agency Profile
none	n/a	Agency Profile

#1: Priority and Participation**A. Human Services Priorities**

Please choose the ONE (1) of human services priority that best aligns with your program from the drop down menu:

Safety Net Health & Nutrition

B. Coordinated/Planning Bodies

Please select the ONE (1) of the following local Coordination/Planning bodies that corresponds with the priority chosen above.

Safety Net Health Group

Please indicate how your agency has participated in that group in the last twelve months.

(Limit 2000 characters)

Over the past 12 months, PPMSM has been privileged to collaborate with Coordinated Funding affiliates, including Washtenaw County Children's Well-Being and the Office of Community Development – Human Services, delivering much-needed reproductive health care to low-income women across Washtenaw County. We look forward to actively participating with the Safety Net Health & Nutrition Coordinated Planning Body as it undertakes a leadership role in the full integration of the Coordinated Funding Model's Safety Net Health priority area.

#2: Target Population & Community Need

The Target Population includes the people or groups who will directly benefit from your program and your direct service staff. Defining the Community Need provides the evidence that a program is necessary and effective for your identified target population and geographic area. Higher scores will be awarded to proposals that clearly identify their target population (i.e. demographics or other defining characteristics) and demonstrate the need in the community for this program.

A. Please complete the chart below indicating the estimated PERCENTAGE (%) of your program's participants that are residents in each of the following jurisdictions (totaling all four entries will equal greater than 100%; the Washtenaw County and Out-of-County column should equal 100%):

City of Ann Arbor	Washtenaw County
18%	59%
Urban County	(Out-of-County)
82%	41%

B. Please describe your program's target population in terms of demographics and any other relevant, defining characteristics.
(Limit 4000 characters)

The target population for our program is low-income pregnant women in Washtenaw and neighboring counties, particularly women of color who represent 50% of our prenatal patients, and who have no health insurance or current health care provider. These women are more likely to receive inadequate prenatal care in the absence of programs like PPMSM's Comprehensive Prenatal Care program. Inadequate prenatal care is defined as no care, or care that begins in the third trimester or totals fewer than five visits. PPMSM operates three reproductive health care centers in Washtenaw County; two in Ann Arbor and one located in Ypsilanti, which serve teens and adult male and female patients of all ages and income levels. Our 2010 fiscal year data shows that of the 13,761 patients seen at our three Washtenaw County health centers, 93% are women, approximately 33% are between the ages of 20 and 24, about 65% are white, 22% are African American, 30% are Latino, and 3% are Asian. The vast majority, 87%, of our patients are at or below 250% of the federal poverty level. The majority of our prenatal patients (over 90%) do not have private health insurance and rely on Medicaid to pay for their prenatal care. In recent years, more than 95% of our patients entered care without commercial insurance. PPMSM works to ensure our patients have access to prenatal care at the earliest possible opportunity. Unlike other OB/GYN offices that do not schedule women for an appointment until after their health insurance is in place, PPMSM sees patients without health insurance and after income status is verified during the initial registration process, our staff will assist them in applying for Medicaid. This enables women to access prenatal care earlier, which is vital because the sooner a woman is seen for prenatal care, the more likely it is that problems can be detected and treated. Low-income women are more likely to have nutritional and environmental challenges that can lead to poorer birth outcomes. Providing prenatal care as early as possible is critical to ensure the best possible outcomes for mother and baby. Over 60% of PPMSM's patients have issues related to depression and mental health. The stress of economic hardship, lack of insurance, lack of support, and other barriers prevent them from effectively addressing these

Name	Title	Training and Education	Experience	Key Program Duties	Future Professional Development
		Community Services.	medical assistant and currently she is a Senior Health Center Manager for the Call Center and Prenatal Program.	preventative maintenance of clinic & equipment, monitoring & reporting quality assurance activities, conducting OSHA Safety, emergency & other trainings, providing clients with referrals for non-PPMSM services within the community, & providing clinical & educational services.	ensure the skills, knowledge and abilities necessary for optimal health in their area of practice, offering in-service training and reimbursement for Continuing Education Units for licensed staff.
Melissa Steuber	Senior Director of Medical Operations	Masters of Social Work	In her 20 years with PPMSM, she has worked as a volunteer, a medical assistant, a clinic manager, and the Director of Patient Services before taking charge of all medical functions including overseeing the prenatal program at PPMSM.	Serves as the Program Manager and monitors all the program performance targets.	PPMSM encourages our employees to pursue all available professional development opportunities to ensure the skills, knowledge and abilities necessary for optimal health in their area of practice, offering in-service training and reimbursement for Continuing Education Units for licensed staff.

