DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

COMMUNITY HEALTH ADMINISTRATION

COVID-19 Vaccination Services for Hard-to-Reach Populations

REQUEST FOR APPLICATIONS

Amended: Section 11.4 and application deadline.

APPLICATION DEADLINE MOVED TO TUESDAY, APRIL 4, 2023 AT 6 PM.

FO# FO-CHA-PG-00005-018

RFA# CHA_CVSHRP_02_24_23

SUBMISSION DEADLINE:

APRIL 4, 2023, BY 6:00 PM

The Department of Health (DC Health) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DC Health reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DC Health, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or DC Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DC Health terms of agreement.

DC DEPARTMENT OF HEALTH

Community Health Administration

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO# FO-CHA-PG-00005-018
RFA# CHA_CVSHRP_02_24_23

COVID-19 Vaccination Services for Hard-to-Reach Populations

The District of Columbia, Department of Health (DC Health) is requesting proposals from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the DC Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

Funding Opportunity Title:	COVID-19 Vaccination Services for Hard-to-Reach Populations
Funding Opportunity Number:	FO-CHA-PG-00005-018
RFA ID#:	CHA_CVSHRP_02_24_23
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Health Care Access Bureau
Funding Opportunity Contact:	Kimberly Coleman, Program Manager, COVID-19.vaccine@dc.gov
Funding Opportunity Description:	DC Health is requesting proposals among qualified healthcare providers and organizations equipped to provide COVID-19 immunization services to the most hard-to-reach populations in the District of Columbia. Hard-to-reach priority populations are defined as residents who are home-bound or have limited mobility; newly arrived immigrants, undocumented residents, and asylees; racial/ethnic groups who are consistently under-vaccinated; individuals experiencing homelessness; residents in neighborhoods with particularly low COVID vaccination rates; and residents who are over age 65.
Eligible Applicants	The following entities with a license to conduct business in the District of Columbia and not receiving current DC Health immunization funding are eligible to apply: • Nonprofit Organizations

	• For-Profit Organizations
Anticipated # of Awards:	2
Anticipated Amount Available:	$4,000,000
Annual Floor Award Amount:	$250,000
Annual Ceiling Award Amount:	$1,000,000
Legislative Authorization	Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.
Associated Assistance Listing#	93.268
Associated Federal Award ID#	6 NH23IP922596-02-06
Cost Sharing/Match Required?	No
RFA Release Date:	February 24, 2023
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	April 4, 2023
Application Deadline Time:	6:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://egrantsdchealth.my.site.com/sitesigninpage

Notes:

1. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DC Health grant funding.
4. Applicants must have a DUNS #, Tax ID#, and be registered in the federal Systems for Award Management (SAM) with an active UEI# to be registered in DC Health's Enterprise Grants Management System.

CONTENTS

RFA TERMS AND CONDITIONS

The following terms and conditions are applicable to this, and all Requests for Applications issued by the District of Columbia Department of Health (DC Health) and to all awards, if funded under this RFA:

A. Funding for a DC Health subaward is contingent on DC Health's receipt of funding (local, federal, or private) to support the services and activities to be provided under this RFA.

B. DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.

C. The RFA does not commit DC Health to make any award.

D. Individual persons are not eligible to apply or receive funding under any DC Health RFA.

E. DC Health reserves the right to accept or deny any or all applications if the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.

F. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g., DC Grants Clearinghouse).

G. DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.

H. DC Health may conduct pre-award site visits (either in-person or virtually) to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

I. DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties' searches and documents and certifications submitted by the applicant.

J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period (i.e., the total number of years for which funding has been approved). This includes DC Health Electronic Grants Management System (EGMS), for which the awardee will be required to register and maintain registration of the organization and all users.

L. DC Health may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the Project Period and define any segments of the Project Period (e.g., initial partial year, or a 12-month budget period). The NOGA shall outline conditions of award or restrictions.

N. Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.

O. DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including 2 CFR 200 and Department of Health and Services (HHS) published 45 CFR Part 75, payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding agency; and compliance conditions that must be met by the awardee.

P. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control, and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: https://oca.dc.gov/page/division-grants-management or click here: Citywide Grants Manual and Sourcebook.

If your organization would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy,** please visit the DC Health Office of Grants Management webpage, here. Any additional questions regarding the RFA Dispute Resolution Policy may be directed to the Office of Grants Management (OGM) at doh.grants@dc.gov. Your request for this document will not be shared with DC Health program staff or reviewers.

CHECKLIST FOR APPLICATIONS

- ☐ Applicants must have an active registration in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS).
- ☐ Complete your EGMS registration at least **two weeks** prior to the application deadline.
- ☐ Start constructing and uploading your application components into EGMS at least a week prior to the application deadline.

  The complete **Application Package** should include the following:

  - ☐ Certificate of Clean Hands dated within 60 days of the application deadline
  - ☐ Current business license or certificate of licensure or proof to transact business in local jurisdiction
  - ☐ Current certificate of insurance
  - ☐ Copy of cyber liability policy
  - ☐ IRS tax-exempt determination letter (for nonprofits only)
  - ☐ IRS 990 form from most recent tax year (for nonprofits only)
  - ☐ Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board dated within 90 days of the application deadline (this cannot be the executive director)
  - ☐ Assurances, certifications, and disclosures (Attachment 1)
  - ☐ Proposal abstract
  - ☐ Project narrative
  - ☐ Budget table
  - ☐ Budget justification
  - ☐ Organization chart
  - ☐ Work plan
  - ☐ Staffing plan
  - ☐ Letters of Partnership or Memoranda of Understanding (MOUs) (if applicable)
- ☐ Documents requiring signature have been signed by an organization head or authorized representative of the applicant organization.
- ☐ The applicant needs a Unique Entity Identifier number (UEI#) and an active registration in the System for Award Management to be awarded funds.
- ☐ The project narrative is written on 8½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type *(11–point font for tables and figures)* with a one-inch margins.
- ☐ The application proposal format conforms to the "Proposal Components" (See section 5.2) listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan and other attachments are complete and comply with the forms and format provided in the RFA.

☐ Submit your application via EGMS by the application due date and time**. Late applications will not be accepted.**

1. GENERAL INFORMATION

1.1 KEY DATES

- Notice of Funding Announcement Date: **February 10, 2023**
- Request for Application Release Date: **February 24, 2023**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Application Submission Deadline: **April 4, 2023**
- Anticipated Award Start Date: **June 1, 2023**

1.2 OVERVIEW

The purpose of this funding is to support healthcare providers, community organizations, and other entities to engage and succeed in vaccinating the most hard-to-reach populations in the District of Columbia to protect them from COVID-19.

The mission of DC Health is to promote and protect the health, safety, and quality of life of residents, visitors, and those doing business in the District of Columbia. The agency is responsible for identifying health risks; educating the public; preventing and controlling diseases, injuries, and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.

The Community Health Administration (CHA) within DC Health promotes healthy behaviors and healthy environments to improve health outcomes and reduce disparities in the leading causes of morbidity and mortality in the District. CHA focuses on population health strategies to prevent and control cancer, chronic disease, and vaccine preventable diseases; promote nutrition and physical fitness; ensure access to quality health care services; and support the health and well-being of families across the lifespan. CHA's approach targets the behavioral, clinical, and social determinants of health through evidence-based programs, policy, and systems change.

The Health Care Access Bureau (HCAB) within CHA leads strategy development, programs, and initiatives to improve access to equitable, comprehensive, quality health care services for all District residents. The Bureau's work also includes statewide immunization efforts to reduce vaccine-preventable diseases across the lifespan.

1.3 PURPOSE

The purpose of this funding is to provide COVID-19 immunization services to hard-to-reach populations in the District of Columbia. Hard-to-reach populations are defined as residents who are home-bound or have limited mobility; newly arrived immigrants, undocumented residents, and asylees; racial/ethnic groups who are consistently under-vaccinated; individuals

experiencing homelessness; residents in neighborhoods with particularly low COVID vaccination rates; and residents who are over age 65.

1.4 Source of Grant Funding

Funding is anticipated to be available using federal funds. DC Health is the primary recipient of federal funds awarding these funds. As a primary recipient, DC Health has the responsibility to pass through requirements and objectives agreed to in our federal notices of award. The statutory authority for this funding is section 317, 317(k)(2) of the Public Health Service Act (42 U.S.D. Sections 247b, 247b(k)(2) and 247c), as amended. The award number is 6NH23IP922596-02-06 for the CDC-RFA-IP19-1901 Immunization and Vaccines for Children – COVID and VFC Supplemental Funds.

