



DEPARTMENT OF HEALTH
HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration

Cluster Housing and Support Services

REQUEST FOR APPLICATIONS

RFA# HAHSTA_CHS_07.01.22

SUBMISSION DEADLINE:

WEDNESDAY, AUGUST 3, 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 the Department of 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
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)

NOTICE OF FUNDING AVAILABILITY (NOFA)

RFA# HAHSTA_CHS_07.01.22
Cluster Housing Services

The District of Columbia, Department of Health (DC Health) is requesting proposals from qualified applicants to provide services in the program areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the Department of Health's intent to make funds available for the purpose described herein. The subsequent 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:	FY 2023 HOPWA Cluster Housing with Supportive Services
Funding Opportunity Number:	FO-HAHSTA-PG-00191-008
Program RFA ID#:	HAHSTA_CHS_07.01.22
Opportunity Category:	Competitive
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration
DC Health Program Bureau	Capacity Building, Housing and Community Partnerships Division
Program Contact:	Sherita J. Grant, Housing Coordinator Sherita.grant@dc.gov
Program Description:	DC Health is requesting proposals from qualified applicants to provide Cluster Housing Services for rental assistance and referral services, innovative housing with supportive services and facility-based emergency housing. With these housing services, applicants must have the capacity to provide Intensive Case Management services by social workers with at least a Licensed Graduate Social Worker degree.
Eligible Applicants	Not-for-profit organizations. For rental assistance and referral services and innovative housing with support services applicants, applicants must have locations in the District of Columbia, but be able to provide services in the District of Columbia, Charles County, MD and Prince George's County, MD.

	For facility-based emergency housing, applicants must be able to provide services in the District of Columbia.
Anticipated # of Awards:	Up to eight (8) awards
Anticipated Amount Available:	\$4,175,000
Floor Award Amount:	\$575,000
Ceiling Award Amount:	\$3,000,000
Legislative Authorization	AIDS Housing Opportunity Act, Public Law 101-624
Associated CFDA#	14.241
Associated Federal Award ID#	DCH21-F001
Cost Sharing / Match Required?	No
RFA Release Date:	Friday, July 1, 2022
Pre-Application Meeting	Visit DC Health's Eventbrite page for the virtual meeting information, https://OGMDCHealth.eventbrite.com
Letter of Intent Due date:	Highly recommended, but not required: Thursday, July 7, 2022, 6:00 pm
Application Deadline Date:	Wednesday, August 3, 2022
Application Deadline Time:	6:00 PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://dcdoh.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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District of Columbia Department of Health

RFA Terms and Conditions

v11.2016

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 or federal) 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 on-site visits 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. This includes DC Health electronic grants management systems, 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 (i.e., the total number of years for which funding has been approved) 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 OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC Health under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; 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 agency 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 doh.grants@dc.gov. Your request for this document will not be shared with DC Health program staff or reviewers.

1. 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 **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 (30-page maximum)
 - Budget Table
 - Budget Justification
 - Organization Chart
 - Work Plan
 - Staffing Plan
 - Other Funding Sources Table
- Documents requiring signature have been signed by an agency head or AUTHORIZED Representative of the applicant organization.
- The Applicant needs a DUNS and UEI (Unique Entity Identifier) 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 minimum of one-inch margins. **Applications that do not conform to these requirements will not be forwarded to the review panel.**
- The application proposal format conforms to the “Proposal Components” (See section 6.2) 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 **6:00pm** on the deadline of **8/3/2022**.

2. GENERAL INFORMATION

2.1 KEY DATES

- Notice of Funding Announcement Date: **June 17, 2022**
- Request for Application Release Date: **July 1, 2022**
- Pre-Application Meeting Date: visit <https://OGMDCHHealth.eventbrite.com>
- Application Submission Deadline: **August 3, 2022**
- Anticipated Award Start Date: **October 1, 2022**

2.2 OVERVIEW

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.

Since its inception in 1990, the Housing Opportunities for Persons with AIDS (HOPWA) program has aimed to provide participants with tools to achieve self-sufficiency and independence by providing rental subsidies and comprehensive assistance from housing experts, as well as wraparound services, as needed. The three components of the HOPWA Cluster Housing programs – Rental Assistance and Referral Services, Innovative Housing with Supportive Services and Facility-Based Emergency Housing – were instituted to provide participants in need with housing and supportive services explicitly targeted to assist residents in making measurable progress towards attaining housing stability. The goal at the end of this period is to have participants successfully move out of the program into permanent stable housing, thereby making room for new participants who could benefit from HOPWA housing and services.

2.3 SOURCE OF GRANT FUNDING

Funding is made available using HOPWA funds from the U.S. Department of Housing and Urban Development (HUD) (DCH21-F001) authorized under the AIDS Housing Opportunity Act, Public Law 101-624.

2.4 AWARD INFORMATION

2.4.1 AMOUNT OF FUNDING AVAILABLE

The total funding amount of \$4,175,000 will be made available in FY 2023 per the distribution below:

Services	Total Expected	Expected Awards
Rental Assistance and Referral Services	\$3,000,000	Up to 3
Innovative Housing with Supportive Services	\$575,000	Up to 3
Facility-Based Emergency	\$600,000	Up to 2
TOTAL	\$4,175,000	

2.4.2 PERFORMANCE AND FUNDING PERIOD

Awards are projected to begin October 1, 2022 and continue through September 30, 2026. The first one-year budget period will be from October 1, 2022 – September 30, 2023. After the first budget period, there will be up to five additional 12-month periods (October 1, 2023 – September 30, 2024; October 1, 2024 – September 30, 2025; and October 1, 2025 – September 30, 2026) for program implementation. The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds, grantee compliance and grantee performance.

2.4.3 ELIGIBLE ORGANIZATIONS/ENTITIES

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

- Not-for profit organizations that have services in the District of Columbia

In order to accomplish these goals, DC Health seeks prospective applicants with extensive experience in the domains of housing and case management that promote self-sufficiency and housing stability as well as health and wellness. DC Health encourages applications that demonstrate a thorough understanding of the navigation of supportive services to ensure housing clients benefit from an array of services available including those that are non-HOPWA funded. Navigation of supportive services is intended to provide critically important support for individuals to maximize the likelihood of successful housing, self-sufficiency, and improved health outcomes.

