DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

COMMUNITY HEALTH ADMINISTRATION &

OFFICE OF HEALTH EQUITY

The Commodity Supplemental Food Program

REQUEST FOR APPLICATIONS

RFA# CHA_CSFP_4.29.22

SUBMISSION DEADLINE:

FRIDAY, JUNE 6, 2022, BY 6:00 PM

Amended 5.12.22. Amendments on Page 17, 22

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

Community Health Administration

NOTICE OF FUNDING AVAILABILITY (NOFA)

RFA# CHA_CSFP_4.29.22
THE COMMODITY SUPPLEMENTAL FOOD PROGRAM

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

General Information:

Funding Opportunity Title:	The Commodity Supplemental Food Program
Funding Opportunity Number:	FO-CHA-PG-00149-002
Program RFA ID#:	CHA_CSFP_4.29.22
Opportunity Category:	Competitive
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Nutrition and Physical Fitness Bureau
Program Contact:	Jo-Ann Jolly Program Manager joann.jolly@dc.gov
Program Description:	This funding opportunity is to provide local agency services as part of the USDA Commodity Supplemental Food Program, improving food access, food environments, and food security for residents aged 60 years and above with low incomes. Organizations will focus on providing direct food distribution, enhancing systems alignment, nutrition education, promoting community engagement, and improving data collection and reporting to ensure long-term sustainability of programs.
Eligible Applicants	Nonprofit, community-based organizations licensed and operating in the District of Columbia.
Anticipated # of Awards:	1

Anticipated Amount Available:	$840,000
Annual Floor Award Amount:	$840,000
Annual Ceiling Award Amount:	$840,000

Funding Authorization

Legislative Authorization	Consolidated Appropriations Act, 2022; 93-86 - Agriculture and Consumer Protection Act of 1973
Associated CFDA#	10.565
Associated Federal Award ID#	221DC852Y8005
Cost Sharing / Match Required?	No
RFA Release Date:	April 29, 2022
Pre-Application Conference	Visit DC Health's Eventbrite page for the virtual meeting information, https://OGMDCHealth.eventbrite.com
Letter of Intent Due date:	Not applicable
Application Deadline Date:	June 3, 2022
Application Deadline Time:	6:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://dcDC Health.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#, UEI#, and be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS)
5. Contact the program manager assigned to this funding opportunity for additional information.

CONTENTS

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 and Unique Entity Identifier 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 (Appendix B)
    - Project Narrative
    - Proposal Abstract
    - Budget Table
    - Budget Justification
    - Organization Chart
    - Work Plan
    - Staffing Plan
    - Two (2) Letters of Commitment
- ☐ Documents requiring signature have been signed by an agency head or AUTHORIZED Representative of the applicant organization.
- ☐ The Applicant needs a DUNS and 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 **06/03/2022.**

2. GENERAL INFORMATION

2.1 KEY DATES

- Notice of Funding Announcement Date: **April 15, 2022**
- Request for Application Release Date: **April 29, 2022**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Application Submission Deadline: **June 3, 2022**
- Anticipated Award Start Date: **October 1, 2022**

2.2 OVERVIEW

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

The Community Health Administration (CHA) promotes healthy behaviors and healthy environments to improve health outcomes and reduce disparities in the leading causes of mortality and morbidity in the District. CHA's approach targets the behavioral, clinical, and social determinants of health through evidence-based programs, policy, and systems change with an emphasis on vulnerable and underserved populations.

The Nutrition and Physical Fitness Bureau (NPFB) under CHA aims to improve the health of all communities in Washington, D.C. by increasing access to healthy food and promoting active lifestyles to prevent obesity. NPFB leads strategy development, implementation, and evaluation of locally and federally funded programs that focus on 1) increased access to healthful, locally-sourced foods 2) evidence-based nutrition and physical activity education provided by public health educators and licensed dietitians 3) policy, systems, and environmental approaches to promote a culture of health and wellness across the District. NPFB activities target residents with low incomes facing food insecurity.