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $1,000,000 is anticipated for two (2) awards for the first budget period. Following this initial budget period, successful programs may request one (1) additional $1,000,000 for a second budget period with updated work plans, budget tables and budget justifications.

1.5.2 Period of Performance and Funding Availability

The anticipated performance and funding period is June 2023-May 2025. The first budget period of this award is anticipated to begin on June 1, 2023, and to continue through May 31, 2024. After the first budget period, there will be a second, 12-month budget period for a total project period of June 1, 2024–May 31, 2025. The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and grantee performance and compliance.

1.5.3 Eligible Organizations/Entities

If an organization is not a health care provider, proof of partnership with a health care provider that will be able to provide immunization services is required. The health care provider must be enrolled in the CDC COVID-19 Vaccination Program[1].

Both nonprofit and for-profit organizations are eligible to apply for funding under this RFA. We welcome applications from these types of organizations:

- Community-based organizations
- Pediatric community immunization facilities
- Adult immunization programs

[1] https://www.cdc.gov/vaccines/covid-19/provider-enrollment.html

- Healthcare provider groups serving DC residents
- Community-focused non-governmental organizations
- Public and state-controlled institutions of higher education
- Private institutions of higher education
- Retail pharmacies

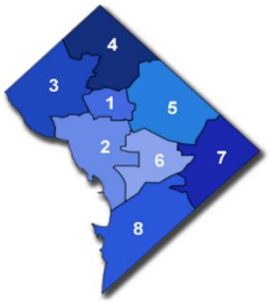
Minority-owned Business Enterprises (MBEs), Woman-owned Business Enterprises (WOBEs), Small Business Enterprises (SBEs), Emerging Business Enterprises (EBEs), or Disabled Veteran-Business Enterprises (DVBEs) are encouraged to apply.

1.5.4 Non-Supplantation

Recipients may supplement, but not supplant, funds from other sources for initiatives that are the same or similar to the initiatives being proposed in this award.

2. BACKGROUND

2.1 DEMOGRAPHIC OVERVIEW



The District of Columbia (DC or the District) is a diverse and compact geographic area that covers 61 square miles with a population of 689,545 as of the 2020 US Census.[2,3] The District is organized into eight geopolitical wards, with the largest population in Ward 6 (108,202 residents) and the smallest population in Ward 7 (76,255 residents). Wards 1 and 2 have the largest proportion of adults ages 18-64 (80% and 84%), Wards 7 and 8 have the largest proportion of youth ages 0-18 years (24% and 30%), and Wards 3 and 4 have the largest proportion of adults over age 65 (18% and 15%).[4]

In terms of race and ethnicity, the District's population is highly diverse—approximately 41% Black/African American, 38% white, and 5% Asian, with Hispanic or Latino residents of any race making up 11% of the population.[5] The population, however, is highly segregated, with significant economic disparities observed by ward and race. For example, Wards 2 and 3 have the highest percentage of white residents and the lowest percentage of Black/African American residents, whereas Wards 7 and 8 have the highest percentage of Black/African American residents and the lowest percentage of white residents. While 2022 District-wide median household income was slightly more than $102,000, median household income in Ward 3 was more than 3.5 times higher than in Ward 8; median household income among white District residents was approximately 1.7 times higher than among Hispanic/Latino residents and 3.1 times higher than among Black/African American residents.[6] In November 2022, District-wide

[2] Government of the District of Columbia, Office of Planning. *District of Columbia Population Change by Ward: 2010 to 2020.* Published August 13, 2021. https://planning.dc.gov/sites/default/files/dc/sites/op/publication/attachments/Map%20-%20Population%20Change%20by%20Ward%202010-2020.pdf

[3] NOTE: In April 2020, the District decennial census data was collected. Some preliminary data analysis has been completed and disseminated; however, it is important to note that DC census takers continue to evaluate the 2020 census data and address data concerns surrounding undercounting of residents of color, discrepancies with the Census' American Community Survey (ACS) data, and the impact of the COVID-19 pandemic on data collection. https://planning.dc.gov/node/1553646

[4] United States Census Bureau. American Community Survey 1-year estimates. Census Reporter Profile: District of Columbia. https://censusreporter.org/profiles/04000US11-district-of-columbia/. Published 2019

[5] United States Census Bureau. QuickFacts: District of Columbia. https://www.census.gov/quickfacts/fact/dashboard/DC/POP010220.

[5] DC Open Data. *DC Health Planning Neighborhoods*. https://opendata.dc.gov/datasets/DCGIS::dc-health-planning-neighborhoods/about. Updated December 8, 2021.

[6] DC Health Matters. *2022 Demographics.* https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=131488&sectionId=

unemployment was 5.8%; however, unemployment in Ward 8, the highest in the District, was more than 3 times higher than in Ward 3, the lowest in the District (see Table 1).[7]

Table 1: Selected Characteristics of DC Residents, by Ward.[8,9]

	White, Non-Hispanic (2022)	Black/ African American, Non-Hispanic (2022)	Hispanic/ Latino, any race (2022)	Median Household Income (2022)	Unemployment Rate (Nov. 2022)
Ward 1	59.0%	21.0%	20.7%	$122,077	3.2%
Ward 2	69.5%	13.1%	12.1%	$126,597	3.0%
Ward 3	82.5%	5.5%	9.5%	$155,813	3.1%
Ward 4	33.8%	58.8%	25.8%	$108,810	4.0%
Ward 5	32.0%	60.5%	11.7%	$104,296	5.7%
Ward 6	50.0%	40.8%	8.4%	$113,922	4.0%
Ward 7	2.5%	94.5%	4.3%	$50,130	7.3%
Ward 8	3.6%	93.5%	3.1%	$44,665	9.3%
District-wide	42.7%	43.5%	12.1%	$102,806	5.8%

2.2 Vaccine-Preventable Disease & COVID-19

The Centers for Disease Control and Prevention (CDC) currently recommends the COVID-19 primary series vaccines and the COVID-19 Bivalent booster for everyone eligible ages six months and older.

There are currently four types of vaccines authorized by the FDA and the CDC. The differences in type correspond to the part of the coronavirus that is used to develop the vaccine and how it prompts the body to recognize and attack the SARS CoV-2 virus.

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[7] DC Department of Employment Services (n.d.). *Labor Force, Employment, Unemployment, and Unemployment Rate by Ward.* https://does.dc.gov/sites/default/files/dc/sites/does/page_content/attachments/DC%20Ward%20Data%20Dec21-Nov21-Dec20.pdf

[8] D.C. Health Matters (2022, March). *2022 Demographics*. https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=131488&sectionId=

[9] DC Department of Employment Services (n.d.). *District of Columbia Labor Force, Employment, Unemployment and Unemployment Rate by Ward*. Retrieved from https://does.dc.gov/sites/default/files/dc/sites/does/page_content/attachments/DC%20Ward%20Data%20Nov22-Oct22-Nov21.pdf

- Pfizer-BioNTech **mRNA** COVID-19 vaccine[10] (includes COMIRNATY; Pfizer-BioNTech mRNA COVID-19 Monovalent vaccine; Pfizer-BioNTech mRNA Bivalent COVID-19 vaccine booster)
- Moderna **mRNA** COVID-19 vaccine[11] (includes Spikevax; Moderna mRNA Monovalent COVID-19 vaccine; Moderna mRNA Bivalent COVID-19 vaccine booster)
- Novavax **protein subunit** COVID-19 vaccine[12]
- Johnson & Johnson's Janssen (J&J/Janssen) **viral vector** COVID-19 vaccine[13]

The emergency use authorization (EUA) vaccines are currently provided by federal government under specialized public health emergency funding. An EUA is used to expedite the availability of medical products, including drugs and vaccines, during a public health emergency. An EUA also only lasts during the public health emergency for which it was declared. Two vaccines listed above have received full FDA approval for specific ages: COMIRNATY (12 years and older) and Spikevax (18 years and older), which are the brand-name pharmaceutical versions of the Pfizer and Moderna vaccines. Health care providers should keep this in mind for vaccination services once the COVID-19 public health emergency ends.

Figure 1 illustrates the recommended COVID-19 immunization schedule for most people based on age range and vaccine type. The recommendations from the FDA and CDC providing Emergency Use Authorization for Bivalent COVID-19 boosters from Pfizer-BioNTech and Moderna are highlighted in this immunization schedule. The availability of these updated boosters provides updated COVID-19 with the addition of Omicron BA.4 and BA.5 spike protein components to the original vaccine composition. These Bivalent COVID-19 boosters offer additional protections by assisting the immune system to restore protection that has decreased since previous vaccinations/boosters.