Prospective applicants must demonstrate their ability to assess the overall needs of participants, understand the extent to which those needs are met by leveraging services from multiple funding sources, create customized permanent housing plans that document assessed needs, and prepare participants for long-term, future housing stability.

A critical component for all housing programs is the success of participants in developing and executing Individualized Housing Plans that maximize self-sufficiency and housing stability. Ensuring that participants have the necessary skills and tools to navigate and access appropriate housing destinations at program exit will be a key outcome used to determine funding awards.

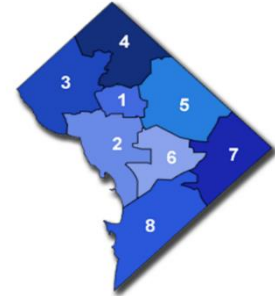
2.4.4 NON-SUPPLANTATION

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.

3. BACKGROUND

3.1 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%

3.2 COVID-19 RULES FOR EMERGENCY HOUSING

The applicant cannot disallow clients into housing units due to not having a COVID-19 diagnosis at the time of referral or entry. The applicant will allow clients into housing units first, then the applicant can send clients for COVID-19 testing. The applicant must follow the CDC guidelines and recommendations established to address concerns related to COVID-19. Please see the link for additional information: <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>.

The highlights of this interim guidance are:

- 1) Testing of clients
 - a) Do not require a negative COVID-19 viral test or proof of COVID-19 vaccination for entry to a homeless services site unless otherwise directed by local or state health authorities.
- 2) Facility layout considerations
 - a) Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least six feet.
 - b) In dining areas, create at least six feet of space between seats, and/or allow either for food to be delivered to client rooms or for clients to take food away. If eating throughout the facility, like on their cots, clients should remain six feet apart from others.
 - i) Members of the same family, or parents with children, can sit closer than six feet together when dining in shared spaces but should remain six feet from other clients.

- c) For sleeping areas for those who are not experiencing respiratory symptoms, ensure client's faces are at least six feet apart.
 - i) Align mats/beds so clients sleep head-to-toe.
- d) For clients with mild respiratory [symptoms](#) consistent with COVID-19:
 - i) Prioritize these clients for individual rooms.
 - ii) If individual rooms are not available, consider using a large, well-ventilated room.
 - iii) Keep mats/beds at least six feet apart.
 - iv) Use temporary barriers between mats/beds, such as curtains.
 - v) Align mats/beds so clients sleep head-to-toe.
 - vi) If possible, designate a separate bathroom for these clients.
 - vii) In areas where these clients can stay are not available in the facility, facilitate transfer to a quarantine site.
- e) For clients with confirmed COVID-19, regardless of symptoms:
 - i) Prioritize these clients for individual rooms.
 - ii) If more than one client has tested positive, they can stay in the same area.
 - iii) Designate a separate bathroom for these clients.
 - iv) Follow CDC [recommendations](#) for how to prevent further spread in your facility, clients who test positive for COVID do not have an available space to isolate, assist with transferring to a location where the client can isolate.

3) Facility ventilation considerations

- a) Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- b) Increase the indoor delivery of outdoor air as much as possible. Do not open windows and doors if doing so poses a safety or health risk (such as risk of falling, triggering asthma symptoms) to clients, staff, volunteers, or visitors using the facility.
- c) Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times when possible.
 - i) Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning—especially in higher-risk areas such as nurse offices or screening rooms. [Generate clean-to-less-clean air movements](#) by evaluating and repositioning exhaust fans. Increase total airflow supply to occupied spaces, if possible.

- ii) Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
- iii) Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow. If temperatures outside make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows. The resulting make-up air will come into the building via multiple leak points and blend with indoor air as opposed to a single unconditioned incoming air stream.
- iv) Improve central air filtration:
 - (1) [Increase air filtration](#) to as high as possible without significantly diminishing design airflow.
 - (2) Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
 - (3) Consider running the Heating Ventilation, and Air Conditioning (HVAC), system at maximum outside airflow for two hours before and after occupied times.
- v) HEPA systems not only capture and remove potentially infectious particles in the air, but their clean air discharge is just as beneficial as fresh outdoor air when it comes to diluting contaminants.
- vi) Consider using [ultraviolet germicidal irradiation \(UVGI\)](#) as a supplemental technique to inactivate potential airborne virus in the upper-room air of common occupied spaces. Seek consultation with a reputable UVGI manufacturer or an experienced UVGI system designer prior to installing and operating UVGI systems.
- vii) Collaborate with the health department and other community partners to identify resources for improving ventilation and air quality. Some potential sources include [Emergency Solutions Grants Program](#), [Community Development Block Grant COVID-19](#), and [Coronavirus Relief Fund](#).

3.3 OUTCOMES

There are three primary measurable outcomes for HOPWA housing programs:

1. Increased housing stability
2. Increased household income through employment or benefits
3. Evidence of ongoing connection to healthcare and services with documented improved health outcomes

All outcomes must be consistent with the [Consolidated Plan](#) for the District of Columbia and HOPWA reporting requirement. Key indicators to be reported by each prospective sub-grantee include, but are not limited to, the following:

- The number of households that have established and implemented housing stability plans
- The number of household engagements to assess progress toward meeting established benchmarks documented in the housing stability plan
- The number of chronically homeless persons with HIV who are housed
- The number of households supported to obtain stable housing
- The number of persons with HIV housed through the HOPWA program that effectively transitioned to long-term or permanent housing supported by other sources of funding
- The number of leveraged resources (other non-HOPWA funds) used to provide housing assistance to households under this program
- The number of households receiving housing assistance in which one or more persons receive appropriate HIV primary health care
- The number of persons with HIV receiving housing assistance able to access ongoing medical insurance/assistance support
- Increases in income from employment or benefits among persons receiving housing assistance
- The number and proportion of persons with HIV who receive housing assistance as well as assistance in obtaining regular primary outpatient medical care and medical case management services

4. PURPOSE

In this funding opportunity, DC Health’s HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) is requesting proposals for a programmatic design to ensure that developing housing plans, increasing household income through access to benefits and workforce development activities, and successful housing searches are the primary activities of residents. This funding opportunity also envisions partnering with a select number of entities that can closely monitor participant progress to yield successful completion of their housing plan. In this housing approach, these activities will provide longer- and short-term housing with an invigorated focus on housing independence and transition along the housing continuum. Applicants must develop a housing service plan with structured goals and activities and how program participants are engaged in those activities. HAHSTA defines the housing continuum as the most appropriate housing setting for a person, which could include self-sufficiency through employment, senior housing for a person 55 years old or older, or Veteran Affairs Supportive Housing (VASH) for returned veteran’s permanent supportive housing if the individual has a co-occurring behavioral health condition or physical disability.

