



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION

Community Walk-in COVID-19 Vaccination Services

REQUEST FOR APPLICATIONS

FO# FO-CHA-PG-00005-015

RFA# CHA_CWICVS_10.14.22

SUBMISSION DEADLINE:

NOVEMBER 15, 2022, 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-00005-015

RFA# CHA_CWICVS_10.14.22

Community Walk-in COVID-19 Vaccination Services

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: | Community Walk-in COVID-19 Vaccination Services |
| Funding Opportunity Number: | FO-CHA-PG-00005-015 |
| RFA ID#: | CHA_CWICVS_10.14.22 |
| DC Health Administrative Unit: | Community Health Administration |
| DC Health Program Bureau | Health Care Access Bureau |
| Funding Opportunity Contact: | doh.immunization@dc.gov |
| Funding Opportunity Description: | The Health Care Access Bureau (HCAB) of the Community Health Administration (CHA) is requesting proposals among qualified health care providers and organizations equipped to provide COVID-19 and influenza immunization services to children and adults in Wards 7 and 8. The vaccination provider will secure a site and staff a walk-in clinic in either Ward 7 or 8. |
| Eligible Applicants | <ul style="list-style-type: none">• For-profit entities• Nonprofits entities• State institutions of higher education• Private institutions of higher education |

| | |
|--|--|
| Anticipated # of Awards: | 2 |
| Anticipated Amount Available: | \$600,000 |
| Annual Floor Award Amount: | \$200,000 |
| Annual Ceiling Award Amount: | \$300,000 |
| 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 CFDA# | 93.268 |
| Associated Federal Award ID# | 6 NH23IP922596-02-06 |
| Cost Sharing/Match Required? | No |
| RFA Release Date: | October 14, 2022 |
| Letter of Intent Due date: | Not Applicable |
| Application Deadline Date: | November 15, 2022 |
| 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://dcDCHealth.force.com/GO_ApplicantLogin2 |

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.

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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 be registered 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 (this cannot be the executive director)
 - Assurances, certifications and disclosures
 - Proposal abstract
 - Project narrative
 - Budget table
 - Budget justification
 - Organization chart
 - Work plan
 - Staffing plan
- 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 applicant needs a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
 - 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: **September 30, 2022**
- Request for Application Release Date: **October 14, 2022**
- Pre-Application Meeting Date: **visit <https://OGMDCHHealth.eventbrite.com>**
- Application Submission Deadline: **November 15, 2022**
- Anticipated Award Start Date: **January 1, 2023**

1.2 OVERVIEW

The purpose of this funding is to provide easily accessible COVID-19 immunizations to District residents in Ward 7 and Ward 8 at a stationary site on an ongoing basis. Wards 7 and 8 have markedly lower COVID-19 immunization rates when compared to other wards in the District (see Section 2.3), so raising these rates is imperative to achieving vaccine equity within the District. The goal of this funding opportunity is to help increase the COVID-19 vaccination rates in Wards 7 and 8 of the District of Columbia through targeted access and convenience.

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 initiatives to improve access to equitable, comprehensive, quality health care services for all District residents. The Bureau's programs promote and strengthen medical and dental programs so all residents can access high-quality, accessible, and timely health care. This Bureau includes the Immunization Division which aims to reduce vaccine-preventable diseases across the lifespan through immunizations.

1.3 PURPOSE

The purpose of this funding is to provide immunization services for District residents at easily accessible locations within Wards 7 and 8. The overarching goal is to maintain high COVID-19 vaccination coverage in the District and to close existing gaps in coverage specifically for residents of Wards 7 and 8.

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 \$600,000 is anticipated for two (2) awards for the nine-month budget period. The total funding amount of \$600,000 per subsequent nine-month budget period will be made available for two (2) awards.

1.5.2 PERIOD OF PERFORMANCE AND FUNDING AVAILABILITY

The first budget period of this award is anticipated to begin on January 1, 2023 and to continue through September 30, 2023. After the first budget period, there will be up to one additional 9-month budget period for a total project period of January 1, 2023 – June 30, 2024. 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

The following are eligible organizations/entities who can apply for grant funds under this RFA:

- For-profit entities
- Nonprofits entities
- State institutions of higher education
- Private institutions of higher education

Eligible healthcare providers must also enroll or be enrolled in the COVID-19 vaccination program either through the District of Columbia or a federal partnership. This is prerequisite to eligibility as it

is the supply source for vaccine administration. Requirements for participation are listed in the CDC's COVID-19 vaccine provider agreement.