It is likely that booster vaccines will be updated by manufacturers during the time period of this grant program. Grantees will be expected to update the vaccines they offer to be consistent with the recommendations of the federal Advisory Committee on Immunization Practices.

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[10] CDC (2022, November 1). *Overview of COVID-19 Vaccines: Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines.* https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/overview-COVID-19-vaccines.html.

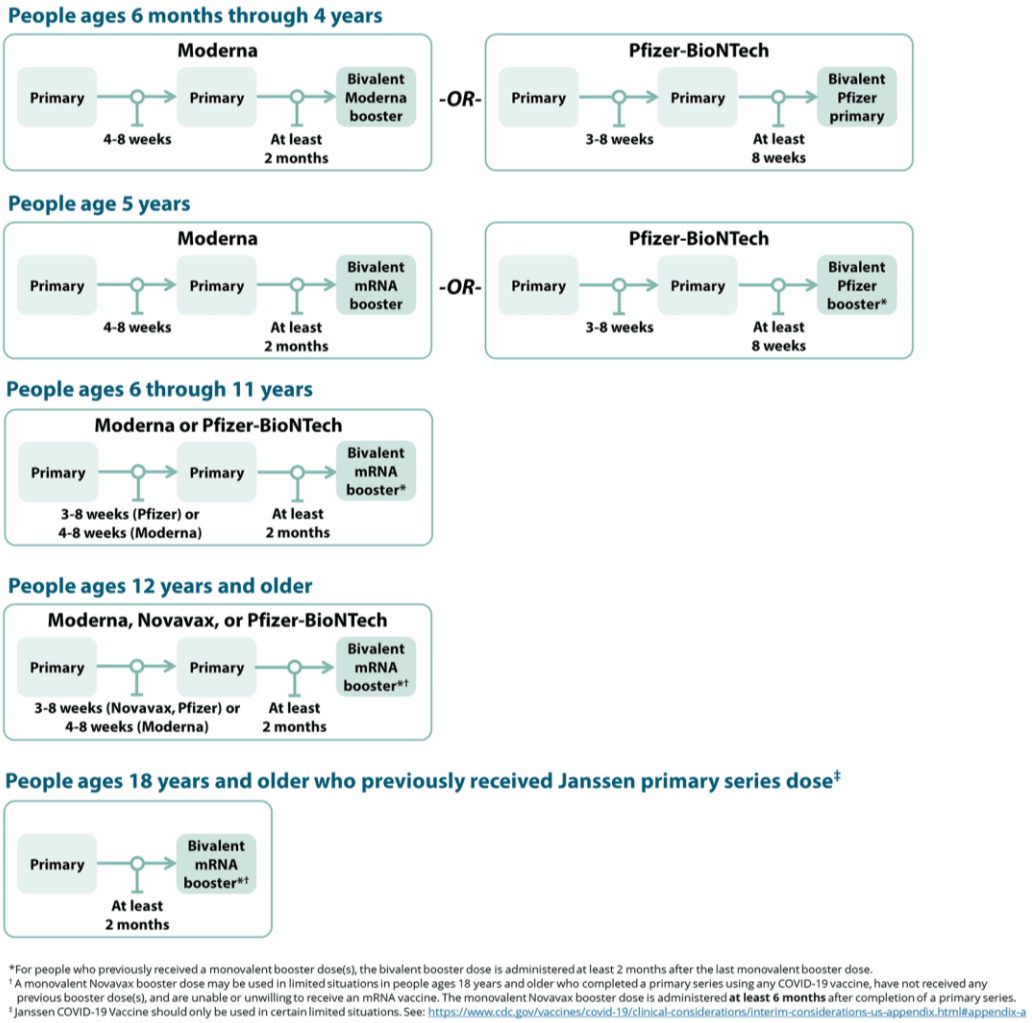
[11] CDC (2022, November 1). *Overview of COVID-19 Vaccines: Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines.* https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/overview-COVID-19-vaccines.html.

[12] CDC (2022, November 1). *Overview of COVID-19 Vaccines: Novavax protein subunit COVID-19 vaccine.* https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/overview-COVID-19-vaccines.html.

[13] CDC (2022, November 2). *Overview of COVID-19 Vaccines: Johnson & Johnson's Janssen (J&J/Janssen) viral vector COVID-19 vaccine.* https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/overview-COVID-19-vaccines.html

Figure 1.

COVID-19 Vaccination Schedule Infographic for People who are NOT Moderately or Severely Immunocompromised[14]



2.3 Vaccination Uptake Among Hard-to-reach Populations

Populations identified as hard-to-reach are impacted by social and structural determinants of health (SSDH), which can be barriers to seeking or accessing vaccines. SSDH are "the complex, integrated, and overlapping social structures and economic systems that include the social

[14] CDC (2022, September). *COVID-19 Vaccination Schedule Infographic for People who are NOT Moderately or Severely Immunocompromised.* https://www.cdc.gov/vaccines/covid-19/images/COVID19-vaccination-schedule-most-people.png

environment, physical environment, and health services."[15] These may include but are not limited to race/ethnicity, values, beliefs, disability, residency/geographic location, access to healthcare/medical providers, economics, education/knowledge, and policies/laws. The reasons SSDH result in low vaccine uptake among hard-to-reach populations are varied and complex. Additionally, vaccine misinformation and mistrust surrounding the emergency use authorization (EUA) of COVID-19 vaccines also had an impact on vaccine uptake among hard-to-reach populations. There is no single strategy that will increase the current rates; however, tailored multi-level programs supported by evidence-based strategies, can have a positive impact on vaccine uptake among these priority populations[16].

DC Health publishes weekly COVID-19 and influenza measures of disease frequency and COVID-19 vaccination data (see Figure 2 and Figure 3). Though the city's current COVID-19 community level is LOW (weekly case rate of 96.2 per 100,000 residents as of December 17, 2022[17]), not all communities are affected equally: Black/African American and Latinx residents account for 67% of cases. COVID-19 vaccination rates highlight geographic and racial disparities also. As of December 2022, primary series COVID-19 vaccination rates in Wards 7 (63.5%) and 8 (53.3%) are significantly lower than the estimated 80.5% of residents citywide who have completed the primary series while also having the highest percentages of residents who are black, Indigenous and people of color (BIPOC).

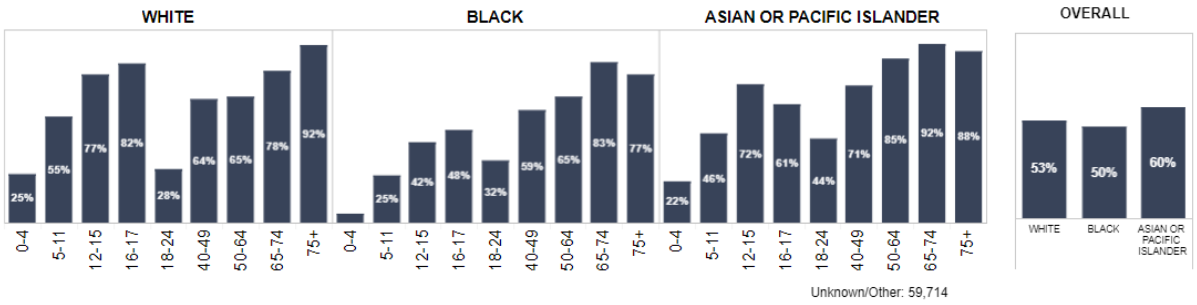
[15] CDC. (2020). *Establishing a Holistic Framework to Reduce Inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States, An NCHHSTP White Paper on Social Determinants of Health, 2010.* Retrieved from https://www.cdc.gov/socialdeterminants/docs/sdhwhite-paper-2010.pdf

[16] DC Health (2021, May). *COVID-19 Pandemic Health and Healthcare Recovery Report*. Retrieved from https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/Pandemic-Recovery-Report_May-2021.pdf

[17] DC Health (2022, December 17). *Key Metrics. District of Columbia COVID-19 Weekly Case Rate, District Residents, per 100.000 population*. Retrieved from https://coronavirus.dc.gov/key-metrics

Figure 2.

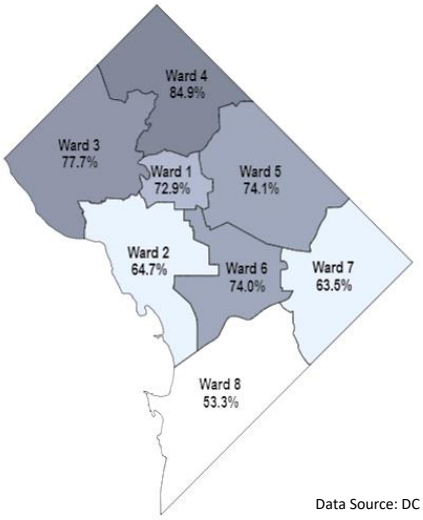
Primary Series Complete COVID-19 Vaccination Coverage by Race and Age – Residents[18]



Data Source: DC Health

Figure 3.