4.1 APPROACH

The Cluster Housing Programs with Supportive Services have three parts, Rental Assistance and Referral Services, Innovative Housing with Supportive Services and Facility-Based Emergency Housing. Applicants will be able to apply for either one service category or multiple categories. The services explicitly supported under this RFA are to be provided within the context of the full range of housing, robust housing case management, medical, behavioral health, education, employment and benefits access, and other supportive services available to low-income persons

living with HIV in the District of Columbia and two locales in Suburban Maryland, Charles and Prince George's counties.

The three (3) cluster housing services funded through this funding opportunity are:

Rental Assistance and Referral Services – Tenant-based Rental Assistance (TBRA), Short-term Rent, Mortgage and Utility Assistance (STRMU), Housing Information and Referral Services (HIRS), Intensive Case Management (Support Services) in the District of Columbia and two counties in suburban Maryland. Applicants must be able to provide all (4) four service areas.

Tenant-based Rental Assistance (TBRA) Program

The TBRA Program is an affordable housing program that allows program participants capable of independent living to pay approximately 30% of their household income for rent and the TBRA Program pays the remaining rental cost. The TBRA Program is currently a long-term subsidy program that supports approximately 300 households in the District and in three (3) counties in Maryland. A critical component of the TBRA Program is to support the timely, accurate and consistent payment of rental subsidies on behalf of program participants. Key activities of this program include:

- Conducting annual and interim recertifications with TBRA Program participants to verify their continued program eligibility and to determine the appropriate amount of monthly TBRA subsidy payments.
- Coordinating annual, interim, and emergency housing inspections to ensure units supported by the TBRA Program are in compliance with HUD Housing Quality Standards.
- Providing housing case management services to support TBRA Program participant's long-term housing stability and assisting TBRA Program participants identify, apply for, and transition to other long-term permanent housing opportunities (including but not limited to market-rate housing, non-HOPWA subsidized housing, senior housing; and homeownership).
- Developing housing plans with TBRA Program participants that address barriers to housing stability and providing supportive services to help participants resolve barriers and accomplish identified housing goals.
- Assisting TBRA Program participants gain access appropriate community-based programs and services as necessary to address barriers to housing stability and healthcare by working with the clients' medical case manager to support and maintain viral suppression
- For TBRA participants seeking to relocate, conducting TBRA Program voucher orientations, and assisting TBRA Program participants identify and secure appropriate rental housing.
- Providing monthly rental subsidy payments for TBRA households assigned by HAHSTA.

- Communicating with housing providers, utility providers, real estate professionals, and attorneys on behalf of TBRA Program participants.
- Reviewing leases and other housing-related documents of program participants to be sure program requirements are met and are sufficient for the payment of subsidies.
- Maintaining client files that appropriately document service delivery and interaction with TBRA Program participants.
- Ensuring TBRA Program is implemented in compliance with HUD regulations and HAHSTA policies.
- Updating and developing TBRA Program procedures to support sound service delivery
- Generating timely reports that detail key programmatic data including households served, household demographics, TBRA subsidy amounts and payments, household rental contributions, and program outcomes.

Short-Term, Rental, Mortgage, and Utility (STRMU) Assistance Program

The STRMU financial assistance program is a short-term, stabilizing intervention available to HOPWA eligible households experiencing a financial crisis as a result of their HIV/AIDS health condition or a change in their economic circumstances. STRMU is a HUD-funded housing intervention. STRMU assistance is a preventive housing intervention intended to reduce the risks of homelessness, and when utilized together with other HOPWA efforts—including access to health care services, case management, benefits counseling, and employment or vocational services—works to stabilize assisted households. Eligible households can receive a maximum of \$5,000 in financial assistance within a 21-week period to address delinquency with their rent, mortgage, and/or utilities.

Key activities of this program include:

1. Conducting application intake with People Living With HIV/AIDS (PLWH) in need of STRMU assistance.
2. Assisting applicants in obtaining the required documentation to determine STRMU eligibility.
3. Processing of STRMU applications to determine participant eligibility and appropriateness of using STRMU to address financial need.
4. Assisting STRMU applicants in developing appropriate housing plans that will identify housing barriers and specific actions that will support short- and long-term housing stability.
5. Ensuring that STRMU is the payer of last resort and connecting applicants to other available financial assistance programs when applicable.
6. Connecting applicants to additional community resources that will assist in housing stability.
7. Providing case management services to address the immediate crisis and identify specific strategies to resolve the situation.

8. Communicating with various professionals and vendors (ex.: employers, utility companies, mortgage and property management companies) to document PLWH circumstances and to verify financial need.
9. Maintaining client database that tracks the status of the STRMU application and tracks STRMU utilization information.
10. Maintaining client files that appropriately document service delivery and interaction with applicants.
11. Maintaining a financial tracking system that documents STRMU payments to various vendors.
12. Generating timely reports that details key programmatic data including households served, household demographics, payment amounts, and program impacts and outcomes.

Housing Information and Referral Services (HIRS)

HIRS provides PLWH and the public information on housing-related matters and connects PLWH to key community services, programs, and resources (including housing, medical, medical case management, food, employment, etc.). Key activities of this program include:

- Point of intake for PLWH that need housing assistance and/or placement
- Responding to PLWH and the general public's request for housing-related information including how to access services and programs; information on available housing-related services, programs, and resources in the community; connecting PLWH with appropriate housing services including emergency housing, financial assistance programs, and housing counseling and education services
- Maintaining a resource index or database of available housing and community services that can be used to link PLWH to needed services.

Support Services (Intensive Case Management)

Support services are designed to provide direct assistance to PLWH to address presenting barriers to stable housing and assist PLWH access available HOPWA, HAHSTA and other funded services that can support housing stability.