#11: Collaboration

Collaboration between agencies and/or programs improves service delivery for consumers through decreased barriers and fragmentation and improved coordination of services. Further, collaboration enables nonprofits to reduce overhead, increase capacity, and deliver services more effectively. Higher scores will be awarded to proposals that demonstrate effective collaboration to expand services to underserved populations, reduce overhead, avoid duplication of services, and identify gaps in services.

A. Please describe how your agency collaborates with other community partners to achieve the following goals:

1. Expand services to underserved populations
2. Reduce and/or avoid duplication of services
3. Identify gaps in services
4. Reduce administrative overhead

(Limit 3000 characters)

PPMSM's Prenatal Care program provides comprehensive and vital educational and health care designed to ensure low-income Washtenaw County women have healthy pregnancies and positive birth outcomes. Our cost-effective and individualized care is delivered in partnership with the U of M Health System's Certified Nurse-Midwives (CNMs) program. This is the only program of its type in Washtenaw County, and the joint program offers an expanded array of coordinated prenatal services to our target population (medical, educational, and consultative). PPMSM Prenatal Care Coordinators ensure joint services are synchronized efficiently. PPMSM also collaborates with a wide range of other stakeholders. First and foremost, we collaborate with our clients to understand their concerns and the barriers they face, and to cultivate ideas that will improve service delivery and outcomes. When their issues go beyond medical care to areas such as basic needs (food, clothing, housing), staff are trained to facilitate referrals to community partners equipped to meet those needs, such as WIC (Women, Infants and Children health and nutrition programs). PPMSM also collaborates with Doula Care, referring patients to this local volunteer doula program when there are indicators the patient will benefit from the unique social, emotional, and educational support provided by a volunteer doula. Clients that are pregnant, without health insurance, and unable to pay for insurance, may qualify for free or low-cost health care through government programs. PPMSM staff counsel patients to ensure they are aware of and know how to access these resources. For example, low-income pregnant women who do not qualify for Medicaid may be eligible for "Emergency Only Medicaid" for labor and delivery services. Those that are Medicaid-eligible are referred to the county's Maternal Support Services (MSS). The Michigan Department of Community Health's Medicaid and MOMS (Maternity Outpatient Medical Services) is another potential resource. Pregnant patients, and those with a baby under 1 year old who are enrolled in Medicaid, Healthy Kids or MOMS may qualify for free benefits through MIHP (the Maternal Infant Health Program), and PPMSM ensures they are aware of and able to navigate the application process to access these important benefits.

target population (see question #2).
(Limit 5500 characters)

In its delivery of family planning services, PPMSM follows recommendations of the American College of Obstetricians and Gynecologists (ACOG), a representative organization of physicians who are qualified specialists in providing health services unique to our target population. PPMSM also follows the protocols of the U.S. Preventive Services Task Force, and the Centers for Disease Control and Prevention (CDC). As an affiliate of the Planned Parenthood Federation of America (PPFA), PPMSM's practices are also guided by the PPFA Manual of Medical Standards and Guidelines. Consistent with these guidelines, and to serve the needs of our target population (uninsured, extremely low-income women), PPMSM advocates for quality health care appropriate to every woman's needs throughout her life, and for assuring that a full array of clinical services are available to women without costly delays or the imposition of cultural, geographic, financial, or legal barriers.

PPMSM has incorporated periodic well-women standards into our screening and prevention services. Best practices support periodic screening visits (rather than an annual), giving the clinician an opportunity to use clinical judgment when deciding the frequency of screenings for asymptomatic women. Depending on a woman's health/risk behaviors, psychosocial evaluation, or nutrition assessment, by example, it may be appropriate to see her annually even when less frequent visits are recommended for other asymptomatic women her age. If a woman is particularly receptive to changing a behavior, clinicians may see her for an interim visit related to that particular healthcare intervention. In addition, based on her history, a woman's Pap testing or STI screening may need to occur either more frequently or less frequently than the periodic well-woman visit. A clinician may advise that a patient be seen every two years for her Pap and more frequently for prevention assessments and targeted interventions such as weight loss counseling, immunizations, or smoking cessation. This approach enables us to provide person-centered, individualized care to our patients. The 400 women that will receive 12-months of family planning services under this grant project (200 per year) will receive screening and prevention services consistent with the periodic well-women standards described above. An initial assessment will include a history, physical examination, and laboratory testing. Depending on the age of the patient, certain components of the assessment may vary. For woman ages 20-39, the assessment includes: 1)