Multiple District agencies prioritize food environments, access and security in strategic plans and documents. NPFB's strategies are informed by the following:

- The District of Columbia Department of Health: *Health Equity Report: District of Columbia 2018* (https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw).
- The District of Columbia Office of Planning: *2020 Comprehensive Plan* (https://plandc.dc.gov/)
- The District of Columbia Office of Planning: *Food Access and Food Security in the District: Responding to the COVID-19 Public Health Emergency* (https://dcfoodpolicy.org/foodsecurity2020/) and *The Road Ahead: 2021 Update on Food Access and Food Security in the District of Columbia*
- District of Columbia Department of Health: *COVID-19 Pandemic Health and Healthcare Recovery Report* (COVID-19 Pandemic Health and Healthcare Recovery Report | doh (dc.gov))

Social Determinants of Health

The public health community has long understood the link between the health of populations and communities, as well as individual residents - and social determinants of health - the social, environmental, and economic conditions in which people reside and interact[1]. Social determinants of health affect a wide range of health outcomes and include factors related to education, employment, income, housing, transportation, access to healthy food, access to health care, outdoor environment, and community safety, and the structural context within which they interact. To achieve health equity, or the highest level of health for all residents, public health organizations and their partners are encouraged to be intentional about addressing social determinants of health and eliminating health disparities.

2.3 Source of Grant Funding

Funding is made available under the Consolidated Appropriations Act of 2022 and 93-86 - Agriculture and Consumer Protection Act of 1973.

2.4 Award Information

2.4.1 Amount of Funding Available

The total funding amount of $840,000 will be made available for up to one (1) award for a project period of five years. Funding in the second and any subsequent project year will be commensurate with the level of effort required.

2.4.2 Performance and Funding Period

The projected project period is October 1, 2022 – September 30, 2027. Year 1 budget period is October 1, 2022 – September 30, 2023. After the first 12-month budget period, there will be up to four more budget periods. The budget period and award amount are contingent upon the continued availability of funds and recipient performance.

[1] https://health.gov/healthypeople/objectives-and-data/social-determinants-health

2.4.3 Eligible Organizations/Entities

Nonprofit, community-based organizations, licensed and operating in the District of Columbia, are eligible for this award. Priority will be given to those organizations with a demonstrated track record of successfully working with residents aged 60 and above and demonstrated success in distributing federal nutrition benefits.

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.

2.4.5 Application Page Limit

The Project Narrative should not exceed **ten (10) pages**.

3. BACKGROUND

3.1 Demographic Overview

The District of Columbia (DC or the District) is an ethnically diverse and compact geographic area measuring 61 square miles and comprised of a population of 705,749 residents. This represents a 21% increase since 2000 (579,059)[2]. The District of Columbia is divided into eight geographical wards, with the smallest population in Ward 2 (77,855 residents) and the largest population in Ward 6 (99,786 residents). Wards 3 and 4 have the largest proportion of adults ages 18-64 at 18% and 15%, respectively. Wards 7 and 8 have the largest proportion of youth aged 0-18 (24% and 30%). Lastly, the wards with the largest proportions of adults over age 65 are Wards 1 and 2 (80% and 84%).

While the median household income in the District is $86,420, Wards 7 and 8 have median income levels at $44,318 and $35,245, respectively, demonstrating the economic disparities that exist in the city. In addition, educational attainment varies across the geographic locations in the District with 12% and 17% of Ward 7 and Ward 8 residents, respectively, attaining a bachelor's degree or higher, compared to 87% of Ward 3 residents and 86% of Ward 1 residents.[3]

[2] https://data.census.gov/cedsci/table?q=&t=Age%20and%20Sex&g=0400000US11&y=2019&tid=ACSST1Y2019.S0101

[3] U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Tables S0101, B02001, S1901, S1501

Table 1: ACS 5-years (2015-2019) Average Estimations.

Ward	Population	Youth aged 0- 18	Adults aged 18-64	Adults 65 and older	Black/ African American	White	All Hispanic	Median Household Income	Educational Attainment (Bachelor's Degree or Higher) Among Population 25 years and over
1	83,811	13%	7%	80%	28%	53%	19%	$102,882	71%
2	77,855	6%	10%	84%	10%	73%	12%	$111,064	86%
3	82,737	16%	18%	66%	8%	79%	11%	128,670	87%
4	89,992	22%	15%	63%	49%	30%	22%	$94,810	52%
5	90,172	17%	14%	69%	63%	27%	10%	$71,782	49%
6	99,786	14%	10%	75%	30%	61%	7%	$114,363	75%
7	81,946	24%	13%	63%	92%	3%	3%	$45,318	21%
8	86,384	30%	9%	61%	89%	6%	4%	$35,245	17%

3.2 IMPORTANCE OF NUTRITION FOR OLDER ADULTS

Older adults are at greater risk of certain chronic diseases such as heart disease, and cancer. Consuming a balanced diet in accordance with the Dietary Guidelines for Americans can mitigate the risk of chronic disease in this population and improve quality of life. In addition to considerations related to budget, taste preferences, dentition, and cultural traditions, practicing safe food handling is especially important for this age group, as the risk of foodborne illness increases with age[4].