Coverage of COVID-19 Vaccination (Primary Series Completed) by Ward[19]



Data Source: DC Health

3. PURPOSE

The Health Care Access Bureau (HCAB) of the Community Health Administration (CHA) is requesting proposals among qualified health care providers and organizations equipped to

[18] DC Health (2022, December 21). *Vaccination Data/Vaccinations/Demographics: Coverage (%) by Race - Residents*. Retrieved from https://coronavirus.dc.gov/data/vaccination

[19] DC Health (2022, December 21). *Vaccination Data/Vaccinations/Coverage: Coverage (%) of Primary Series Completed Residents by Ward*. Retrieved from https://coronavirus.dc.gov/data/vaccination.

provide COVID-19 immunization services to the most hard-to-reach populations in the District of Columbia. Hard-to-reach populations are defined as residents who are home-bound or have limited mobility; newly arrived immigrants, undocumented residents, and refugees or asylees; racial/ethnic groups who are consistently under-vaccinated; individuals experiencing homelessness; residents in neighborhoods with particularly low COVID vaccination rates; and residents who are over age 65.

3.1 Approach

Grantees shall focus on providing COVID-19 immunization services to hard-to-reach residents of the District. Because hard-to-reach residents may not seek vaccination at fixed clinics, we strongly encourage grantees to offer vaccination through mobile services at community sites easily accessed by these residents. However, vaccination services may be delivered in fixed clinics if grantee can demonstrate that through this funding, grantee is vaccinating hard-to-reach residents that would otherwise not be vaccinated.

The grantee shall be required to manage or partner with a healthcare provider to manage vaccine administration with responsibility to:

- adequately staff the facility with individuals licensed to administer vaccine in the District of Columbia and with administrative support to meet demand
- secure, store, maintain, and administer vaccines
- ensure consistent vaccine availability
- comply with the 24-hour vaccine administration reporting requirement to the District of Columbia Immunization Information System (DOCIIS)
- provide immunization-focused health promotion and guide priority population group(s) with informed decision-making about COVID-19 vaccines
- promote the immunization services as scheduled

Grantees also shall employ evidence-based strategies to provide reliable vaccination-focused health promotion among the priority population(s) and improve vaccine confidence.

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 Target Population

Grantees shall provide services to one or any combination of the following groups: residents who are home-bound or have limited mobility; newly arrived immigrants, undocumented residents, and asylees; racial/ethnic groups who are consistently under-vaccinated; individuals experiencing homelessness; residents in neighborhoods with particularly low COVID vaccination rates; and residents who are over age 65. Services that reach residents who meet more than one criterion (e.g., home-bound persons who are over age 65 or undocumented

residents who are over age 65) and services that reach people who are at higher risk for severe COVID disease (e.g. those over age 65) are preferred.

4.2 Location of Services

Grantees must be located within the District of Columbia. Services must be delivered in any combination of the following settings serving residents of the District:

a. Mobile locations (indoor or outdoor)
b. Schools (public, private, or parochial) or workforce training facilities
c. Social service organizations
d. Community centers
e. Recreation facilities
f. Community and neighborhood events (i.e., block parties, food distribution sites)
g. Fixed-site clinics

4.3 Allowable Activities

Grantees shall provide access to COVID-19 immunization services for hard-to-reach population groups within the District. Grantee shall employ strategies and implement activities to ensure 1) awareness of the service for the priority population group(s); 2) accessible, high-quality customer service and patient care at the facility or location; 3) timely reporting to DC Health of all immunization activity. Partnerships with organizations that have established relationships with the hard-to-reach population group(s) of focus are strongly encouraged.

4.4 Program Strategies

The grantee shall employ strategies and implement activities in the service areas outlined in this section. Applicants shall demonstrate how the proposed project plan will impact each of these areas and demonstrate their organizational capacity to do so. Examples of preexisting partnership activities are encouraged to be included.

Service Area 1: Provision of COVID-19 Vaccination Services for Hard-to-Reach Populations: Applicants should address how they will provide COVID-19 vaccination services that will serve persons that represent one or more of the identified hard-to-reach population groups. Strategy should include description of services, how they are accessible and meet the unique needs of the population reached (e.g., handicapped accessible for disabled persons, language accessible for non-English speakers).

Key Performance Indicators:

A. Process Measures

- Number of patients vaccinated per event
- Number of patients served by each hard-to-reach population group type per event

- Number and type of staff per clinic

Service Area 2: COVID-19 Vaccination Service Outreach to Hard-to-Reach Populations: Applicants should address how they will connect with persons that represent one or more of the identified hard-to-reach population groups to encourage COVID-19 immunizations and inform them of vaccination events.

Key Performance Indicators:

A. Outcome Measures

- Number of persons per week with whom vaccination service outreach contacts are made
- Number of and examples of outreach materials developed or used per month

Service Area 3: Data Collection, Reporting, and Continuous Improvement: Applicants should address how data will be 1) collected and stored; 2) evaluated and used for process improvement; and 3) reported to DC Health in a timely manner (as described below).

Key Performance Indicators:

A. Data Collected for Each Encounter

Vaccine administration data must also be reported within 24 hours of administration by the healthcare provider electronically to DOCIIS. Required fields are listed in Appendix C.

B. Monthly Aggregate Event Measures

Grantees shall complete monthly data reporting as part of their monthly progress report requirement. These reports shall include:

- Location of event
- Date of event
- Number of children (5 months to 17 years) vaccinated
- Number of adults (18+ years) vaccinated
- Number of vaccines administered by type and brand

5. APPLICATION REQUIREMENTS

5.1 Eligibility Documents

Certificate of Clean Hands

This document is issued by the Office of Tax and Revenue and must be dated within 60 days of the application deadline.

CURRENT BUSINESS LICENSE

A business license issued by the Department of Consumer and Regulatory Affairs, Department of Licensing and Consumer Protection or certificate of licensure or proof to transact business in local jurisdiction.

CURRENT CERTIFICATE OF INSURANCE

This document must be issued by your insurance company. All DC Health grantees must meet the minimum insurance requirements as outlined in Appendix A: Minimum Insurance Requirements. Should an applicant be awarded the grant, the Office of Risk Management will conduct a review of exposures of the grantee organization based off the final approved workplan and may make changes to the insurance requirements.

COPY OF CYBER LIABILITY POLICY

This document must be issued by your insurance company. All DC Health grantees must meet the minimum insurance requirements as outlined in Appendix A: Minimum Insurance Requirements. Should an applicant be awarded the grant, the Office of Risk Management will conduct a review of exposures of the grantee organization based off the final approved workplan and may make changes to the insurance requirements.

IRS TAX-EXEMPT DETERMINATION LETTER

This applies to nonprofits only.

IRS 990 FORM

This must be from the most recent tax year. This applies to nonprofits only.

CURRENT LIST OF BOARD OF DIRECTORS, ON LETTERHEAD, SIGNED AND DATED BY A CERTIFIED OFFICIAL FROM THE BOARD.

This CANNOT be signed by the executive director and must be dated within 90 days of the application deadline.

ASSURANCES, CERTIFICATIONS AND DISCLOSURES

This document must be signed by an authorized representative of the applicant organization. (Appendix B: Assurances, Certifications and Disclosures).

Note: Failure to submit **ALL** the above attachments will result in a rejection of the application from the review process. The application will not qualify for review.

5.2 PROPOSAL COMPONENTS

PROJECT ABSTRACT

A one-page project abstract is required. Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. The project abstract must be **single-spaced, limited to one page in length**, and include the following sections:

- **Annotation:** Provide a three-to-five-sentence description of your project that identifies the population and/or community needs that are addressed.
- **Problem:** Describe the principal needs and problems addressed by the project.
- **Purpose:** State the purpose of the project.
- **Goal(s) And Objectives:** Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.
- **Methodology:** Briefly list the major activities used to attain the goal(s) and objectives

PROJECT NARRATIVE (20-page maximum)

The narrative section should describe the applicant's approach to provide COVID-19 vaccination services to one or more specified hard-to-reach population groups in the District of Columbia, increase vaccine uptake among the target population(s) and engage with residents to provide immunization-focused health promotion.