Considered for funding shall be organizations meeting the above eligibility criteria and having documentation of providing services (health and social services) to the target populations. Priority will be given to those organizations with a demonstrated track record of successfully working with the priority population and demonstrated impact/improvement in at least one social determinant of health. Partnerships between organizations are welcomed and may be required if the applicant does not currently have access to administer COVID-19 vaccine. Applicants must provide letters of commitment, co-applications, or letters of support for existing partnerships if performance will depend on another organization.

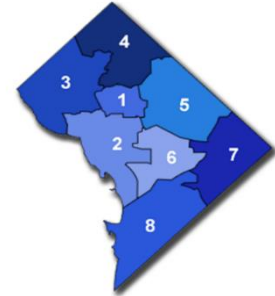
1.5.4 NON-SUPPLANTATION

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.^{1,2} 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%).³



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.⁴ However, the population is also 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 2021 District-wide median household income was more than \$91,000, median household income in Ward 3 was more than 3.6 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.⁵ In December 2021, District-wide unemployment was 5.8%; however, unemployment in Ward 8, the highest in the District, was more than 4 times higher than in Ward 3, the lowest in the District.⁶

¹ 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>

² 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>

³ 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

⁴ United States Census Bureau. QuickFacts: District of Columbia. <https://www.census.gov/quickfacts/fact/dashboard/DC/POP010220>

⁴ DC Open Data. DC Health Planning Neighborhoods. <https://opendata.dc.gov/datasets/DCGIS::dc-health-planning-neighborhoods/about>. Updated December 8, 2021.

⁵ DC Health Matters. *2021 Demographics*.

https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=130951§ionId=936#sectionPiece_72

⁶ DC Department of Employment Services. *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

Table 1: Selected Characteristics of DC Residents, by Ward.

| | White, Non-Hispanic (2020) | Black/ African American, Non-Hispanic (2020) | Hispanic/ Latino, any race (2020) | Median Household Income (2021) | Unemployment Rate (Dec. 2021) |
|----------------------|----------------------------------|---|--|---|-------------------------------------|
| Ward 1 | 46.9% | 21.5% | 20.2% | \$110,339 | 3.7% |
| Ward 2 | 64.3% | 8.2% | 10.9% | \$112,244 | 3.1% |
| Ward 3 | 69.2% | 7.0% | 9.7% | \$143,339 | 2.9% |
| Ward 4 | 26.9% | 43.3% | 22.0% | \$94,163 | 4.9% |
| Ward 5 | 23.6% | 56.5% | 11.6% | \$91,189 | 6.5% |
| Ward 6 | 55.3% | 26.1% | 7.3% | \$113,922 | 4.4% |
| Ward 7 | 3.6% | 87.5% | 4.7% | \$42,201 | 9.0% |
| Ward 8 | 4.5% | 87.8% | 3.3% | \$39,473 | 12.1% |
| District-wide | 38.0% | 40.9% | 11.3% | \$91,414 | 5.8% |