Key activities of this program include:

- Individuals providing case management must at least be at a Licensed Graduate Social Worker (LGSW) level or greater
- Providing housing case management to assist PLWH identify barriers to housing stability and develop an appropriate plan to respond to those presenting housing barriers
- Developing housing plans with PLWH that identify barriers to housing stability and specific actions to address identified barriers towards stabilizing their housing circumstances

- Providing assistance to help PLWH implement housing plan towards resolving housing instability and support/achieve viral suppression
- Utilizing individual counseling and group education sessions, educate PLWH on important housing related topics/matters including tenant's rights, fair housing, eviction prevention, money management, credit repair, homeownership, and foreclosure prevention
- Connecting PLWH to available housing opportunities, options, programs, and resources available in the D.C. and Maryland (Prince George's and Charles Counties) metropolitan region
- Conducting application intake, eligibility determination, and referrals of PLWH to HAHSTA-funded housing programs
- Maintaining client files that appropriately document service delivery and interaction with clients receiving supportive services
- Conducting community outreach activities to inform PLWH, community service providers, and the public about services available through the single point of entry
- Generating timely reports that detail key programmatic activities including number of households served, HIRS service delivery, household demographics, service delivery outcomes, and the tracking of referrals and enrollments in HAHSTA funded housing programs

Innovative Housing with Supportive Services – Participants can be housed up to eighteen (18) months, but not to exceed twenty-four (24) months. The three programs for this service category are Sustainable Housing Assistance Rental Program (SHARP), Housing Independence through Employment (HITE), and Bridges Financial Assistance programs. HITE and SHARP program participants are required to participate in intensive Case Management.

Sustainable Housing Assistance Rental Program (SHARP)

SHARP provides a short-term (12-month) shallow rental subsidy with the goal of increasing housing stability and improving health outcomes for PLWH. SHARP targets PLWH households who are rent-burdened, defined as paying more than 40% of their monthly gross income on rent. SHARP intends to reduce rent burden, incentivize household savings, and address individual barriers to ensure future housing stability among participants. A participant can receive up to \$566 per month.

Key activities of this program include:

1. Reviewing applications for SHARP and determining program eligibility.
2. Conducting community outreach to educate PLWH, community case managers, and the public about SHARP and the application process.
3. Ensuring households approved for SHARP in collecting documentation that supports the SHARP agency's ability to make rental payments to housing providers.
4. Providing case management services to assist SHARP participants in implementing strategies to remain stably housed upon program completion, increase household savings, and address housing barriers.

5. Developing a housing plan to identify housing barriers and specific actions that will support short- and long-term housing stability.
6. Connecting SHARP participants to available housing opportunities, options, programs, and resources available in the D.C. metropolitan region.
7. Maintaining client files that accurately document service delivery and interaction with clients enrolled in SHARP.
8. Issuing monthly rental assistances payment to SHARP housing providers in compliance with program guidelines and tracking program expenditures to ensure the maximum number of beneficiaries receive housing assistance while maintaining sufficient funds to meet subsidy commitments to all enrolled SHARP households.
9. Evaluating the impact of SHARP to assess the short- and long-term impact on housing stability, financial stability, and health outcomes for program participants.
10. Generating timely reports that details key programmatic data including households served, household demographics, subsidy amounts, and program impacts and outcomes.

Housing Independence Through Employment (HITE) Program

The Housing Independence through Employment Program (HITE) is a short-term (12-month) rental subsidy program that assists PLWH in pursuing improved employment opportunities while achieving economic and housing independence. HITE targets single PLWH, whose income is at or below 500% of the federal poverty level, and whose primary barrier to stable housing is employment income. The SHARP Program pays 100% of the program participants' monthly rent costs. SHARP program participants must pay 30% of their income, which is deposited into individual escrow accounts, that will be returned to the participant following their completion of the program. Applicants must be able to lease units in their name.

Key activities of this program include:

1. Conducting application intake for HITE and determining program eligibility and appropriateness.
2. Conducting community outreach to educate PLWH, community case managers, and the public about HITE and the application process.
3. Assisting HITE participants in identifying achievable vocational and/or educational goals that can improve their economic status while enrolled in the program.
4. Assisting HITE participants to develop appropriate housing plans that identify barriers to housing and economic independence and specific actions that will help the participant overcome these barriers.
5. Providing intensive case management services to assist HITE participants implement strategies that improve employment opportunities, increase household income and savings, and support economic independence after program completion.
6. Educating HITE participants on key housing, financial, and employment related issues including tenant right and responsibilities, money management, credit repair, and employment mobility.

7. Conducting regular home visits with each HITE participant to document program progress and conditions of rental property.
8. Conducting quarterly recertifications to verify HITE participants' continued program eligibility.
9. Connecting HITE participants to various employment and community support services, programs, and resources available in the D.C. and MD (Prince George's and Charles Counties) metropolitan region.
10. Developing partnerships/relationships with local employment readiness, employment training, and post-secondary education programs towards providing additional support to program participants.
11. Establishing, maintaining, and monitoring escrow savings accounts for program participants that may be accessed by program participant upon successful completion of program.
12. Maintaining client files that accurately document service delivery and interaction with clients enrolled in HITE.
13. Issuing monthly rental assistance payments to HITE housing providers in compliance with program guidelines and tracking program expenditures to ensure the maximum number of beneficiaries receive housing assistance while maintaining sufficient funds to meet subsidy commitments to all enrolled HITE households.
14. Coordinating and tracking interim and emergency housing inspections to ensure units supported by the HITE Program are in compliance with HUD Housing Quality Standards (HQS).
15. Evaluating the impact of HITE to assess the short- and long-term impact on housing stability, financial stability, and health outcomes for program participants.

Bridges Financial Assistance

Bridges is a financial assistance program that provides short-term, stabilizing interventions to eligible PLWH who are experiencing a financial crisis as a result of their HIV/AIDS health condition or a change in their economic circumstances. Bridges Funds can only be used once during a grant year for DC and MD residents living in DC, or Prince George's or Charles Counties, MD. A household may receive a maximum of \$2000 in financial assistance through Bridges during the grant year to address a delinquency with their rent, mortgage, and/or utilities. Bridges may also be used towards security deposit and/or first month's rent.

Key activities of this program include:

1. Conducting application intake with PLWH in need of Bridges assistance.
2. Assisting applicants to obtain required documentation to determine Bridges eligibility.
3. Processing of Bridges applications to determine participant eligibility and appropriateness of using Bridges to resolve presenting financial need.
4. Assisting Bridges applicants to develop appropriate housing plans that will identify housing barriers and specific actions that will support short- and long-term housing stability.