Food insecurity refers to a disruption of food intake or eating patterns because of lack of money and other resources[5]. Food insecurity can negatively impact a person's health, quality of life, and independence. Individuals aged 55 and above face higher rates of chronic conditions such as Type II diabetes and hypertension and therefore are at higher risk of poor health outcomes related to food insecurity[6].

While it is estimated that rates of food insecurity in the District almost doubled to 21.1% during the COVID-19 Public Health Emergency[7], recent figures estimate the rate of food insecurity in

[4] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Nutrition As We Age: Healthy Eating with the Dietary Guidelines*. July 2021. https://health.gov/news/202107/nutrition-we-age-healthy-eating-dietary-guidelines

[5] U.S. Department of Health and Human Services. Healthy People, Office of Disease Prevention and Health Promotion *Food Insecurity* Feb 2022. Food Insecurity | Healthy People 2020

[6] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Prevalence Data and Data Analysis Tools *Washington, D.C.* 2020.

[7] Government of the District of Columbia, Office of Planning *The Road Ahead: 2021 Update on Food Access and Food Security in the District of Columbia.* 2021.

the District has returned to near pre-pandemic levels at 10.3% in 2020[8]. However, significant disparities exist by race and ethnicity with 19.5% of Black households and 12.2% of Hispanic households experiencing food insecurity compared to 1.9% of white households[9]. In addition, seniors experienced increased isolation and other age-related concerns during the pandemic related to increased risk of serious illness from COVID-19, along with hesitancy to leave their homes for groceries, healthcare, and other essential services[10]

3.3 COMMODITY SUPPLEMENTAL FOOD PROGRAM

The Commodity Supplemental Food Program (CSFP) works to improve the health of low-income elderly persons at least 60 years of age by supplementing their diets with nutritious U.S. Department of Agriculture (USDA) foods. CSFP is administered at a federal level by the Food and Nutrition Services (FNS), an agency of the USDA. Through CSFP, the USDA distributions both food and administrative funds to participating states and Indian Tribal Organizations (ITOs). CSFP food packages do not provide a complete diet but rather are good sources of the nutrients typically lacking the diets of persons who may be at risk for food insecurity.

States that administer CSFP are typically departments of health, social services, education or agriculture. Local agencies determine the eligibility of applicants, distribute the foods, manage and monitor receiving and inventory, and provide nutrition education. Local agencies can also provide referrals to other welfare, nutrition, and healthcare programs, such as WIC, SNAP, Medicaid, and Medicare[10].

4. PURPOSE

The purpose of this funding is to improve food access and food environments for District residents aged 60 years and above experiencing inequities in access to food that contribute to food insecurity. The District of Columbia, Department of Health (DC Health), Community Health Administration (CHA), is requesting proposals from qualified organizations located and licensed to conduct business within the District of Columbia to serve as the local agency for the Commodity Supplemental Food Program. Organizations will focus on providing direct food distribution, enhancing systems alignment, nutrition education, promoting community engagement, and improving data collection and reporting to ensure long-term sustainability of programs.

4.1 APPROACH

As part of DC Health's Equitable Food Access Program, applicants will employ strategies and implement activities in the following service areas: 1) healthy food access 2) systems alignment

[8] Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2021. Household Food Security in the United States in 2020, ERR-298, U.S. Department of Agriculture, Economic Research Service.

[9] United States Census Bureau. Current Population Survey Food Security Supplement (CPS-FSS). 2016-2020.

[10] U.S. Department of Agriculture, Food and Nutrition Service. *CSFP Fact Sheet*: *What is CSFP?* CSFP Fact Sheet | Food and Nutrition Service (usda.gov) July 2019.

and partnerships 3) nutrition education 4) outreach, promotion, and marketing 5) data collection and reporting. The model below represents the overall goal of DC Health's Equitable Food Access Program.

Strategies and Activities	Short-Term Outcomes (1-2 Years)	Medium-Term Outcomes (2-4 Years)	Long-Term Outcomes (5 Years)
• Increase access to fresh, healthy foods and utilization of local and federal food benefits • Improve food environments • Increase systems alignment • Increase evidence-based nutrition education • Enhance multi-sector partnerships • Increase community engagement • Enhance data collection and evaluation	• Implementation of equitable food access initiatives targeting residents with the highest rates of food insecurity, chronic disease, and overweight/obesity • Increased capacity to support community clinical linkages and referrals from equitable food access initiatives into other local and federal food access programs and social supports • Increased implementation of evidence-based nutrition education in targeted settings • Increased capacity to provide support for residents utilization equitable food access benefits • Implementation of standardized data collection and reporting across equitable food access initiatives	• **Increased access to healthy foods for District residents with low socioeconomic status** • **Improved food environments for District residents with low socioeconomic status** • **Increased referrals from equitable food access initiative program participants into local and federal nutrition/food access programs** • **Increased partnerships and coordination between federal and local food access programs** • **Improved nutritional literacy and food agency* for District residents with low socioeconomic status** • **Increased community engagement in local food access programs** • **Increased utilization of equitable food access program benefits** • **Increased use of health information technology to increase enrollment into local and federal food access benefits**	• Increased food security for District residents with low socioeconomic status • Decreased incidence and improvement management of Type II Diabetes and Hypertension for District residents with low socioeconomic status • Decreased incidence and prevalence of obesity for District residents with low socioeconomic status
Bold indicates period of performance outcome.			