2.2 VACCINE-PREVENTABLE DISEASE & COVID-19

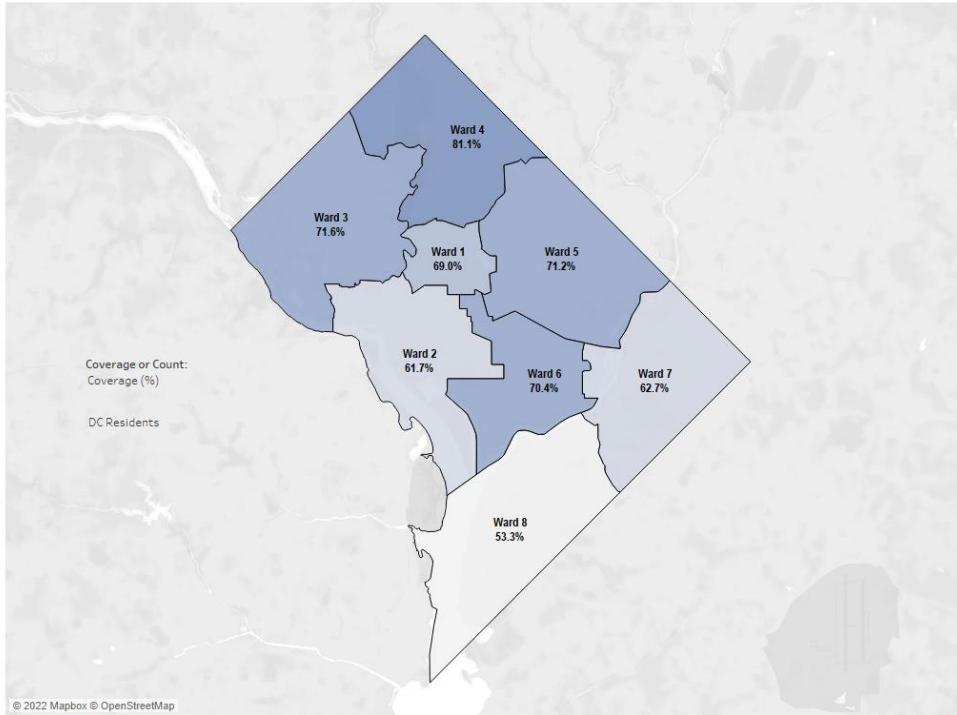
The most recent notable development with vaccinations pertains to COVID-19. In early 2021, the FDA authorized the use of mRNA vaccines developed by Pfizer and Moderna against SARS-CoV-2, which have subsequently received full FDA approval. Later in the year, COVID-19 booster shots were authorized as evidence showed that booster shots lead to less illness, hospitalization, and death for individuals who become infected by the coronavirus. Presently, the Center for Disease Control and Prevention (CDC) recommends COVID-19 primary series vaccines for everyone ages six months and older, and COVID-19 boosters for everyone eligible ages five years and older.

2.3 COVID-19 VACCINATION ACCESS AND UPTAKE BY WARD

In its pandemic response, the Government of the District of Columbia has struggled to increase COVID-19 vaccination uptake in Wards 7 and 8 in the effort to achieve health equity. Figure 1 below shows that only 53.3% of individuals in Ward 8 have completed their primary series while only 62.7% of individuals in Ward 7 have completed their primary series. Meanwhile, 81.1% of individuals in Ward 4 have completed their primary series while 71.6% of individuals in Ward 3 have completed their primary series. Furthermore, Figure 2 shows that only 26% of individuals in Ward 8 and 32% of individuals in Ward 7 are considered up to date on their COVID-19 vaccinations. Meanwhile, 42% of individuals in Ward 4 and 38% of individuals in Ward 3 are considered up to date on their COVID-19 vaccinations. The health disparity in vaccination rates that exists between Wards 7/8 and the rest of the District is clear.

