Table of Contents  
Attachments and Appendices

[Attachment A: Applicant Profile](#_Toc422230204)

[Attachment B: Workplan\*](#_Toc422230206)

[Attachment C: Budget and Narratives \*](#_Toc422230207)

[Attachment D: Linkages Summary](#_Toc422230209)

[Attachment E: Applicant/Grantee Assurances, Certifications & Disclosures](#_Toc422230214)

\* denotes separate template

# Attachment A: Applicant Profile

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C:\Users\scrogginsd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\6DLBWGDL\DC Health Header (003).png** | **Department of Health District of Columbia**  **Application for Grant Funding** | | | |
| **RFA #** | **HAHSTA\_EtHE\_02.12.21** | **RFA Title:** | | **FY 2021 Ending the HIV Epidemic** |
| **Release Date:** | 2/12/21 | **DOH Administrative Unit:** | | **HIV/AIDS, Hepatitis, STD Tuberculosis Administration (HAHSTA)** |
| **Due Date:** | 3/19/21 | **Fund Authorization:** | |  |
| **☒ New Application** 🞎 Supplemental 🞎 Competitive Continuation 🞎 Non-competitive Continuation | | | | |
|  | | | | |
| The following documents should be submitted to complete the Application Package:  Narrative section  All required attachments  Assurance package  Certifications and assurances accepted and submitted in EGMS | | | | |
| Complete the Sections Below. All information requested is mandatory. | | | | |
| **1. Applicant Profile:** | | | **2. Contact Information:** | |
| Legal Agency Name: |  | | Agency Head: |  |
| Street Address: |  | | Telephone #: |  |
| City/State/Zip |  |  | Email Address: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | |  |  |
| Main Telephone #: |  | | Project Manager: |  |
| Main Fax #: |  | | Telephone #: |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| Vendor/Tax ID: |  | | Email Address: |  |
| DUNS No.: |  | |  |  |
|  |  | |  |  |
|  |  | | | |
| **3. Application Profile:** | | | | |
|  | **Program Area:** | | | **Funding Request:** |
| Dr. Ron Simmons Wellness Program \_\_\_\_\_  Community DIS \_\_\_\_\_ | | |  |
| **Proposal Description:** | | | | |
| Enter Name & Title of Authorized Representative Date | | | | |

# Attachment D: Linkages Summary (Required)

**Instructions**

1. Applicants must complete Attachment D to detail their ability to assure a continuum of care. The information on the attached table will be verified during the site visit, if applicable.
2. Applicants should pay particular attention to the specific linkage requirements noted for each service area. If a linkage is not required and/or not provided, please indicate “NA” (for not applicable) in the space provided.
3. Applicants may use additional sheets to list linkages if necessary.
4. Column 1 lists the various service categories funded by HAHSTA.
5. In Column 2, applicants should place a check mark in the space provided if they provide or propose to provide that service directly. If they do not provide the service directly, leave the space blank.
6. In Column 3, applicants should list both Ryan White funded and non-Ryan White funded organizations with which they have collaborative agreements and linkages for the given service categories.
7. In Column 4, the applicant should type “yes” or “no,” indicating whether or not there is an established Memorandum Of Understanding/Agreement (MOU/A) with the listed agency or individual.
8. In Column 5, the applicant should type “yes” or “no,” indicating whether or not there is an established contract with the listed agency or individual.