5. Connecting applicants to additional community resources that will assist in housing stability.
6. Providing case management services to address the immediate crisis and identify specific strategies to resolve the situation.
7. Communicating with various professionals and vendors (ex. employers, utility companies, mortgage and property management companies) to document PLWH circumstances and to verify financial need.
8. Maintaining client database that tracks status of Bridges application and tracks Bridges utilization information.
9. Maintaining client files that accurately document service delivery and interaction with applicants.
10. Maintaining a financial tracking system that documents Bridges payments to various vendors.

Facility-Based Emergency Housing with Support Services – up to sixty (60) days within a six-(60) month period with intensive case management.

Facility-Based Emergency Housing serves populations that are homeless or at imminent risk of homelessness. These populations may include, but are not limited to, the following:

- Persons recently released from medical facilities without a discharge plan that includes housing.
- Persons returning to the community after incarceration without a placement plan that includes housing.
- Persons who are situationally homeless, that is, without shelter and without resources or prospects for housing.
- Persons who are currently homeless or have a documented imminent risk of homelessness.
- Homeless persons who have a history of being chronically homeless.
- Transgender persons who can document housing discrimination.

Applicants can accept clients directly via referrals from DC Health’s Point of Intake housing provider. If applicants conduct client intake directly, they must register them with the point of intake housing provider within 72 hours.

5. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

5.1 TARGET POPULATION

Eligibility for participation in these programs will be limited to people living with HIV (PLWH) with incomes at or below 50% of the area median income (starting at \$49,850). The main goal of

these programs is successful exit to either transitional or more permanent housing in the shortest time necessary. All clients will be required to participate in the planning and active implementation of a permanent housing plan, with robust case management support:

Rental Assistance and Referral Services: Programs are limited to people living with HIV with incomes at or below 50% of area median income (AMI) who also are already housed in the current Tenant Based Rental Assistance (TBRA) program, and for persons who are in their own private homes and need Short Term Rental or Mortgage assistance (STRMU), and for persons in need of Housing Information and Referral Services (HIRS) on how to access housing programs and other supports and Case Management. The Supportive Service, Case Management, is required for all participants to assist them in moving through the housing continuum toward self-sufficiency.

Innovative Housing with Supportive Services: programs are for persons who are currently employed or can become employed as they need sustainable housing to assist them into a smooth transition of self-sufficiency (HITE), and for persons who need ongoing shallow rental assistance to help ease the rent burden as they work to become more stable (SHARP). The goal of the HITE program is successful exit to permanent housing in the shortest time necessary. The goal of the SHARP program is to help consumers afford their current housing. All consumers will be required to participate in the planning and active implementation of a housing plan, with robust case management support. Bridges Financial Assistance is a program that provides short-term, stabilizing interventions to eligible PLWH who are experiencing financial crises as a result of their HIV/AIDS health condition or change in their economic circumstances. Bridges Funds can be used once per fiscal year. Bridges funding will be utilized by both District residents and residents living in both Prince George's and Charles Counties. Applicants for HITE program must be able to lease a unit in applicants' name.

Facility-Based Emergency Housing: Emergency Housing program is for persons who are homeless or at imminent risk of homelessness – as defined by HUD for the homeless Continuum of Care.

5.2 LOCATION OF SERVICES

Services must be delivered in the District of Columbia and Prince George's and Charles counties in Maryland.

5.3 PROGRAM DATA COLLECTION AND REPORTING REQUIREMENTS

HOPWA programs require reporting on the following elements:

- Household Size
- Race
- Ethnicity
- Annual Income

- Gender
- Age
- Chronically Homeless
- Homeless Veterans
- Living Situation Prior to Entering Program
- Living Situation When Exiting Program
- Number of Households with Housing Plan for Maintaining or Establishing Stable On-Going Housing
- Number of Households having Contact with Case Manager/Benefits Counselor Consistent with Service Plan Schedule
- Number of Households having Contact with a Primary Health Care Provider Consistent with Service Plan Schedule
- Number of Households to Access and Maintain Medical Insurance/Assistance
- Number of Households to Successfully Access or Maintain Qualification for Sources of Income
- Number of Households to Obtain Income Producing Job
- Number of Household receiving Case Management
- Type of Supportive Services received.

6. APPLICATION REQUIREMENTS

6.1 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. (Attachment 1: Assurances, Certifications and Disclosures).

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

6.2 PROPOSAL COMPONENTS

PROJECT ABSTRACT

A two-page project abstract is required. Please provide a two-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 (30-PAGE MAXIMUM)

The narrative section should describe the applicant's approach to initiate or enhance the use of housing to provide better health outcomes, enhance patient experience and engagement, address social and environmental needs and barriers impacting health, and improve health outcomes for housed patients with HIV. 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 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

Applicants should include all information needed to describe adequately and succinctly the services they propose to provide for each category. It is important that applications reflect continuity among the program design and activities, and that the budget supports the level of effort required for the proposed services.

- For Rental Assistance and Referral Services, applicants have a 10-page limit for the project description.
- For Innovative Housing with Supportive Services, applicants have a 7-page limit for the project description.
- For Facility-Based Emergency Housing, applicants have a 3-page limit for the project description.

PARTNERSHIPS (2-PAGE MAXIMUM)

The applicant must provide a detailed response on the resources available to fulfill the tenets of the proposed program.

The extent to which the applicant illustrated the ability to provide or link clients to needed housing, educational, and employment related services either directly or through partnership and the status of those efforts at the time of application. Information should include the name of the organization, purpose of the partnership, and the status of the partnership.

The extent to which the applicant proposed new partnerships or collaborations

PERFORMANCE MONITORING

This section should describe applicant's plan for collecting and reporting data, including required metrics, data collection, reporting, and continuous improvement.

ORGANIZATIONAL CAPACITY (6-PAGE MAXIMUM)

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.