4.2 OUTCOMES

Applicant shall demonstrate how the proposed project plan will measure the impact of the following outcome areas:

Outcome Area 1: Healthy Food Access

a. **Increased access to healthy foods for District residents aged 60 years and above with low socioeconomic status.**
   Performance Indicators
   - Number of new participants enrolled in CSFP by month
   - Overall participation rate by month
   - Participation rate by distribution site by month

b. **Improved food environments for District residents aged 60 years and above with low-socioeconomic status**
   - Number of new CSFP distribution sites by month
   - CSFP Site Visit reports by month

Outcome Area 2: Systems Alignment and Partnerships

a. **Increased coordination between local and federal food access programs and community partners.**
   - Number of referrals into CSFP by source by month
   - Number of new formalized partnerships by month

Outcome Area 3: Nutrition Education

a. **Improved nutritional literacy and food agency for District residents aged 60 years and above with low-socioeconomic status.**
   - Number of distribution sites hosting in-person SNAP-Ed nutrition education sessions by month
   - Number of CSFP participants attending in-person SNAP-Ed nutrition education sessions by month
   - Number of participants enrolled in the SNAP-Ed Text Messaging Program by month

Outcome Area 4: Outreach, Promotion, and Marketing

a. **Increased community engagement with CSFP**
   - Number of events to increase enrollment month
   - Number and types of communications to participants by month

Outcome Area 5: Data Collection and Reporting

a. **Increased reported food security by District residents enrolled in the Commodity Supplemental Food Program**
   - Hunger Vital Signs annually
   - Participant Survey Results annually

5. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

5.1 TARGET POPULATION

Applicant shall provide services to at least 5,411 District residents aged 60 and above with a maximum income by household size of 130% of the Federal Poverty Level or less.

5.2 LOCATION OF SERVICES

Warehouse Operations

Eligible applicant **must** have storage capacity to order US Department of Agriculture commodity foods which will be delivered on a weekly basis or as needed. Applicant **must** have CSFP foods delivered to a site accessible to commercial vehicles and have sufficient staff or volunteer labor to unload commodity foods from delivery trucks and perform a physical count of all commodity foods for verification purposes.

The applicant will assure all commodity foods are held in a secure warehouse facility in compliance with applicable District and federal regulations (7 CFR 250).

The applicant must develop and implement a pest and rodent inspection and treatment protocol.

Warehouse Temperature Requirements:

- Refrigerated foods must be maintained at 35º to 40ºF.
- Frozen foods, when available, must be maintained at 0ºF or less.
- Dry foods must be maintained at 35º to 75ºF.

Minimum space requirements for warehouse facilities:

- Refrigerated 150 sq. ft.
- Dry 2,000 sq. ft.

Participant Services

Applicant must maintain at least 70 distribution sites, staffed by paid employees or volunteers at the time of delivery, across all eight wards where commodity food boxes will be delivered and distributed to participants.

Home Delivery

Applicant must offer home delivery of commodity food boxes to at least 10% of caseload on a monthly basis.

5.3 Scope of Services

Applicants shall serve as the local agency for the Commodity Supplemental Food Program. Organizations will focus on providing direct food distribution, enhancing systems alignment, nutrition education, promoting community engagement, and improving data collection and reporting to ensure long-term sustainability of programs.
In addition to the list below, applicants must comply with the Code of Federal Regulations, Title 7, Subtitle B, Chapter II, Subchapter A, Part 247: Commodity Supplemental Food Programs.