History: reason for visit; health status [medical, surgical, family]; dietary/nutrition assessment; environment risk assessment; physical activity; use of complementary and alternative medicine; tobacco, alcohol, other drug use; abuse/neglect; intimate partner violence; sexual practices; reproductive life planning; contraceptive needs/satisfaction; OB history; urinary and fecal incontinence. 2) Physical Exam: height, weight, BMI; blood pressure; breasts, axillae, and pelvic exam. 3) Laboratory Testing: annual Pap test to screen for cervical cancer; annual Chlamydia screening if sexually active - through age 25; periodic HIV screening if sexually active; as indicated: breast imaging, STI testing; genetic testing/counseling; Rubella titer; TB skin testing; fasting glucose test; lipid profile; colorectal cancer screening. 4) Evaluation & Client Education: (a) Sexuality (high-risk behaviors; contraception options including EC; reproductive life planning; preconception and genetic counseling for desired pregnancy; sexually transmitted disease prevention; partner selection; barrier protection; sexual function); (b) Fitness and Nutrition (dietary/nutrition assessment; exercise; folic acid supplementation; calcium intake); (c) Psychosocial Evaluation (interpersonal/family relationships; intimate partner violence; work satisfaction; lifestyle/stress; abuse/neglect; sleep disorders); (d) Cardiovascular Risk Factors (family history; hypertension; dyslipidemia; obesity; diabetes mellitus; lifestyle); (e) Health/Risk Behaviors (hygiene, including dental); injury prevention [safety belts and helmets; occupational hazards; recreational hazards; firearms; hearing; exercise and sports involvement]; breast self-exam instructions if requested; skin exposure to ultraviolet rays; suicide / depressive symptoms; tobacco, alcohol, other drug use; environmental exposures; advance directives. 5) Immunizations: Periodic: Tetanus-diphtheria booster (every 10 years), including Tdap X 1; Catch-up: HPV vaccine up to age 26; MMR; Varicella; High Risk per ACIP recommendations: Hepatitis A vaccine; Hepatitis B vaccine; Meningococcal vaccine; Pneumococcal vaccine. An example of an age-appropriate variation to this protocol is an annual mammography beginning at age 40 and evaluation and client education that includes retirement planning and sleep disorders. PPMSM clinicians are encouraged to exercise their duties to improve the health status of women and their offspring both in the traditional patient-health care provider relationships, and PPMSM, working alongside all staff, advocates within our community as well as at the state and national levels to assure access to high-quality programs that meet the needs of all women.

B. Please be sure to clearly identify the ways in which the described program components will result in the previously identified program outcomes (see question #4).
(Limit 2000 characters)

The program components for our Family Planning Services will result in the identified outcomes for the following reasons:
Outcome #1: 400 women (200 per year) will receive immunizations, age-appropriate screenings & BMI calculation/education at an initial assessment. Appropriate follow-up care will be provided during subsequent visits based upon individualized factors such as health/risk behaviors.

Outcome #2: 400 women will receive preventative health care services over the 12-month family planning services program, receiving screenings and prevention services consistent with the periodic well-women standards described in the preceding section. Initial assessment will include a history, physical exam, and lab testing. Education on topics such as sexuality and fitness/nutrition will increase health literacy skills and emphasize the value of preventative care. Ongoing preventative care is determined based upon factors such as a woman's health/risk behaviors and previous screenings.

Outcome #3: 400 women will receive cancer screenings through a Pap test and depending on age/ history, will be referred for a colonoscopy or mammography as indicated.

Outcome #4: 400 women will be given opportunities to demonstrate improvement in health knowledge or behavior through educational programming designed to increase health literacy. Topics will include: sexuality, fitness/nutrition, injury prevention, breast self-exams, suicide/depression, and substance use/abuse, and many others. Equipped with new knowledge, patients are better prepared to make positive choices that will improve their health outcomes, prevent unintended pregnancies, promote family stability, and ensure all children are wanted and loved.

Outcome #5: 400 women will receive subsidized medical services: PPMSM will provide the family planning services under this grant at low or no cost, depending on the patient's resources.

C. Please identify the mechanism for measuring the selected program outcomes (see question #4).
(Limit 2000 characters)

The selected program outcomes will be measured using PPMSM's Patient Data System and the Electronic Medical Records