Describe the experience and capability of the applicant regarding providing housing and housing support services. Include in this discussion:

- The type of housing and housing supportive services currently provided, if applicable.
- The other services provided by the organizations to people with HIV, or people with other chronic illness.
- The ability of the organization to expand services if additional funds become available under this category.
- The current capacity of the organization to collect, analyze and report program data, and provide examples of similar services on which the organization now reports, if appropriate.
- The experience of the organization in maintaining partnerships with other organizations, including a discussion of the documentation of these partnerships.
- Experience with managing a program that requires understanding and knowledge of general housing principles, for example, property management, development, landlord-tenant rights and responsibilities, housing intake, resource and referral management, lease negotiation, mediation.
- Experience and capacity to provide culturally affirming and linguistically competent services, relevant to race/ethnicity, gender identity, and sexual orientation.
- Provide a summary of the housing status of each client served during the twelve months that began October 1, 2020 through September 30, 2021. Specifically, provide the unduplicated number of individuals served, if applicable.
- Of these clients, the number and proportion of clients whose housing status at the end of the term of service
 - Changed from Emergency to Transitional Housing assistance
 - Changed Emergency Housing provider
 - Changed from Tenant Based Rental Assistance to permanent housing, including permanent subsidized housing
 - Changed from SHARP or HITE programs to permanent housing
 - Became stable in their housing with the use of STRMU and or Bridges Financial assistance
 - Continued service beyond the expected term of service
 - Disconnected/Unknown

WORK PLAN

The Work Plan is required ([Attachment 2](#)). 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 (Specific, Measurable, Achievable, Relevant, and Time-Framed)

- 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 3](#)). 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. All expenses should relate directly to achieving the key grant outcomes.

Note: the electronic submission platform, 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 a 12-month period, as follows:

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.

At least 4% and not more than 7% of the total award may be allocated for administrative cost that include project management, recordkeeping, and performance & evaluation reporting activities, assurances, and certifications

BUDGET JUSTIFICATION

The application should include a budget justification ([Attachment 4](#)). 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 (including handouts, pamphlets, posters, etc.), personal protective equipment (PPE).

Equipment: Include the projected costs of project-specific equipment (e.g., blood pressure monitors, home health backpacks, hardware/software for data collection/tracking, etc.). 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.

OTHER FUNDING SOURCES TABLE

This spreadsheet is a companion to the Program Partnerships section of the project narrative (*no template provided*).

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

Instructions:

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

7. EVALUATION CRITERIA

7.1 SCORING CRITERIA FOR RENTAL ASSISTANCE AND REFERRAL SERVICES

Applicants will be scored on a scale of 100 points for this bundle of services.

Organizational Background and Capacity (25 points)

The applicant demonstrated the knowledge and experience necessary to provide the proposed services to the population or population(s) to be served. Evaluation criteria for this section include

- a. Applicant demonstrates its technical competence to provide the services proposed.
- b. Applicant demonstrates the cultural competence and language capacity to provide the services proposed to the population or population(s) to be served. Applicant demonstrates appropriate and necessary sensitivity to remove barriers created by racial and ethnic diversity, economic status, gender identity, disability, sexual orientation and similar factors.
- c. Applicant has demonstrated the ability to create or maintain partnerships required for provision of the service.

Program Description (25 points)

In this section, the applicant describes the plan to provide services that meet the needs identified for the population or population(s) to be served. Evaluation criteria for this section includes:

- a. The applicant demonstrates its technical competence to provide the services proposed.
- b. Applicant demonstrates the cultural competence and language capacity to provide the services proposed to the population or populations to be served. Applicant demonstrates appropriate and necessary sensitivity to remove barriers created by racial and ethnic diversity, economic status, gender identity, disability, sexual orientation and similar factors.
- c. Applicant has demonstrated the ability to create or maintain partnerships required for provision of the service.

Work Plan (25 points)

This section will be evaluated on the extent to which there is a work plan for the proposed project. The goals and objectives of the proposed project are clearly defined, measurable and time-specific, and respond effectively to service category specific goals and priorities.

Program Partnerships and Resources (20 points)

This section will be evaluated on the extent by which the applicant has detailed responses to the resources available to fulfill the tenets of the proposed program.

- a. The extent to which the applicant illustrated the ability to provide or link clients to needed housing, employment and educational related services either directly or through partnership and the status of those efforts at the time of application. Information should include the name of the organization, purpose of the partnership, respective responsibilities for engaging the participant and methods of ongoing coordination, and the status of the partnership.
- b. The extent to which the applicant proposed new partnerships or collaborations.
- c. The extent to which the applicant provided a detailed illustration of their organization's availability of other funding sources to leverage against potential HAHSTA funding for Facility-Based Emergency Housing key activities (This will be completed using Attachment C – Other Funding Sources Table).

Budget and Budget Narrative (5 points)

The budget and budget narrative will be reviewed during the selection process but are not included in the scoring of the proposal. Comments on the budget will be accepted from the review panel and the technical reviewers and will guide budget negotiations for selected applications.

In preparing budgets, applicants shall:

- a. Maximize the cost efficiency of the service provided.
- b. Provide a clear description of the contribution of each budget item proposed toward the overall goals of the program.

- c. Support appropriate direct and indirect expenses.
- d. Request of 4-7% for administrative costs.

7.2 SCORING CRITERIA FOR INNOVATIVE HOUSING AND SUPPORT SERVICES

Applicants will be scored on a scale of 100 points for this bundle of services.

Organizational Background and Capacity (25 points)

The applicant demonstrated the knowledge and experience necessary to provide the proposed services to the population or population(s) to be served. Evaluation criteria for this section include

- d. Applicant demonstrates its technical competence to provide the services proposed.
- e. Applicant demonstrates the cultural competence and language capacity to provide the services proposed to the population or population(s) to be served. Applicant demonstrates appropriate and necessary sensitivity to remove barriers created by racial and ethnic diversity, economic status, gender identity, disability, sexual orientation and similar factors.
- f. Applicant has demonstrated the ability to create or maintain partnerships required for provision of the service.

Program Description (25 points)

In this section, the applicant describes the plan to provide services that meet the needs identified for the population or population(s) to be served. Evaluation criteria for this section includes:

- a. The applicant demonstrates its technical competence to prove the services proposed.
- b. Applicant demonstrates the cultural competence and language capacity to provide the services proposed to the population or populations to be served. Applicant demonstrates appropriate and necessary sensitivity to remove barriers created by racial and ethnic diversity, economic status, gender identity, disability, sexual orientation and similar factors.
- c. Applicant has demonstrated the ability to create or maintain partnerships required for provision of the service.

Work Plan (25 points)

This section will be evaluated on the extent to which there is a work plan for the proposed project. The goals and objectives of the proposed project are clearly defined, measurable and time-specific, and respond effectively to service category specific goals and priorities.

Program Partnerships and Resources (20 points)

This section will be evaluated on the extent by which the applicant has detailed responses to the resources available to fulfill the tenets of the proposed program.

- d. The extent to which the applicant illustrated the ability to provide or link clients to needed housing, employment and educational related services either directly or through

partnership and the status of those efforts at the time of application. Information should include the name of the organization, purpose of the partnership, respective responsibilities for engaging the participant and methods of ongoing coordination, and the status of the partnership.