Figure 1: Primary Series Complete by Ward

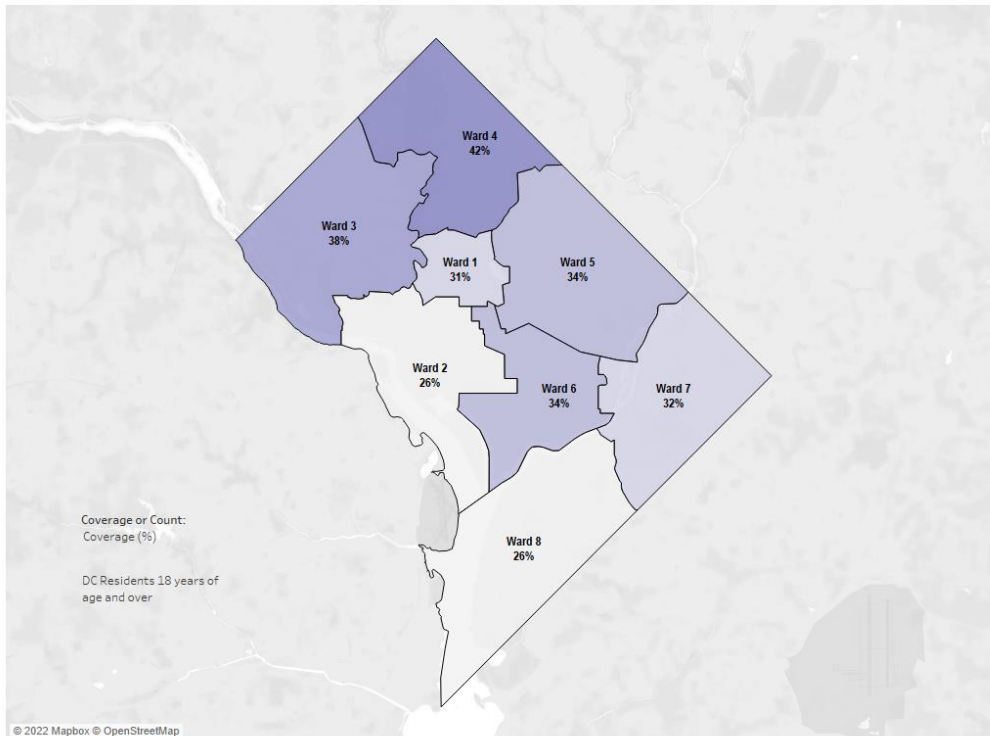
Primary Series Complete Ward Map for DC Residents - Coverage (%)



Source: DC Health. Data are subject to change.

Figure 2: Individuals Up to Date by Ward

Up to Date Ward Map for DC Residents 18 years of age and over - Coverage (%)



Source: DC Health. Data are subject to change.

3. PURPOSE

The DC Health Community Health Administration (CHA) is requesting proposals from qualified applicants to provide COVID-19 immunization services in Wards 7 and 8. Qualified applicants must either be or co-apply with health care providers that are enrolled in the CDC COVID-19 Vaccination Program. While all immunization types may be offered, programs that seek to increase rates of COVID-19 vaccination are of greatest need.

3.1 APPROACH

Grantee shall provide service at an easily accessible facility in either Ward 7 or Ward 8 at which community members may be expected to walk-in for unscheduled COVID-19 vaccinations. The facility should be in a well-trafficked area and the facility's hours of operations should be no less than eight hours per day and include evening hours and weekend dates.

In addition to securing or providing the facility, the grantee shall also 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 (DCIIS);
- counsel families about immunizations and guide informed decision-making about COVID-19 vaccine;
- advertise the immunization services at the facility.

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 TARGET POPULATION

Grantees shall provide immunization services to any member of the public who is eligible for COVID-19 immunization. Immunization services should be offered/provided to other household members, as appropriate.

4.2 LOCATION OF SERVICES

Grantees must be located within the District of Columbia and the facility must specifically be within Ward 7 or 8. An ideal location will be a trusted facility that already sees a high level of foot traffic from the community. Examples of settings in which services can be provided include:

- a. Pharmacies
- b. Clinical worksites
- c. Schools (public, private, or parochial) or workforce training facilities
- d. Social service businesses
- e. Community centers
- f. Recreation facilities

4.3 ALLOWABLE ACTIVITIES

Grantees shall provide access to COVID-19 immunization services for members of the community in Wards 7 or 8. Grantee shall employ strategies and implement activities to ensure 1) awareness of the service in the community; 2) high-quality customer service and patient care at the facility; 3) timely reporting to DC Health of all immunization activity. If grantee is not a health care provider, the grantee must present proof of partnership with a health care provider that will be able to provide immunization services at the proposed facility. The health care provider must be enrolled in the CDC COVID-19 Vaccination Program⁷.

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)

⁷ <https://www.cdc.gov/vaccines/covid-19/provider-enrollment.html>

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)

The above requirements are material conditions of payment for COVID-19 vaccine administration claims submitted by Organization to any federal healthcare benefit program, including but not limited to Medicare, Medicaid, and the Health Resources and Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 vaccine is not available under any federal healthcare benefit program if Organization fails to comply with these requirements with respect to the administered COVID-19 vaccine dose. Each time Organization submits a reimbursement claim for COVID-19 vaccine administration to any federal healthcare benefit program, Organization expressly certifies that it has complied with these requirements with respect to that administered dose.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

By entering Agreement, Organization does not become a government contractor under the Federal Acquisition Regulation.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.⁶

4.4 PROGRAM STRATEGIES

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:

Focus Area 1: High-Quality and Accessible Vaccination Services: Applicants should address how they will run a vaccination clinic that welcomes walk-ins from members of the public for vaccination services.