5.4 Program Strategies

Healthy Food Access: Applicant shall order, receipt, store, handle, and distribute commodity foods to at least 5,411 eligible residents through the USDA Commodity Supplemental Food Program.
Major responsibilities of the selected applicant will include, but not limited to:

1. **Order, receive, store, and pack monthly CSFP food package to eligible seniors.**
   - Provide warehouse facilities and insurance for receiving, storing and distributing commodity foods provided under CSFP, in compliance with applicable District and federal regulations as outlined in 7 CFR 250.14. The applicant shall also monitor warehouse operations by observing the receiving, storing, and delivery of commodity foods to distribution sites on a monthly basis.
   - Provide sufficient storage space to accommodate projected amounts of refrigerated and dry products, and comply with storage requirements in terms of temperature, security, and rodent control
   - Ensure all 5,411 commodity food boxes are packaged no later than two (2) weeks prior to monthly distribution.

2. **Determine eligibility of participants and conduct certifications.**
   - Ensure all program staff and site leaders are trained annually on certification and re-certification procedures.
   - Conduct certification and eligibility determination for CSFP program applicants in compliance with the DC CSFP Policy and Procedures manual. All participants must be re-certified on an annual basis by providing identification and signature.
   - The applicant must inform all applicants of their rights and responsibilities in the program; and assure that no person will be subject to discrimination under the program on the grounds of race, color, national origin, age, sex, or disability.
   - Communicate and provide materials in the language(s) primarily spoken by participants served when certifying and providing nutrition education.
   - Develop and implement dual participation detection protocols to ensure that certified seniors receive only one CSFP food package per month

3. **Distribute the full food package to all eligible and certified seniors monthly until caseload is met.**
   - The applicant shall maintain and provide DC Health with a current schedule of dates, times, and sites where all distributions take place. The applicant shall advise DC Health of operating schedules upon receipt of the award and when any changes are made.
   - Establish scheduling and space logistics that provide convenient locations for provision of high-quality services to CSFP participants. Ensure at least one distribution site offers a minimum of three (3) hours of services on one Saturday per month; and at least one distribution site offers either early morning appointments or evening appointments up to 7:00 pm at least one time per week. Ensure all distribution sites are accessible to people with disabilities in accordance with *the*

Code of Federal Regulations, Title 7, Subtitle B, Chapter 2, Subchapter A, Part 247.37 Civil Rights Requirements.

- Ensure that all distribution sites are clearly identified with signs that identify the Commodity Supplemental Food Program and include the name of the applicant and hours of operation.
- Maintain an active agreement with each distribution site to distribute USDA commodities. Agreements must include a policy of non-discrimination and an assurance that donated food is made available to all eligible households to the extent that such food is available

4. **Comply with all program rules, policies, and procedures in accordance with District and federal policies for CSFP.**
   - Maintain accurate warehousing and inventory records for all CSFP foods using database provided by USDA. Maintain accurate receipt and distribution records for CSFP foods.
   - Track financial expenditures, units of food both distributed and in inventory including damages, number of individuals served on a monthly basis, and submit monthly reimbursement and program reports to DC Health.
   - Investigate and address program complaints and irregularities and provide timely reports to DC Health.
   - Establish internal controls and quality assurance procedures to ensure program integrity, commodity security and participant satisfaction.

5. **Partner with the USDA Senior Farmer's Market Program (SFMNP) to enroll all CSFP participants into SFMNP.**

6. **Additional activities may be requested around program management such as delivery nutrition education, assisting in program promotion, maintaining records and providing data.**

<u>Systems Alignment and Partnerships</u>:

- Applicant shall develop processes to increase alignment with other local and federal food access programs, as well as social support programs by establishing formalized referral pathways with at least five (5) federally qualified health centers (FQHCs), community-based organizations, and/or District agencies to increase enrollment into CSFP.
- Applicant shall provide training and technical assistance to partners on program operations, enrollment mechanisms, and referral pathways.

<u>Nutrition Education</u>:

- Applicant shall develop an annual nutrition education plan that will be provided to eligible participants in compliance with USDA requirements.
- Applicant shall partner with DC SNAP-Ed to offer in-person, monthly, live, in-person nutrition education within at least 20% of distribution sites per month.
- Applicant shall provide evidence-based, engaging nutrition education materials in each CSFP food box on a monthly basis.

<u>Outreach, Promotion, and Marketing</u>:

- Applicant shall develop an annual outreach and communications plan whereby the applicant implements monthly outreach and marketing strategies, activities, and materials to increase visibility of the program and increase enrollment and retention of participants.

Data Collection and Evaluation:

- In conjunction with DC Health, applicant shall establish data collection protocols to track required local and federal metrics including but not limited to: monthly overall caseload, monthly caseload by site, participant demographics, participation in other federal food access programs, and referrals into CSFP by source.
- Applicant shall submit an annual participant feedback survey. Applicant shall develop annual process and outcome measures related to the work plan and report program activities and metrics to DC Health in a timely manner. This data should be available to DC Health throughout the life span of the program and thereafter.