- e. The extent to which the applicant proposed new partnerships or collaborations.
- f. The extent to which the applicant provided a detailed illustration of their organization's availability of other funding sources to leverage against potential HAHSTA funding for Facility-Based Emergency Housing key activities (This will be completed using Other Funding Sources Table).

Budget and Budget Narrative (5 points)

The budget and budget narrative will be reviewed during the selection process but are not included in the scoring of the proposal. Comments on the budget will be accepted from the review panel and the technical reviewers and will guide budget negotiations for selected applications.

In preparing budgets, applicants shall:

- a. Maximize the cost efficiency of the service provided.
- b. Provide a clear description of the contribution of each budget item proposed toward the overall goals of the program.
- c. Support appropriate direct and indirect expenses.
- d. Request of 4-7% for administrative costs.

7.3 SCORING CRITERIA FOR FACILITY-BASED EMERGENCY HOUSING

Applicants will be scored on a scale of 100 points for this bundle of services.

Organizational Background and Capacity (25 points)

The applicant demonstrated the knowledge and experience necessary to provide the proposed services to the population or population(s) to be served. Evaluation criteria for this section include

- g. Applicant demonstrates its technical competence to provide the services proposed.
- h. Applicant demonstrates the cultural competence and language capacity to provide the services proposed to the population or population(s) to be served. Applicant demonstrates appropriate and necessary sensitivity to remove barriers created by racial and ethnic diversity, economic status, gender identity, disability, sexual orientation and similar factors.
- i. Applicant has demonstrated the ability to create or maintain partnerships required for provision of the service.

Program Description (15 points)

In this section, the applicant describes the plan to provide services that meet the needs identified for the population or population(s) to be served. Evaluation criteria for this section includes:

In this section, the applicant describes the plan to provide services that meet the needs identified for the population or population(s) to be served. Evaluation criteria for this section include:

- a. Applicant demonstrates a thorough understanding of the barriers to service experienced by the population or population(s) to be served and has proposed a set of service activities to address those barriers.
- b. The plan for services includes a clear description of the services to be provided, including a quantifiable set of units of service.
- c. The plan for services includes a clear description of the number of people with HIV to be served, as well as a clear description of the number of family members of people with HIV to be served.
- d. The applicant provides detailed information on how the proposed program will be implemented. The applicant presents relevant and realistic objectives and activities. The goals and objective of the activities are clearly defined, measurable and time specific.
- e. The applicant describes how services are to be provided (e.g. by the organization or in collaboration with another organization).
- f. The applicant describes how the program will be effectively managed and demonstrates that the skills and experience of the proposed program staff are adequate to needs of the proposed program.
- g. The expected impact of the program on the target populations(s) is clearly delineated and justified as to one or more of the following:
 - a. The number of chronically homeless persons with HIV who are housed.
 - b. The number of marginally housed persons with HIV who are moved to stable, long-term housing.
 - c. The number of households who are supported to maintain stable housing.
 - d. The number of persons with HIV housed who are effectively transitioned to housing supported by other sources of funding.
 - e. Number of households receiving housing assistance that house one or more individuals receiving appropriate HIV primary health care.
 - f. The number of persons with HIV housed through the program who are effectively transitioned to housing supported by other sources of funding.
 - g. Increases in income from employment or benefits among those receiving housing assistance.

Work Plan (25 points)

This section will be evaluated on the extent to which there is a work plan for the proposed project. The goals and objectives of the proposed project are clearly defined, measurable and time-specific, and respond effectively to service category specific goals and priorities.

Program Partnerships and Resources (20 points)

This section will be evaluated on the extent by which the applicant has detailed responses to the resources available to fulfill the tenets of the proposed program.

- g. The extent to which the applicant illustrated the ability to provide or link clients to needed housing, employment and educational related services either directly or through partnership and the status of those efforts at the time of application. Information should include the name of the organization, purpose of the partnership, respective responsibilities for engaging the participant and methods of ongoing coordination, and the status of the partnership.
- h. The extent to which the applicant proposed new partnerships or collaborations.
- i. The extent to which the applicant provided a detailed illustration of their organization's availability of other funding sources to leverage against potential HAHSTA funding for Facility-Based Emergency Housing key activities (This will be completed using Attachment C – Other Funding Sources Table).

Pre-decisional Site Visit (10 points)

The applicant must be able to demonstrate the following during the pre-decisional site visit:

- a. **Organizational Infrastructure**
The applicant organization has the appropriate foundational resources to support the grant and has adequate human resources, space and other resources to support the proposed service category.
- b. **Organizational History of Service Provision**
The applicant organization describes and demonstrates programmatic activities that align with the proposed project description of HOPWA services to be provided.
- c. **Program Management**
The applicant organization implements and monitors its programs according to programmatic, professional and legislative requirements, service standards, expectations and best practices (with consistent program work plans, benchmarks and timelines).
- d. **Data Collection and Reporting**
The applicant organization has a data system capable of fulfilling the data reporting requirements of the grant to include the reporting of several data elements.
- e. **Organizational Access to Population of Focus**
The applicant organization has a successful history of providing services for the Target Population/Population of Focus (e.g. HIV-positive, low/limited-income, etc. within the District of Columbia specified in the RFA).
- f. **Cultural Competence**
The applicant organization has a confluence of organizational staff and client attitudes, beliefs, norms, and values.
- g. **Fiscal Systems**
The applicant organization has the capacity to ensure sufficient financial systems and resources to support a Ryan White cost-reimbursement grant
- h. **Organizational Sustainability**
The applicant organization has the capacity to ensure the continuance of programs and endurance and growth of the organization.

All applicants will be contacted by HAHSTA a week in advance to conduct the pre-decisional site visit, August 8-12, 2022.

Budget and Budget Narrative (5 points)

The budget and budget narrative will be reviewed during the selection process but are not included in the scoring of the proposal. Comments on the budget will be accepted from the review panel and the technical reviewers and will guide budget negotiations for selected applications.

In preparing budgets, applicants shall:

- a. Maximize the cost efficiency of the service provided.
- b. Provide a clear description of the contribution of each budget item proposed toward the overall goals of the program.
- c. Support appropriate direct and indirect expenses.
- d. Request of 4-7% for administrative costs.

8. REVIEW AND SCORING OF APPLICATION

8.1 PRE-SCREENING

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.