The narrative should include the following sections:

OVERVIEW

This section should briefly describe the purpose of the proposed project and how the application aligns with the RFA. It should also summarize the overarching problem to be addressed and the contributing factors. Applicant must clearly identify the goal(s) of this project.

PROJECT OR POPULATION NEED

This section should help reviewers understand the needs of the population intended to be served by the proposed project.

- Provide an overview of priority population(s) as relevant to the project, including rates of COVID-19 immunization and corresponding social and structural determinants of health.
- Describe how the priority population(s) were identified for this proposal.
- Define the reach, boundaries, zip codes and/or geography of the target population.
- Describe the specific problem(s) and contributing factors to be addressed within the priority population(s).
- Provide a projection of the number of patients expected to reach through this project.

PROJECT DESCRIPTION

This section should provide a clear and concise description of strategies and activities they will use to achieve the project outcomes and should detail how the program will be implemented. Applicants must base their strategies and activities on those described in Sections 3.1 Approach, 4.3 Scope of Services, and 4.4 Program Strategies, above. Describe activities for each strategy, how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes.

- Describe how vaccination services will be provided and health promotion efforts will increase vaccine confidence and uptake.
- Describe how participants will be engaged to participate in vaccination services.
- Describe how the organization will provide services to patients, including but not limited to rationale for service locations and modes of contact, which must include in-person contact strategies, but may also include other modes (e.g., telephone check-ins, emails, postcard reminders).
- Describe the existing resources and developed materials that will be used to guide vaccine health promotion with clinic attendees.
- Applicant demonstrates a strong understanding of the social and behavioral factors that drive vaccine uptake and describes how these factors as applied to the priority population(s) will be utilized to develop, implement, and evaluate program effectiveness.

PERFORMANCE MONITORING

This section should describe applicant's plan for collecting and reporting data.

- Describe what information will be collected and by whom (e.g., applicant staff, partnering staff).
- Describe plans for how data collected will be shared among the applicant and partnership team.
- Describe plans for how data will be recorded and tracked (e.g., will have tablets, use paper-based surveys/questionnaire(s)?)
- Describe plans for how data will be recorded and tracked in DOCIIS or patient's Electronic Health Record (EHR) and transmitted or shared with DC Health.
- Describe plans for how data will be used to conduct ongoing evaluation and continuous improvement to vaccination services and immunization-focused health promotion.
- Describe plans for how data will be reported to DC Health in a timely manner.

ORGANIZATIONAL CAPACITY

This section should provide information on the how the applicant's mission aligns with the intent of the grant and their capacity to implement the required vaccination services.

- Describe the organization's current mission and structure and scope of activities.
- Describe how the organization has access to and/or has previously served the hard-to-reach target population that will be vaccinated.
- Convey their history or the ability to either provide preventative health care and health promotion services or successfully providing vaccines to one or more of the priority populations previously highlighted.
- Specify the infrastructure that is in-place to begin providing vaccination services once performance period begins, including, but not limited to:
    - vaccine ordering,

- vaccine storage and safety protocols,
- vaccination credentialing (location and staff, as required by law),
- patient communications (e.g., reminders for primary series and booster vaccinations, translation services), and billing.

PARTNERSHIPS

This section should describe plans to involve other key partners in the applicant's work.

- Describe plans for how partner organization(s) will engage priority population(s) for the purpose of increasing vaccination uptake.
- Describe applicant's experience working with organizations in other sectors to address social and structural determinants of health and plans for engaging existing and establishing partnerships to improve patient health outcomes.
- Describe how the partner organization(s) will assist applicant in vaccination-focused outreach to priority population(s).
- If applicable, describe COVID-19 provider partnership(s) and include the partnership agreement (see Appendix D).
- If grantee is not a health care provider, the grantee must detail proof of partnership with a health care provider that will be able to provide immunization services. The health care provider must be enrolled in the CDC COVID-19 Vaccination Program[20].

WORK PLAN

The Work Plan is required (Attachment 1). The work plan describes key process objectives and goals for successful program implementation. Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables.

The work plan should include a chronological list and description of activities to be performed. Each activity should have an identified responsible staff, target completion dates, and projected outcomes.

The work plan should include process objectives and measures. Objectives should be SMART. The attributes of a SMART objective are as follows:

- Specific: includes the "who," "what," and "where." Use only one action verb to avoid issues with measuring success.
- Measurable: focuses on "how much" change is expected.
- Achievable: realistic given program resources and planned implementation.
- Relevant: relates directly to program/activity goals.
- Time-bound: focuses on "when" the objective will be achieved.

[20] https://www.cdc.gov/vaccines/covid-19/provider-enrollment.html

Objectives are different from listing program activities. Objectives are statements that describe the results to be achieved and help monitor progress towards program goals. Activities are the actual events that take place as part of the program.

BUDGET TABLE

The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse as noted in form provided (Attachment 2). The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes. Budget should reflect the budget period, as outlined below (Key Budget Requirements).

Note: Enterprise Grants Management System (EGMS) will require additional entry of budget line items and details. This entry does not replace the required upload of a budget narrative using the required templates.

Key Budget Requirements

The budget should reflect the time periods, as follows:

- Year 1: June 1, 2023 – May 31, 2024: costs associated with vaccine administration, staffing, outreach, facility maintenance (if applicable), and advertisement.
- Year 2: June 1, 2024 – May 31, 2025: same as above.

Costs charged to the award must be reasonable, allowable, and allocable under this program. Documentation must be maintained to support all grant expenditures. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability.

BUDGET JUSTIFICATION

The application should include a budget justification (Attachment 3). The budget justification is a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget justification MUST be concise. Do NOT use the justification to expand the proposed project narrative.

Include the following in the budget justification narrative:

Personnel Costs: List each staff member to be supported by (1) funds, the percent of effort each staff member spends on this project, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member, or indicate a vacancy, position title, percentage of full-time equivalency dedicated to this project, and annual salary. Personnel includes, at a minimum, the

program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for service delivery and/or coordination, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality, and reporting. This list must include the Project Director on the Notice of Award.

Fringe Benefits: Fringe benefits change yearly and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.

Consultants/Contractual: Applicants must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. For each consultant, specify the scope of work for the consultant, the hourly rate, and the number of hours of expected effort. Applicants must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients.

Travel: The budget should reflect the travel expenses associated with implementation of the program and other proposed trainings or workshops, with breakdown of expenses, e.g., airfare, hotel, per diem, and mileage reimbursement.

Supplies: Office supplies, educational supplies (handouts, pamphlets, posters, etc.), personal protective equipment (PPE).

Equipment: Include the projected costs of project-specific equipment. Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).

Communication: Cost estimates for any communications and dissemination activities included in the work plan should be covered in the budget.

Other Direct Costs: Other direct costs category contains items not included in the previous categories. Give justification for all the items in the "other" category (e.g., separate justification for printing, publication costs for presentations/posters, telephone, postage, software programs, computers, etc.). All costs associated with training activities should be placed in the "other direct cost" category except costs for consultant and/or contractual.

ORGANIZATIONAL CHART

A one-page organizational chart is required *(no template provided)*.

STAFFING PLAN

The applicant's staffing plan must be submitted *(no template provided)*. The staffing plan should describe staff qualifications and include type and number of FTEs, Contractors, or Consultants. Staff CVs, resumes, and position descriptions may also be submitted as appendices.

LETTERS OF PARTNERSHIP OR MEMORANDA OF UNDERSTANDING (MOUS) (IF APPLICABLE)

An agreement outlining the relationship between the applicant and a partner organization *(no template provided).*

6. EVALUATION CRITERIA

Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The four review criteria are outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review:

CRITERION 1: NEED

(20 POINTS) – Corresponds to Sections: Overview and Project or Population Need (4 points each)

- Applicant provides a comprehensive overview of priority population(s) as relevant to the project, including rates of COVID-19 immunization and corresponding social and structural determinants of health.
- Applicant adequately identifies priority population(s) for this grant as hard to reach by detailing gaps in existing vaccination services, highlighting low vaccination rates, and providing supporting evidence that the priority population(s) are at risk for severe COVID-19 disease.
- Applicant clearly explains why the priority population(s) were identified for this proposal
- Applicant explicitly describes the reach, boundaries, zip codes and/or geography of the priority population(s).
- Applicant demonstrates a clear understanding of the specific problem(s) and contributing factors to be addressed within the priority population(s).