6. APPLICATION REQUIREMENTS

6.1 Eligibility Documents

Certificate of Clean Hands

This document must be dated within 60 days of the application deadline.

Current Business License

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

Current Certificate of Insurance

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

Copy of Cyber Liability Policy

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

IRS Tax-Exempt Determination Letter

This applies to nonprofits only.

IRS 990 Form

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

Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board.

This CANNOT be signed by the executive director.

ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

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

6.2 PROPOSAL COMPONENTS

PROJECT NARRATIVE (10-page limit)

Background

Applicants must provide a description of relevant background information that includes the context of the problem.

Approach

Purpose

Applicants must describe in two to three (2–3) sentences specifically how their application will deliver local agency services as part of the USDA Commodity Supplemental Food Program.

Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the Purpose section of this RFA.

Target Population

Applicants should provide an overview of the target population as relevant to the project including race and ethnicity, age and residence (ward and/or zip code) and corresponding social determinants of health. Applicants should also demonstrate previous experience reaching the target population and how they will be served through this project.

Project Description

This section should provide a clear and concise description of strategies and activities that the applicant will use to achieve the project outcomes and should detail how the program will be implemented. Applicants must base their strategies and activities on those described in the Scope of Work and Program Strategies.

- Describe activities for each outcome area, how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes.
- Describe how the proposed project meets the requirements in the Scope of Work section (please see Performance Requirements Section for more details).

Evaluation and Performance Measurement

Applicants should provide a brief description of how project goals will be assessed and monitored during implementation. Applicants should describe how key performance measures will be collected and used to assess project outcomes. At a minimum, this shall describe:

- The applicant's experience and capacity to engage community partners and stakeholders
- How applicant will measure community engagement and its impact
- How activities will be monitored and adapted to improve program success

Organizational Capacity

This section should provide an overview of the organizational infrastructure, mission and vision. Applicants should demonstrate capacity and infrastructure to order, receive, store, handle, and distribute commodity foods to at least 5,411 program participants.

- The applicant should demonstrate their previous experience and success addressing social determinants of health (education, employment, income, housing, transportation, access to healthy food, access to health care, outdoor environment, and community safety) by reducing barriers to resources.
- The applicant should describe the scope of current community engagement and empowerment activities and demonstrate staff capacity to conduct activities as required by this RFA.
- Applicants should demonstrate ability to meet performance requirements, follow project deadlines for deliverables, and provide accurate reporting.
- Lastly, applicants should affirm organizational leadership commitment to complete the project as proposed in the work plan.

PROJECT ABSTRACT

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

- **Problem:** Describe the problem to be addressed by the project.
- **Purpose:** State the purpose of the project.
- **Goal(s) And Objectives:** Identify the major goal(s) and objectives of the project. Objectives should be SMART.
- **Performance Metrics:** Outline outcome and process metrics and associated targets that will be used to assess grantee performance.

BUDGET TABLE

The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse as noted in (Attachment 3). The project budget should be directly aligned with the work plan and project description. All expenses should relate directly to achieving grant outcomes. Budget should reflect the first budget period, October 1, 2022 – September 30, 2023.

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

Applicants must comply with the *Code of Federal Regulations, Title 7, Subtible B, Chapter II, Subchapter A, Part 247 – Allowable uses of administrative funds and other funds* to ensure costs are reasonable, allowable and allocable under this program. Documentation must be maintained to support all grant expenditures. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability.

BUDGET JUSTIFICATION

The application should include a budget justification (Attachment 2), 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:

Salary: Include the name of each staff member (or indicate a vacancy), position title, annual salary, and percentage of full-time equivalency dedicated to this project.

Fringe Benefits: Provide the fringe benefit rate. Indicate all positions/staff for which fringe benefits are charged.

Supplies: Funds can be used to cover provider training materials that are essential in ensuring successful program implementation.

Travel: The budget should reflect the travel expenses associated with local travel to partner sites, meetings, and activities related to implementation of the project, with breakdown of expenses, e.g., airfare, hotel, per diem, and mileage reimbursement.

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 sub-recipient monitoring and must actively monitor sub-recipients.

Other Direct Costs: Provide information on other direct costs that have not otherwise been described.

Indirect Costs: Indirect costs shall not exceed 10% of direct costs.

ORGANIZATION CHART

The organization chart is a visual representation of the staff in the applicant organization (*no template provided*.)

WORK PLAN

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

- The work plan should include a chronological list and description of activities to be performed. Each activity should have an identified responsible staff, target completion dates and projected outcomes
- The work plan should include process objectives and measures. Objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed)

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. Position descriptions should be included in this section.