8.2 EXTERNAL REVIEW PANEL

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.

8.3 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.

9. 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 (NOGA).

Organizations receiving Notification of Intent to Fund cannot begin activities until a Notice of Grant Award (NOGA) is issued. The applicant shall not announce publicly receipt or award of funding from DC Health under this RFA until an actual DC Health NOGA is issued.

10. 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.

10.1 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 DC Health Office of Grants Management in time for submission. To register, complete the following:

IMPORTANT: WEB BROWSER REQUIREMENTS

1. **Check web browser requirements for EGMS** –EGMS is supported by the following browser versions:
 - Microsoft ® Internet Explorer ® Version 11
 - Apple ® Safari ® version 8.x on Mac OS X
 - Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
 - Google Chrome™ version 30 & above (Most recent and stable version recommended)
2. **Access EGMS:** The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO_ApplicantLogin2 Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.
3. 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.
4. Your EGMS registration will require your legal organization name, your **DUNS # 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).
5. When your Primary Account User request is submitted in EGMS, the DC Health 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. **SUBJECT LINE: EGMS PRIMARY USER AGENCYNAME**. 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.
6. Once you register, your Primary Account User will get an auto-notice to upload a “DUNS Certification” – this will provide documentation of your organization’s DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

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
- Wrong DUNS, Tax ID or expired SAM registration
- Web browser

10.2 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
 - Other Funding Sources Table

10.3 DEADLINE

Submit your application via EGMS by 6:00 p.m., on the deadline date of August 3, 2022. Applications will **not** be accepted after the deadline.

11. PRE-APPLICATION REQUIREMENTS

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 to do so. **Registration is required.** RFA Updates will also be posted on the [District Grants Clearinghouse](#).

Applicants are highly encouraged, but not required to submit a Letter of Intent by July 7, 2022, 6:00 p.m. The Letter of Intent should include the following on the organization's stationary:

- Brief Introduction of Your Organization
- Categorical Housing Model of the intended application
- Primary Contact Person
- Contact Person Email and Telephone Information

Please submit all questions about the content of this RFA via e-mail to Sherita.Grant@dc.gov no later than, **Thursday, July 28, 2022**, at 4:00 p.m. Questions will not be accepted over the phone.

The Frequently Asked Questions (FAQ) will be answered and posted on the Districts Grants Clearing House.

12. 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:

12.1 GRANT TERMS & CONDITIONS

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

12.2 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.

12.3 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 grant agreement 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.

12.4 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.

12.5 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 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.

12.6 COVID-19 GRANTEE REQUIREMENT

All applicants that receive awards under this RFA are required to ensure that their employees, agents, and subgrantees (“grantee personnel”) are in compliance with Mayor’s Order 2021-099, available at: <https://coronavirus.dc.gov/page/mayor%E2%80%99s-order-2021-099-covid-19-vaccination-certification-requirement-district-government>. Frequently asked questions about the vaccine certification requirement are made available online, [here](#).

To ensure compliance with this item, grantees shall upload a signed attestation from an authorized representative from your organization into the organization profile in EGMS before the Notice of Grant Award is released. A template for an attestation form and step-by-step guide on how to upload the document into EGMS will be provided.

12.7 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 CRF part 200, subpart F rules must have available and submit as requested the most recent audit reports, as requested by DC Health personnel.

12.8 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.

12.9 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 the Department of 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.

12.10 GRANT MONITORING

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.

13. ATTACHMENTS

Attachment 1: Assurances and Certifications

Attachment 2: Work Plan

Attachment 3: Budget Table

Attachment 4: Budget Justification

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 grant, the types of insurance specified below. The Grantee shall have its insurance broker or insurance company submit a Certificate of Insurance to the GA 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 GA. 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 subGrantee for segments of the work under this grant and wish to propose different insurance requirements than outlined below, 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 subGrantee on the Subcontractor Insurance Requirement Template provided by the GA, 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 Grantee and the GA. The Grantee must provide proof of the subGrantee's required insurance prior to commencement of work by the subGrantee. If the Grantee decides to engage a subGrantee without requesting from ORM specific insurance requirements for the subGrantee, such subGrantee shall have the same insurance requirements as the Grantee.

General liability, commercial auto, workers' compensation and property insurance policies (if applicable to this agreement) 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 subGrantees (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 subGrantees (including without limitation the liability to pay premiums) shall be the sole obligation of the Grantee or its subGrantees, and not the additional insured. The additional insured status under the Grantee's and its subGrantees' 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 GA in writing. All of the Grantee's and its subGrantees' 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 subGrantees, or anyone for whom the Grantee or its subGrantees may be liable. These policies shall include a separation of insureds clause applicable to the additional insured.

If the Grantee and/or its subGrantees 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 subGrantees.

B. INSURANCE REQUIREMENTS

1. Commercial General Liability Insurance (“CGL”) - The Grantee shall provide evidence satisfactory to the GA 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 GA 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 grant) 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 GA of commercial (business) automobile liability insurance written on ISO form GA 00 01 10 13 (or another form with coverage at least as broad and approved by the GA 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 GA 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 GA 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 paragraphs 1,2 and 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 Contracting Officer 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. Limits may not be shared with other lines of coverage. A copy of the cyber liability policy must be submitted to the Office of Risk Management (ORM) for compliance review.
5. 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. Limits may not be shared with other lines of coverage.
6. Sexual/Physical Abuse & Molestation - The Grantee shall provide evidence satisfactory to the Contracting Officer 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 or "shared" limits under a commercial general liability or professional liability policy will not be acceptable. Limits may not be shared with other lines of coverage. The applicable policy may need to be submitted to the Office of Risk Management (ORM) for compliance review.
7. Commercial Umbrella or Excess Liability - The Grantee shall provide evidence satisfactory to the GA 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) \$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.

C. 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.

D. 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 grant and two years for non-construction related contracts.

E. 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 Grantee’s liability under this grant.

F. GRANTEE’S PROPERTY. Grantee and subGrantees 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.

G. 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.

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

I. 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 grant number. Evidence of insurance shall be submitted in the Enterprise Grants Management System.

The GA 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 grant, renewal certificates of insurance and additional insured and other endorsements shall be furnished to the GA 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 GA on an annual basis as the coverage is renewed (or replaced).

- J. **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 subGrantees in the performance of this grant.
- K. **CARRIER RATINGS.** All Grantee's and its subGrantees' insurance required in connection with this grant 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.