CRITERION 2: IMPLEMENTATION

(30 POINTS) – Corresponds to Sections: Project Description and Work Plan (5 points each)

- Applicant's work plan represents a logical and realistic plan of action for timely and successful achievement of objectives that support program goals.
- For each key objective, applicant's work plan includes a chronological list and description of activities to be performed, identifying responsible staff, target completion dates, and projected outcomes for each activity.
- Applicant details a clear and logical description of how vaccination services will be provided, and health promotion efforts will increase vaccine confidence and uptake.
- Applicant explains how evidence-based community engagement strategies will be properly applied to encourage people to participate in vaccination services.
- Applicant clarifies how the organization will equitably provide services to patients, including but not limited to rationale for service locations and modes or contact, which must include in-person contact strategies, but may also include other modes (e.g., telephone check-ins, emails, postcard reminders).

- Applicant demonstrates a strong understanding of the social and behavioral factors that drive vaccine uptake and describes how these factors as applied to the priority population(s) will be utilized to develop, implement and evaluate program effectiveness.

CRITERION 3: EVALUATIVE MEASURES

(30 POINTS) – Corresponds to Sections: Performance Monitoring (10 points each)

- Applicant demonstrates proficient capacity in data collection, storing of data, and strong data management policies to collect data related to vaccine uptake, vaccine health promotion, and community engagement strategies including but not limited to gathering member responses to evaluation assessments, feedback on vaccine-related health promotion and community engagement strategies, and responses to ad hoc requests from DC Health to acquire quantitative or qualitative perspectives on COVID-19 vaccine initiatives.
- Applicant provides innovative indicators to track progress towards program goals and objectives in its work plan.
- Applicant presents a clear and comprehensive plan of when and how data (including DOCIIS required information) will be reported to DC Health.

CRITERION 4: CAPACITY

(20 POINTS) – Corresponds to Sections: Partnerships, Organizational Capacity, and Organizational Information (5 points each)

- Applicant distinctly identifies how its organization's mission and objectives align with and support the goals of this RFA.
- Applicant details a well-designed infrastructure that is in-place to begin providing vaccination services once performance period begins, including, but not limited to: 1) vaccine ordering, 2) vaccine storage and safety protocols, 3) vaccination credentialing (location and staff, as required by law), 4) patient communications (e.g., reminders for primary series and booster vaccinations, 5) translation services, and 6) billing.
- Applicant describes their distinctive ability to reach the priority population(s) and how they will be served through this project.

7. REVIEW AND SCORING OF APPLICATION

7.1 ELIGIBILITY AND COMPLETENESS REVIEW

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DC Health personnel prior to being forwarded to the external review panel. **Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review**. Applicants will be notified that their applications did not meet eligibility.

7.2 External Review

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in public health program planning and implementation, health communications planning and evaluation, and social services planning and implementation. The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

7.3 Internal Review

DC Health program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. DC Health will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM).

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DC Health Director for signature. The DC Health Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

8. POST AWARD ASSURANCES & CERTIFICATIONS

Should DC Health move forward with an award, additional assurances may be requested in the post award phase. These documents include:

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Certification of current/active Articles of Incorporation from DCRA.
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

Failure to submit the required assurance package will likely make the application ineligible to receive a Notice of Grant Award.

9. APPLICATION SUBMISSION

In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative.

If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users **do not** have submission privileges but can work in EGMS to prepare (e.g., upload documents, complete forms) the application.

IMPORTANT: When the Primary Account User is submitting an application, ensure that there are no other transactions on another device being attempted in EGMS under that Primary Account User's credentials. For security purposes, the system will only acknowledge one transaction and one of the transaction attempts may fail, if done simultaneously.

9.1 REGISTER IN EGMS

DC Health recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations will not be approved by the Office of Grants Management in time for submission. To register, complete the following:

1. **Access EGMS**: The user must access the login page by entering the following URL: https://egrantsdchealth.my.site.com/sitesigninpage. Click the button REGISTER and following the instructions.
2. Determine the agency's Primary User (i.e., authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.
3. Your EGMS registration will require your legal organization name**, UEI# and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).
4. When your Primary Account User request is submitted in EGMS, the Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply

ASAP to any requests from Office of Grants Management to provide additional information, if needed.

EGMS User Registration Assistance:

Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance. Primary Points of Contact: Jennifer Prats and Clara McLaughlin (202) 442-9237. Here are the most common registration issues:

- Validation of the authorized primary account user
- Tax ID or expired SAM registration
- Web browser

9.2 Uploading the Application

All required application documents must be uploaded and submitted in EGMS. Required documents are detailed below. All of these must be aligned with what has been requested in other sections of the RFA.

- ***Eligibility Documents***
    - Certificate of Clean Hands dated within 60 days of the application deadline
    - Current business license or certificate of licensure or proof to transact business in local jurisdiction
    - Current Certificate of Insurance
    - Copy of Cyber Liability Policy
    - IRS Tax-Exempt Determination Letter (for nonprofits only)
    - IRS 990 Form from most recent tax year (for nonprofits only)
    - Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board dated within 90 days of the application deadline (this cannot be the Executive Director)
    - Assurances Certifications Disclosures

- ***Proposal Documents***
    - Proposal Abstract
    - Project Narrative (20-page maximum)
    - Budget Table
    - Budget Justification
    - Organization Chart
    - Work Plan
    - Staffing Plan
    - Letters of Partnership or Memoranda of Understanding (MOUs) (if applicable)

9.3 Deadline

Submit your application via EGMS by 6:00 p.m., on the deadline date of April 4, 2023. Applications will **not** be accepted after the deadline.

10. PRE-APPLICATION MEETING

Please visit the Office of Grants Management Eventbrite page to learn the date/time and to register for the event.

The meeting will provide an overview of the RFA requirements and address specific issues and concerns about the RFA. Applicants are not required to attend but it is highly recommended. ***Registration is required***.

RFA updates will also be posted on the District Grants Clearinghouse.

Note that questions will only be accepted in writing. Answers to all questions submitted will be published on a Frequently Asked Questions (FAQ) document onto the District Grants Clearinghouse every three business days. DC Health will not accept any additional questions after March 22, 2023.

11. GRANTEE REQUIREMENTS

If the applicant is considered for funding based on the results of the completion and receives a Notice of Intent to Fund and subsequently accepts grants award, the following requirements are in effect:

11.1 Grant Terms & Conditions

All grants awarded under this program shall be subject to the DC Health Standard Terms and Conditions. The Terms and Conditions are embedded within EGMS, where upon award, the applicant organization can accept the terms.

11.2 Grant Uses

The grant awarded under this RFA shall be used exclusively to pay costs associated with the implementation of the grant. Payment requests will be monitored by DC Health to ensure compliance with the approved budget and work plan.

11.3 Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Grant Award (NOGA) will be required to:

1. Revise and resubmit a work plan and budget with justification in accordance with the approved scope of work and assignments prescribed by a DC Health Notice of Intent to Fund and any pre-award negotiations with assigned DC Health project and grants management personnel.
2. Meet pre-award requirements, including submission and approval of required assurances and certification documents, documentation of non-disbarment or suspension (current or pending) of eligibility to receive local or federal funds.
3. Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Department of Health and accepted by the grantee organization. The NOGA shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
4. Utilize performance monitoring and reporting tools developed and approved by DC Health.

11.4 Indirect Cost

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. For federally-funded grants, indirect costs are applied in compliance with 2 CFR 200.332.

For locally-funded grants, DC Law 23-185, the Nonprofit Fair Compensation Act of 2020 (D.C. Official Code sec. 2-222.01 et seq.) allows any grantee to apply a federal Negotiated Indirect Cost Rate Agreement (NICRA) to the grant funds and approved budget, negotiate a new percentage indirect cost rate with the District grantmaking agency, use a previously negotiated rate within the last two years from another District government agency, or use an independent certified public accountant's calculated rate using OMB guidelines. If a grantee does not have an indirect rate from one of the four aforementioned approaches, the grantee may apply a de minimis indirect rate of 10% of total direct costs.

11.5 Insurance

All applicants that receive awards under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

DC Health reserves the right to request certificates of liability and liability policies pre-award and post-award and make adjustments to coverage limits for programs per requirements promulgated by the District of Columbia Office of Risk Management.

11.6 Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to 2 CFR 200, subpart F rules must have available and submit as requested the most recent audit reports, as requested by DC Health personnel.

11.7 Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

11.8 Quality Assurance

DC Health will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the grantee. Grantees will submit interim and final reports on progress, successes, and barriers.

Funding is contingent upon the Grantee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and evaluation plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and subject to review at any time during the budget period.

A final performance rating shall be completed by DC Health and provided and held for record and use by DC Health in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DC Health Office of Grants Management.