LETTERS OF SUPPORT

Applicant should provide a minimum of two (2) letters of support from other agencies and organizations who will partner on of the proposed project *(no template provided)*. Letters of Support may be address to District of Columbia Department of Health (DC Health).

---

7. EVALUATION CRITERIA

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

CRITERION 1: NEED

(20 POINTS) – Corresponds to Sections: *Background, Purpose and Target Population*

- Applicant uses data to describe disparities in health outcomes for residents aged 60+ with low-incomes and demonstrates strong subject matter expertise with this population. (10 points)
- Applicant defines the reach, boundaries, and zip codes and/or geography of the target populations. (5 Points)
  Describes barriers that affect access to food with a specialized understanding of the particular barriers residents aged 60+ with low income experience. (5 points)

Criterion 2: Organizational Capacity

(40 POINTS) – Corresponds to Section: *Organizational Capacity*

- Applicant organizational purpose includes increasing access to food for residents in underserved communities. Access to food is included within organizational mission and vision. (5 points)
- Applicant describes in detail the organizational capacity to: order, receive, store, and pack monthly CSFP food packages for at least 5,411 residents aged 60+ with low-incomes. Applicant

describes staffing capacity to perform all functions of program operations. Applicant details past experience of successfully target populations of this size. (10 points)

- Applicant describes in detail how they will meet the requirements of warehouse operations including warehouse temperature requirements and minimum space requirements. (10 points)
- Applicant describes in detail relevant experience, and duration of that experience in administering federal nutrition programs for residents within the target population. (15 points).

CRITERION 3: IMPLEMENTATION

(40 POINTS) – Corresponds to Section: *Project Description*

- Applicant work plan represents a logical and realistic plan of action for timely and successful achievement of objectives that support program goals. (5 Points)
- For each key objective, applicant's work plan includes a chronological list and description of activities to be performed, identifying responsible staff, completion dates, and projected outcomes for each activity. Objectives are SMART. (10 points)
- Applicant describes a clear plan for how they will order, receive, store, pack, and deliver CSFP food boxes to at least 5,411 participants on a monthly basis. Applicant includes information about recruiting and annually recertifying program participants. Applicant describes a clear plan for communicating with participants on a monthly basis to ensure food distribution activities are complete. (20 points).
- Applicant describes in detail how they will leverage existing community partners and FQHC's to increase participation and retention in the program (5 points)

CRITERION 4: EVALUATION

(10 POINTS) – Corresponds to Section: *Evaluation and Performance Measurement; Outcomes*

- Applicant demonstrates multiple years of experience collecting and using data to monitor progress, and assess program effectiveness in order to improve program delivery. (5 points)
- Applicant describes in detail the process for collecting and tracking data related to inventory management and program participation. Applicant has existing organizational standard operating procedures for collecting and tracking data. (5 points)

CRITERION 5: SUPPORT REQUESTED

(NOT SCORED) – Corresponds to Sections: *Budget and Budget Justification Narrative*

- All costs are allowable as dictated by the *Code of Federal Regulations, Title 7, Subtitle B, Chapter II, Subchapter A, Part 247 – Allowable uses of administrative funds and other funds*

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.

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#, Unique Entity Identifier# 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, Unique Entity Identifier, 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)

- ***Proposal Documents***
  - Proposal Abstract
  - Project Narrative
  - Budget Table
  - Budget Justification
  - Organization Chart
  - Work Plan
  - Staffing Plan
  - Two (2) Letters of Support

- ***Other Documents:***
  - Assurances Certifications Disclosures

10.3 DEADLINE

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

11. PRE-APPLICATION MEETING

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

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

- RFA Updates will also be posted on the District Grants Clearinghouse.

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.

13. GLOSSARY OF TERMS

Commodity Supplemental Food Program – The Commodity Supplemental Food Program works to improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious USDA foods. USDA distributes both food and administrative funds to participating states and Indian Tribal Organizations to operate CSFP.

Commodity Supplemental Food Program Food Package – The CSFP program provides a free monthly package of food designed to supplement the nutritional needs of low-income senior

Cultural Competence – practices and behaviors that ensure that all patients receive high-quality, effective care irrespective of cultural background, language proficiency, socioeconomic status, and other factors that may be informed by a patient's characteristics."3 Improving the cultural competency of health materials, personal interactions, and services is an important step toward addressing low health literacy among diverse populations.