Key Performance Indicators:

A. Process Measures

- Number of patients vaccinated per day per vaccine type and brand
- Number and type of staff per day
- Daily throughput estimation for patients vaccinated
- Daily headcount estimation for the facility

Focus Area 2: Data Collection, Reporting, and Continuous Improvement: Applicants should address how data will be 1) collected and recorded in the patient's EHR; 2) used to conduct ongoing evaluation and continuous improvement activities; and 3) reported to DC Health in a timely manner

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 include:

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

- The provider's address
- The provider's phone number, and
- The name of the person who administered the vaccine
- Duration of encounter to the nearest 15-minute increment

Grantees shall complete monthly data reporting.

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 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.

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 (25-page maximum)

The narrative section should describe the applicant's approach to providing adequate space, staffing, and advertising for standing COVID-19 vaccination services in the communities of Wards 7 and 8. 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 constituent population as relevant to the project, including rates of COVID-19 vaccination and corresponding social determinants of health.
- Describe how the target population was 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 target population.

- Describe the ability to reach the priority population and how they will be served 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 Allowable Activities, 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 your team members will be recruited, trained, supervised, and integrated into the immunization services team.
- Describe how your team will provide services to patients, including but not limited to projected length of time to administer vaccination, standard operating procedures for vaccine administration, and follow-up procedures with patients.
- Describe how participants will be recruited, advertised to, and engaged for COVID-19 vaccinations.

PARTNERSHIPS

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

- Describe plans for how your organization will engage partners to connect patients to COVID-19 immunization services
- Describe applicant's experience working with organizations to establish new cross-sector partnerships to improve patient health outcomes.
- If applicable, describe COVID-19 provider partnership and include a partnership agreement.

PERFORMANCE MONITORING

This section should describe applicant's plan for collecting and reporting data, including required metrics outlined in Section 4.4, Program Strategies.

- Describe what information will be collected and by whom
- Describe plans for how data will be recorded and tracked in patient's EHR
- Describe plans for how data will be used to conduct ongoing evaluation and continuous improvement activities.
- Describe plans for how data will be reported to DC Health in a timely manner.

ORGANIZATIONAL CAPACITY

This section should provide information on the applicant's current mission and structure and scope of current activities; describe how these all contribute to the organization's ability to conduct the program requirements and meet program expectations.

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.

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 an 18-month period, as follows:

- Year 1: January 1, 2023 – September 30, 2023: costs associated with vaccine administration, staffing, facility maintenance, and advertisement.
- Year 2: October 1, 2023 – June 30, 2024: 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. Staff CVs, resumes, and position descriptions may also be submitted.

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 five 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

(10 POINTS/2.5 POINTS EACH) – Corresponds to Sections: Overview and Project or Population Need

- Applicant provides an overview of constituent population as relevant to the project, including rates of COVID-19 vaccination and corresponding social determinants of health.
- Applicant defines the reach, boundaries, zip codes and/or geography of the target population.
- Applicant describes the ability to reach the priority population and how they will be served through this project.
- Applicant demonstrates strong understanding of the specific problem(s) and contributing factors to be addressed within the target population.

CRITERION 2: IMPLEMENTATION

(45 POINTS/7.5 POINTS EACH) – Corresponds to Sections: Project Description and Work Plan

- Applicant describes clear plan for how and where COVID-19 vaccination services will be provided and how staff will be recruited, trained, supervised, and integrated into the immunization services team.
- Applicant describes clear plan for how their team will provide services to patients, including but not limited to projected length of time to administer vaccination, standard operating procedures for vaccine administration, and follow-up procedures with patients.
- Applicant describes how participants will be recruited, advertised to, and engaged for COVID-19 vaccinations.
- Applicant's work plan represents a logical and realistic plan of action for timely and successful achievement of objectives that support program goals.

- Applicant’s work plan clearly outlines goals and objectives for the project, describing how proposed goals and objectives are SMART (Specific, Measurable, Achievable, Relevant, and Time Bound).
- 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.