12. GLOSSARY OF TERMS

Community Engagement – Community engagement involves dynamic relationships and dialogue between community members and local health department staff, with varying degrees of community and health department involvement, decision-making and control. In public health, community engagement refers to efforts that promote a mutual exchange of information, ideas and resources between community members and the health department.[21]

Health Promotion – Health promotion is a behavioral social science that draws from the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education-driven voluntary behavior change activities. Health promotion is the development of individual, group, institutional, community and systemic strategies to improve health knowledge, attitudes, skills and behavior. The purpose of health promotion is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health.[22]

SMART Goal – one that is specific, measurable, achievable, results-focused, and time- bound.

Social Determinants of Health – Social determinants of health are the conditions in which people are born, live, work, play and age that influence health. The public health community has long understood that there is a link between an individual's health and the social environmental and economic conditions within which an individual resides and interacts. Social determinants of health include access to healthy foods, housing, economic and social relationships, transportation, education, employment and access to health. The higher the quality of these resources and supports, and the more open the access for all community members, the more community outcomes will be tipped toward positive health outcomes. Thus, improving conditions at the individual and community level involve improving societal conditions, Page 36 of 36 including social and economic conditions (freedom from racism and discrimination, job opportunities and food security), the physical environment (housing, safety, access to health care), the psycho-social conditions (social network and civic engagement), and psychological conditions (positive self-concept, resourcefulness and hopefulness).

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

[21] Morgan, M. A. & Lifshay, J. (2006). *Community Engagement in Public Health* [Online article]. Retrieved from https://cchealth.org/public-health/pdf/community_engagement_in_ph.pdf.

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13. ATTACHMENTS

Attachment 1: Assurances and Certifications

Attachment 2: Budget Table

Attachment 3: Budget Justification

Attachment 4: Work Plan

Appendix A: Minimum Insurance Requirements

Appendix B: Assurances and Certifications

Appendix C: DOCIIS Required Information Fields

Appendix D: Partner and Provider Agreements

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

A. GENERAL REQUIREMENTS. The Grantee at its sole expense shall procure and maintain, during the entire period of performance under this contract, the types of insurance specified below. The Grantee shall have its insurance broker or insurance company submit a Certificate of Insurance to the PM giving evidence of the required coverage prior to commencing performance under this contract. In no event shall any work be performed until the required Certificates of Insurance signed by an authorized representative of the insurer(s) have been provided to, and accepted by, the PM. All insurance shall be written with financially responsible companies authorized to do business in the District of Columbia or in the jurisdiction where the work is to be performed and have an A.M. Best Company rating of A- / VII or higher. Should the Grantee decide to engage a subcontractor for segments of the work under this contract, then, prior to commencement of work by the subcontractor, the Grantee shall submit in writing the name and brief description of work to be performed by the subcontractor on the Subcontractors Insurance Requirement Template provided by the CA, to the Office of Risk Management (ORM). ORM will determine the insurance requirements applicable to the subcontractor and promptly deliver such requirements in writing to the Grantee and the CA. The Grantee must provide proof of the subcontractor's required insurance to prior to commencement of work by the subcontractor. If the Grantee decides to engage a subcontractor without requesting from ORM specific insurance requirements for the subcontractor, such subcontractor shall have the same insurance requirements as the Grantee.

   All required policies shall contain a waiver of subrogation provision in favor of the Government of the District of Columbia.

   The Government of the District of Columbia shall be included in all policies required hereunder to be maintained by the Grantee and its subcontractors (except for workers' compensation and professional liability insurance) as an additional insureds for claims against The Government of the District of Columbia relating to this contract, with the understanding that any affirmative obligation imposed upon the insured Grantee or its subcontractors (including without limitation the liability to pay premiums) shall be the sole obligation of the Grantee or its subcontractors, and not the additional insured. The additional insured status under the Grantee's and its subcontractors' Commercial General Liability insurance policies shall be effected using the ISO Additional Insured Endorsement form CG 20 10 11 85 (or CG 20 10 07 04 **and** CG 20 37 07 04) or such other endorsement or combination of endorsements providing coverage at least as broad and approved by the CO in writing. All of the Grantee's and its subcontractors' liability policies (except for workers' compensation and professional liability insurance) shall be endorsed using ISO form CG 20 01 04 13 or its equivalent so as to indicate that such policies provide primary coverage (without any right of contribution by any other

insurance, reinsurance or self-insurance, including any deductible or retention, maintained by an Additional Insured) for all claims against the additional insured arising out of the performance of this Statement of Work by the Grantee or its subcontractors, or anyone for whom the Grantee or its subcontractors may be liable. These policies shall include a separation of insureds clause applicable to the additional insured.

If the Grantee and/or its subcontractors maintain broader coverage and/or higher limits than the minimums shown below, the District requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Grantee and subcontractors.

1. Commercial General Liability Insurance ("CGL") - The Grantee shall provide evidence satisfactory to the PM with respect to the services performed that it carries a CGL policy, written on an occurrence (not claims-made) basis, on Insurance Services Office, Inc. ("ISO") form CG 00 01 04 13 (or another occurrence-based form with coverage at least as broad and approved by the CO in writing), covering liability for all ongoing and completed operations of the grantee, including ongoing and completed operations under all subcontracts, and covering claims for bodily injury, including without limitation sickness, disease or death of any persons, injury to or destruction of property, including loss of use resulting therefrom, personal and advertising injury, and including coverage for liability arising out of an Insured Contract (including the tort liability of another assumed in a contract) and acts of terrorism (whether caused by a foreign or domestic source). Such coverage shall have limits of liability of not less than $1,000,000 each occurrence, a $2,000,000 general aggregate (including a per location or per project aggregate limit endorsement, if applicable) limit, a $1,000,000 personal and advertising injury limit, and a $2,000,000 products-completed operations aggregate limit

2. Automobile Liability Insurance - The Grantee shall provide evidence satisfactory to the PM of commercial (business) automobile liability insurance written on ISO form CA 00 01 10 13 (or another form with coverage at least as broad and approved by the PM in writing) including coverage for all owned, hired, borrowed and non-owned vehicles and equipment used by the Grantee, with minimum per accident limits equal to the greater of (i) the limits set forth in the Grantee's commercial automobile liability policy or (ii) $1,000,000 per occurrence combined single limit for bodily injury and property damage

3. Workers' Compensation Insurance - The Grantee shall provide evidence satisfactory to the PM of Workers' Compensation insurance in accordance with the statutory mandates of the District of Columbia or the jurisdiction in which the contract is performed.

   Employer's Liability Insurance - The Grantee shall provide evidence satisfactory to the PM of employer's liability insurance as follows: $500,000 per accident for injury; $500,000 per employee for disease; and $500,000 for policy disease limit.

All insurance required by this paragraph 3 shall include a waiver of subrogation endorsement for the benefit of Government of the District of Columbia.

4. Cyber Liability Insurance - The Grantee shall provide evidence satisfactory to the PM of Cyber Liability Insurance, with limits not less than $2,000,000 per occurrence or claim, $2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Grantee in this agreement and shall include, but not limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations. This insurance requirement will be considered met if the general liability insurance includes an affirmative cyber endorsement for the required amounts and coverages.

5. Medical Professional Liability - The Grantee shall provide evidence satisfactory to the PM of a Medical Professional Liability policy with limits of not less than $1,000,000 each incident and $2,000,000 in the annual aggregate. The definition of insured shall include the Grantee and all Grantee's employees and agents. The policy shall be either (1) written on an occurrence basis or (2) written on a claims-made basis. If the coverage is on a claims-made basis, Grantee hereby agrees that prior to the expiration date of Grantee's current insurance coverage, Grantee shall purchase, at Grantee sole expense, either a replacement policy
annually thereafter having a retroactive date no later than the effective date of this Award or unlimited tail coverage in the above stated amounts for all claims arising out of this Contract.

6. Professional Liability Insurance (Errors & Omissions) - The Grantee shall provide Professional Liability Insurance (Errors and Omissions) to cover liability resulting from any error or omission in the performance of professional services under this Award. The policy shall provide limits of $1,000,000 per claim or per occurrence for each wrongful act and $2,000,000 annual aggregate. The Grantee warrants that any applicable retroactive date precedes the date the Grantee first performed any professional services for the Government of the District of Columbia and that continuous coverage will be maintained or an extended reporting period will be exercised for a period of at least ten years after the completion of the professional services.