**Linkages Summary Table**

| Applicant Agency: |  | | | | |
| --- | --- | --- | --- | --- | --- |
| **Service Category** | | **Provide Directly** | **Provide Through Linkage (Name Organizations)** | **Established MOU/A (Yes/No)** | **Signed Contract**  **(Yes/No)** |
| 1. Outpatient Ambulatory Medical Care | |  |  |  |  |
| 1. AIDS Drug Assistance Program (ADAP) | |  |  |  |  |
| 1. AIDS Pharmaceutical Assistance (local) | |  |  |  |  |
| 1. Oral Health Care | |  |  |  |  |
| 1. Early Intervention Services | |  |  |  |  |
| 1. Health Insurance Premium and Cost Sharing | |  |  |  |  |
| 1. Home Health Care | |  |  |  |  |
| 1. Home and Community-Based Health Services | |  |  |  |  |
| 1. Hospice Services | |  |  |  |  |
| 1. Mental Health Services | |  |  |  |  |
| 1. Medical Nutrition Therapy | |  |  |  |  |
| 1. Medical Case Management | |  |  |  |  |
| 1. Substance Abuse Services | |  |  |  |  |
| 1. Case Management (non-Medical) | |  |  |  |  |
| 1. Childcare Services | |  |  |  |  |
| 1. Emergency Financial Assistance | |  |  |  |  |
| 1. Food Bank/Home Delivered Meals | |  |  |  |  |
| 1. Health Education/Risk Reduction | |  |  |  |  |
| 1. Housing Services | |  |  |  |  |
| 1. Other Professional Services | |  |  |  |  |
| 1. Linguistic Services | |  |  |  |  |
| 1. Medical Transportation Services | |  |  |  |  |
| 1. Outreach Services | |  |  |  |  |
| 1. Psychosocial Support Services | |  |  |  |  |
| 1. Referral for Healthcare/supportive Services | |  |  |  |  |
| 1. Rehabilitation Services | |  |  |  |  |
| 1. Respite Care | |  |  |  |  |
| 1. Substance Abuse Services (residential) | |  |  |  |  |

# 

**Attachment E**

|  |
| --- |
| **APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES** |

This section includes certifications, assurances and disclosures made by the authorized representative of the Applicant/Grantee organization. These assurances and certifications reflect requirements for recipients of local and pass-through federal funding.

**A. Applicant/Grantee Representations**

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers’ Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by DOH, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, “Debarment and Suspension,” and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
8. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
9. The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.
11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;
12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

**B. Federal Assurances and Certifications**

**The Applicant/Grantee shall comply with all applicable District and federal statutes and regulations, including, but not limited to, the following:**

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Clean Air Act (Subgrants over $100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et.seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
17. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
18. Establish a drug-free awareness program to inform employees about:
    * + - 1. The dangers of drug abuse in the workplace;
          2. The Applicant/Grantee's policy of maintaining a drug-free workplace;
          3. Any available drug counseling, rehabilitation, and employee assistance programs; and
          4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

(3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;

1. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
2. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
3. Title VI of the Civil Rights Act of 1964;
4. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
5. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
6. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

**C. Mandatory Disclosures**

1. The Applicant/Grantee certifies that the information disclosed in the table below is true at the time of submission of the application for funding and at the time of award if funded. If the information changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification
2. **Applicant/Grantee Mandatory Disclosures**

|  |  |  |
| --- | --- | --- |
| 1. Per OMB 2 CFR §200.501– any recipient that expends $750,000 or more in federal funds within the recipient’s last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee’s last fiscal year, were you required to conduct a third-party audit? | **⬜** | **YES** |
| **⬜** | **NO** |
| 1. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law. | **⬜** | **YES** |
| **⬜** | **NO** |
| 1. Executive Compensation: For an award issued at $25,000 or above, do Applicant/Grantee’s top five executives do not receive more than 80% of their annual gross revenues from the federal government, Applicant/Grantee’s revenues are greater than $25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission.   *If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.* | **⬜** | **YES** |
| **⬜** | **NO** |
| 1. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: \_\_\_\_\_\_\_\_\_\_\_ If yes, insert the name of the cognizant federal agency? \_\_\_\_\_\_\_\_\_\_\_\_\_ | **⬜** | **YES** |
| **⬜** | **NO** |
| 1. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DOH award. | **⬜** | **YES** |
| **⬜** | **NO** |

**ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES**

I am authorized to submit this application for funding and if considered for funding by DOH, to negotiate and accept terms of Agreement on behalf of the Applicant/Grantee organization; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and

I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

|  |  |  |
| --- | --- | --- |
| Sign: |  | Date: |
| NAME: INSERT NAME | TITLE: INSERT TITLE |  |
| AGENCY NAME: | | |