CRITERION 3: EVALUATIVE MEASURES

(25 POINTS/6.25 POINTS EACH) – Corresponds to Sections: Performance Monitoring

- Applicant describes clear plan for collecting and reporting data, including what information will be collected and by whom.
- Applicant describes clear plan for how data collected will be recorded and tracked in patient’s EHR and shared across the care team and used to inform clinical care decisions
- Applicant describes clear plan for how data will be used to monitor and evaluate ongoing progress toward project goals and objectives and conduct continuous improvement activities
- Applicant demonstrates capacity to collect and manage large data sets.

CRITERION 4: CAPACITY

(20 POINTS) – Corresponds to Sections: Partnerships, Organizational Capacity, and Organizational Information (4 points each)

- Applicant describes clear plans for engaging existing and/or establishing a new cross-sector network of partners to support the implementation of the applicant’s program.
- Applicant demonstrates capacity to fulfill the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- Organizational personnel have demonstrated qualifications (training and experience) in planning, implementing, and evaluating clinical interventions.
- Organization has experience and past successes working collaboratively with government agencies and non-government organizations from a variety of sectors to implement health and/or public health initiatives aimed to advance a public health goal.
- Organization has demonstrated reach and established relationships within target population.

CRITERION 5: SUPPORT REQUESTED

(not scored) - Corresponds to Sections: Budget and Budget Justification

- The reasonableness of the proposed budget for the project period in relation to the objectives, the complexity of the activities, and the anticipated results.
- Costs outlined in the budget and required resources sections are reasonable given the scope of work.
- Key personnel have adequate time devoted to the project to achieve project objectives.

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://dcdoh.force.com/GO_ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.
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, your **DUNS#, 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 (this cannot be the Executive Director)
 - Assurances Certifications Disclosures

- ***Proposal Documents***
 - Proposal Abstract
 - Project Narrative (30-page maximum)
 - Budget Table
 - Budget Justification
 - Organization Chart
 - Work Plan
 - Staffing Plan

9.3 DEADLINE

Submit your application via EGMS by 6:00 p.m., on the deadline date of November 15, 2022. 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.

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. Grant awardees will be allowed to budget for indirect costs of no more than ten percent (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

Health Disparity – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

“Disparities.” Disparities. Office of Disease Prevention and Health Promotion. Accessed June 29, 2021. <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Health Equity – The attainment of the highest level of health for all people. It is the removal of any and all differences (disparities) in health that are avoidable, unfair, and unjust. It requires “valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” (MCHB proposed definition)

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>

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 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 grant. 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 subgrantee and promptly deliver such requirements in writing to the Contractor 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 Contractor.

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 grant, 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 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 PM 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 PM in writing), covering liability for all ongoing and completed operations of the Contractor, 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 including explosion, collapse and underground hazards.
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 Contractor, with minimum per accident limits equal to the greater of (i) the limits set forth in the Contractor’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 grant 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, Contractor hereby agrees that prior to the expiration date of Contractor's current insurance coverage, Contractor shall purchase, at Contractor's sole expense, either a replacement policy annually thereafter having a retroactive date no later than the effective date of this Contract 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 Contract. 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 Grantee 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 Grantee’s umbrella or excess liability policy or (ii) \$2,000,000 per occurrence and \$2,000,000 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 Grantee shall carry all required insurance until all grant 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 Grantee shall include all of the costs of insurance and bonds in the grant price.

- G. **NOTIFICATION.** The Grantee shall ensure that all policies provide that the CO 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 Grantee shall provide the PM with ten (10) days prior written notice in the event of non-payment of premium. The Grantee will also provide the PM with an updated Certificate of Insurance should its insurance coverages renew during the contract.

- H. **CERTIFICATES OF INSURANCE.** The Grantee 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 Grants Management System.

The PM may request and the Grantee 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 Grantee expires prior to completion of the contract, renewal certificates of insurance and additional insured and other endorsements shall be furnished to the CO 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 CO on an annual basis as the coverage is renewed (or replaced).

- I. **DISCLOSURE OF INFORMATION.** The Grantee 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 Grantee, its agents, employees, servants or subcontractors in the performance of this contract.
- J. **CARRIER RATINGS.** All Grantee'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.