7. Sexual/Physical Abuse & Molestation - The Grantee shall provide evidence satisfactory to the PM with respect to the services performed that it carries $1,000,000 per occurrence limits; $2,000,000 aggregate of affirmative abuse and molestation liability coverage. Coverage should include physical abuse, such as sexual or other bodily harm and non-physical abuse, such as verbal, emotional or

mental abuse; any actual, threatened or alleged act; errors, omission or misconduct. This insurance requirement will be considered met if the general liability insurance includes an affirmative sexual abuse and molestation endorsement for the required amounts. So called "silent" coverage under a commercial general liability or professional liability policy will not be acceptable.

8. Commercial Umbrella or Excess Liability - The Contractor shall provide evidence satisfactory to the PM of commercial umbrella or excess liability insurance with minimum limits equal to the greater of (i) the limits set forth in the Contractor's umbrella or excess liability policy or (ii) $10,000,000 per occurrence and $10,000,000 in the annual aggregate, following the form and in excess of all liability policies. **All** liability coverages must be scheduled under the umbrella and/or excess policy. The insurance required under this paragraph shall be written in a form that annually reinstates all required limits. Coverage shall be primary to any insurance, self-insurance or reinsurance maintained by the District and the "other insurance" provision must be amended in accordance with this requirement and principles of vertical exhaustion.

B. PRIMARY AND NONCONTRIBUTORY INSURANCE
The insurance required herein shall be primary to and will not seek contribution from any other insurance, reinsurance or self-insurance including any deductible or retention, maintained by the Government of the District of Columbia.

C. DURATION. The Contractor shall carry all required insurance until all contract work is accepted by the District of Columbia and shall carry listed coverages for ten years for construction projects following final acceptance of the work performed under this contract and two years for non-construction related contracts.

D. LIABILITY. These are the required minimum insurance requirements established by the District of Columbia. However, the required minimum insurance requirements provided above will not in any way limit the contractor's liability under this contract.

E. CONTRACTOR'S PROPERTY. Contractor and subcontractors are solely responsible for any loss or damage to their personal property, including but not limited to tools and equipment, scaffolding and temporary structures, rented machinery, or owned and leased equipment. A waiver of subrogation shall apply in favor of the District of Columbia.

F. MEASURE OF PAYMENT. The District shall not make any separate measure or payment for the cost of insurance and bonds. The Contractor shall include all of the costs of insurance and bonds in the contract price.

G. NOTIFICATION. The Contractor shall ensure that all policies provide that the PM shall be given thirty (30) days prior written notice in the event of coverage and / or limit changes or if the policy is canceled prior to the expiration date shown on the certificate.

The Contractor shall provide the PM with ten (10) days prior written notice in the event of non-payment of premium. The Contractor will also provide the PM with an updated Certificate of Insurance should its insurance coverages renew during the contract.

H. CERTIFICATES OF INSURANCE. The Contractor shall submit certificates of insurance giving evidence of the required coverage as specified in this section prior to commencing work. Certificates of insurance must reference the corresponding contract number. Evidence of insurance must be submitted to the: Enterprise Management Grants System.

The CO may request and the Contractor shall promptly deliver updated certificates of insurance, endorsements indicating the required coverages, and/or certified copies of the insurance policies. If the insurance initially obtained by the Contractor expires prior to completion of the contract, renewal certificates of insurance and additional insured and other endorsements shall be furnished to the PM prior to the date of expiration of all such initial insurance. For all coverage required to be maintained after completion, an additional certificate of insurance evidencing such coverage shall be submitted to the PM on an annual basis as the coverage is renewed (or replaced).

I. DISCLOSURE OF INFORMATION. The Contractor agrees that the District may disclose the name and contact information of its insurers to any third party which presents a claim against the District for any damages or claims resulting from or arising out of work performed by the Contractor, its agents, employees, servants or subcontractors in the performance of this contract.

J. CARRIER RATINGS. All Contractor's and its subcontractors' insurance required in connection with this contract shall be written by insurance companies with an A.M. Best Insurance Guide rating of at least A- VII (or the equivalent by any other rating agency) and licensed in the District.

APPENDIX B: ASSURANCES CERTIFICATIONS & DISCLOSURES

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 DC Health, 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:
    1) 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;
    2) Establish a drug-free awareness program to inform employees about:
        a. The dangers of drug abuse in the workplace;
        b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
        c. Any available drug counseling, rehabilitation, and employee assistance programs; and
        d. 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;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and

22. 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**

A. 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**
B. 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**
C. 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*	☐ **YES** ☐ **NO**
D. 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**
E. 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 DC Health award.	☐ **YES** ☐ **NO**

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

I am authorized to submit this application for funding and if considered for funding by DC Health, 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.

Date:

Sign:

NAME: INSERT NAME TITLE: INSERT TITLE

AGENCY NAME:

APPENDIX C: DOCIIS REQUIRED INFORMATION FIELDS

Required fields in DOCIIS include:

A. Demographic information for each person vaccinated, including:
    a. The person's full name, including any suffix, nickname, or alternate surname that may apply
    b. The person's date of birth
    c. The person's social security number, if applicable
    d. The person's Medicaid number, if applicable
    e. The name of the person's parent or guardian, if the person is younger than eighteen (18) years of age
    f. The person's address
    g. The person's phone number
    h. The person's race or ethnicity
    i. The person's insurance status and the name of the insurer, if applicable
    j. The person's gender
B. Immunization data, including:
    a. The type of each vaccine administered
    b. The date the vaccine was administered
    c. The manufacturer and lot number of the vaccine
    d. Verification that the vaccine information statement (VIS) was given to the recipient of the vaccine, and the publication date of the VIS; and
    e. The funding source and VFC eligibility of the vaccine
C. Provider information, including;
    a. The provider's ID
    b. The provider's name
    c. The provider's address
    d. The provider's phone number, and
    e. The name of the person who administered the vaccine

APPENDIX D: PARTNER AND PROVIDER AGREEMENTS

As a prerequisite, enrollment as a COVID-19 vaccine provider requires healthcare providers to sign an agreement that includes the following:

Evidence of Partnership Agreement

1. Agreement is made as of "Effective Date," by and between Organization Name located at Address and Provider Name located at Address
2. Provider Name has agreed to administer COVID-19 vaccine administrations to Organization Name through the Government of the District of Columbia (DC Health)
3. Organization name has agreed to receive COVID-19 vaccine administrations from Provider Name in accordance with Government of the District of Columbia (DC Health) and Centers for Disease Control and Prevention (CDC) Provider Agreement conditions, requirements, and guidelines.
4. This agreement is effective from XX Date – XX Date

COVID-19 Provider Agreement Conditions

1. Organization must administer COVID-19 vaccine in accordance with all requirements and recommendations of CDC and CDC s Advisory Committee on Immunization Practices (ACIP)
2. Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine Administration Data) for reporting can be found on CDC s website.
    a. Organization must submit Vaccine Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.
    b. Organization must preserve the record for at least three (3) years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law
3. Organization must not sell or seek reimbursement for COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.
4. Organization must administer COVID-19 vaccine regardless of the vaccine recipient s ability to pay COVID-19 vaccine administration fees.
5. Before administering COVID-19 vaccine, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS),

as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.

6. Organization s COVID-19 vaccination services must be conducted in compliance with CDC s Guidance for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines.
7. Organization must comply with CDC requirements for COVID-19 vaccine management. Those requirements include the following:
    a. Organization must store and handle COVID-19 vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's Vaccine Storage and Handling Toolkit, which will be updated to include specific information related to COVID-19 vaccine.
    b. Organization must monitor vaccine storage unit temperatures at all times using equipment and practices that comply with guidance in CDC's Vaccine Storage and Handling Toolkit.
    c. Organization must comply with each relevant jurisdiction s immunization program guidance for dealing with temperature excursions.
    d. Organization must monitor and comply with COVID-19 vaccine expiration dates; and
    e. Organization must preserve all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.
8. Organization must report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.
9. Organization must comply with all federal instructions and timelines for disposing of COVID-19 vaccine and adjuvant, including unused doses.
10. Organization must report any adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS) (1-800-822-7967 or https://vaers.hhs.gov/contact.html)
11. Organization must provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 vaccine shipment will include COVID-19 vaccination record cards
12. Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 vaccine.
    a. Organization must administer COVID-19 vaccine in compliance with all applicable state and territorial vaccination laws.

This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies. Organization must monitor such identified guidance for updates. Organization must comply with such updates.

- www.cdc.gov/vaccines/hcp/acip-recs/index.html
- www.cdc.gov/vaccines/programs/iis/index.html
- www.cdc.gov/vaccines/pandemic-guidance/index.html

- www.cdc.gov/vaccines/hcp/admin/storage-handling.html
- The disposal process for remaining unused COVID-19 vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available.
    - See Pub. L. No. 109-148, Public Health Service Act § 319F-3, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020)