|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 #** | **FBH\_07.09.21** | **RFA Title:** | | **FY 2021 HOWPA Facility-Based Housing and Supportive Services** |
| **Release Date:** | 7/09/21  8/09/21 | **DOH Administrative Unit:** | | **HIV/AIDS, Hepatitis, STD Tuberculosis Administration (HAHSTA)** |
| **Due Date:** |  | **Fund Authorization:** | | FY2019 HOPWA Formula |
| **☒ 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:** |
| Facility Based Housing Services   * Emergency Housing * Transitional Housing * Supportive Services | | |  |
| **Proposal Description:** | | | | |
| Enter Name & Title of Authorized Representative Date | | | | |

# 

# Attachment B: Other Funding Sources Table (Required)

This table is for your organization to create an HIV resource inventory which includes public and private funding sources for HIV prevention, care, and treatment services; include the dollar ($) amount of available funds from that source in the year indicated and the services those funds support.

**Instructions**

1. Applicants must complete Attachment B (separate Microsoft Excel file)
2. Column 1 lists the various sources of funding. Organizations can add other sources that are not listed.
3. In Column 2, applicants list the amount of funding for the corresponding source in column 1.
4. In Column 3, applicants list the service category(ies) that correspond to the funding source and amount in columns 1 and 2.
5. In Column 4, applicants must indicate the funding cycle (period of time that the funding will be in use by the organization).

# Attachment C: Workplan (Required)

This table is for your organization to a work plan that clearly demonstrates effective goals, objectives, and activities to address those services you plan to provide. Please ensure that all goals and objectives are SMART.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency:** | **Program Period:** | | | |
| RFA # FBH\_07.09.21 | **Submission Date:** | | | |
| **Service Category:** | Submitted by: | | | |
| Service Category Budget $ | Telephone # | | | |
| **GOAL 1: Households Becoming Permanently Housed** | | | | |
| Measurable Objectives/Activities: | | | | |
| **Process Objective #1:**Households Exiting to Permanent Housing | | | | |
| Key activities needed to meet this objective: | | Start Date/s: | Completion Date/s: | Key Personnel (Title) |
|  | |  |  |  |
| **GOAL 2: Households Receiving Intensive Case Management** | | | | |
| **Process Objective #1:** Households receiving intensive case management | | | | |
| Key activities needed to meet this objective: | | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  | |  |  |  |
| **GOAL 3: Households Receiving Care and Support** | | | | |
| **Process Objective #1:**Number of Housing Plans Developed | | | | |
| Key activities needed to meet this objective: | | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  | |  |  |  |

**Please duplicate as needed for each Program Goal. A workplan is required for each proposed service category under this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Process Objective #2:**Number of Households having contact with case manager/medical benefits counselor in accordance with their personal service plan. | | | |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  |  |  |  |
| **Process Objective #3:**Number of Households appearing for medical appointments with health care provider in accordance with their service plan. | | | |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  |  |  |  |
| **Process Objective #4:**Number of Households qualifying or maintaining eligibility for medical insurance and or medical assistance. | | | |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  |  |  |  |
| **Process Objective #5:**Number of Households qualifying or maintaining eligibility for source of income. | | | |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  |  |  |  |
| **Process Objective #6:**Number of Households that obtained an income producing job. | | | |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  |  |  |  |

Attachment D: Budget Worksheet and Budget Narrative

|  |  |
| --- | --- |
| Applicant Agency: |  |

All Applicants applying for services must use the HAHSTA approved budget forms Attachment E. The forms are available as a separate Microsoft Excel file. The workbook consists of several tabs. Applicants may not change made the format or content areas of the Excel workbook. Applicants must input budget projections for each project description submitted. <https://dchealth.dc.gov/publication/categorical-budget-format-hahsta>

**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
19. Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
20. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
21. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
22. Title VI of the Civil Rights Act of 1964;
23. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
24. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
25. 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: | | |

**Assurance Checklist**

***Certifications, Licenses and Assurances Required When Submitting Applications***

1. Signed DOH Federal Assurances (located in RFA in which you are applying)
   1. Certifications Regarding, Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace
   2. Federal Assurances
   3. DC HEALTH Statement of Certification
2. Current Business License, registration to transact business in the relevant jurisdiction

**Department of Consumer and Regulatory Affairs (DCRA)** (DCRA is for the DC based providers) 1100- 4th Street, S.W. Contact 202-442-4400 Or [www.dcra.dc.gov](http://www.dcra.dc.gov)

1. Current Certificate of Clean Hands (formerly Certificate of Good Standing) *DC Office of Tax & Revenue (OTR) (****You can only apply for this online. It takes at least 7 days but no more than 14 days)***1101- 4th Street, S.W. Contact: Rhonda Lycorish 202-442-6815 Or [www.otr.cfo.dc.gov](http://www.otr.cfo.dc.gov)
2. 501 © (3) Certifications. For Non-Profit Organizations
3. List of Board of Directors, on letterhead, for current year, signed and dated by a certified official from the Board.(This Cannot be the Executive Director)
4. All Applicable Medicaid Certifications.

It is the Responsibility of the Applicant to determine the extent to which the services proposed are reimbursable by Medicaid in each relevant jurisdiction. It is also the responsibility of the applicant to submit documentation of certification to bill and collect revenue from Medicaid in each jurisdiction which Medicaid reimbursement is available.