"Health Literacy and the Role of Culture." Center for Health Care Strategies, Inc. Center for Health Care Strategies. Accessed January 14, 2022. http://www.chcs.org/media/Health_Literacy_Role_of_Culture.pdf

Food Access – According to the U.S. Department of Agriculture (USDA), Economic Research Service (ERS), consumer choices about food spending and diet are likely to be influenced by accessibility and affordability of food retailers—travel time to shopping, availability of healthy foods, and food prices. Some people and places, especially those with low income, may face greater barriers in accessing healthy and affordable food retailers, which may negatively affect diet and food security[1]. To improve health outcomes, access to healthy food is essential. [1] U.S. Department of Agriculture Economic *Food Access* n.d. https://www.ers.usda.gov/topics/food-choices-health/food-access/

Food Security – Food security, as defined by the 1996 World Food Summit[1], means that all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life. From this definition, four dimensions of food security are defined: availability, access, utilization, and stability[2]. Lack of access to healthy food options increases the probability for food insecurity.

[1] World Food Summit 1996, Rome Declaration on World Food Security.
[2] Food and Agriculture Organization of the United Nations *Food Security Policy Brief 2006.*

http://www.fao.org/fileadmin/templates/faoitaly/documents/pdf/pdf_Food_Security_Cocept_Note.pdf

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

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

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

Local Agency – Local agency refers to the organization responsible for implementation of the Commodity Supplemental Food Program

Low-Income – means a household income equal to, or less than, 80% of the area median income and greater than 50% of the area median income. For data on low income or low access populations please visit: https://www.ers.usda.gov/data-products/food-access-research-atlas/state-level-estimates-of-low-income-and-low-access-populations/

Low socioeconomic status – is defined as the social standing or class of an individual or group. Often it is measured as a combination of education, income, and occupation[OBJ].

[1] American Psychological Association, https://www.apa.org/topics/socioeconomic-status

Poverty Guidelines – an administrative version of the Federal poverty measure and are issued annually by the Department of Health and Human Services in the Federal Register. Sometimes referred to as the Federal Poverty Level, these guidelines are often used to set eligibility for certain programs. http://aspe.hhs.gov/poverty/index.shtml.

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

Social Determinants of Health – Social determinants of health are the conditions in which people are born, live, work, play and age that influence health. The public health community has long understood that there is a link between an individual's health and the social environmental and economic conditions within which an individual resides and interacts. Social determinants of health include access to healthy foods, housing, economic and social relationships, transportation, education, employment and access to health. The higher the quality of these resources and supports, and the more open the access for all community members, the more community outcomes will be tipped toward positive health outcomes. Thus, improving conditions at the individual and community level involve improving societal conditions,

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

Systems Alignment – Building connections and alignment across systems is key to improving health outcomes in the District of Columbia. Multiple systems impact District residents as they live, learn, eat, work, worship and play including health care, housing, education, employment, public safety, agriculture, social services, transportation, and more. In 2017, the District of Columbia's State Health Planning and Development Agency in partnership with DC Health's Healthcare Access Bureau Primary Care Office and John Snow Institute developed a Health

Systems Plan (HSP) to expressively serve as a guide to the development of community programming that will meet the needs of District residents. The HSP encourages DC Health along with other DC government agencies to collaborate and adopt a Health in All Policies (HiAP)[1] approach. HiAP is a collaborative approach that aligns health considerations into policymaking across sectors to improve the health of all communities and people. A HiAP approach ensures that DC government maintains the health of its residents at the forefront of decision making. DC Health relies on community partners as well as other agencies to expand the reach of programs and build connections across systems to better serve residents and reduce barriers to optimal health outcomes.

[1] Centers for Disease Control and Prevention Office of the Associate Director for Policy and Strategy *Health in All Policies* June 2016. https://www.cdc.gov/policy/hiap/index.html

14. ATTACHMENTS

Attachment 1: Work Plan

Attachment 2: Budget Justification

Attachment 3: Budget Table

Appendix A: Minimum Insurance Requirement

Appendix B: Assurances and Certifications

ATTACHMENT 1 – WORK PLAN

Grantee Work Plan

Agency/Organization Name:	
Program/ Grant Name:	
Project Title:	
Current Budget Request:	
Current Project Period:	
Total Budget Request:	
Total Project Period	
Primary Target Population:	
Estimated Reach:	
Programmatic Contact Person:	
Telephone:	
Email:	

Guidance:

Using the following instructions please complete the chart below:

Goal: Make sure your goals are clear and reachable, each one should be:

- Specific (simple, sensible, significant)
- Measurable (meaningful, motivating)
- Achievable (agreed, attainable)
- Relevant (reasonable, realistic and resourced, results-based)
- Time bound (time-based, time limited, time/cost limited, timely, time-sensitive)

- Objective (SMART): Measurable steps your organization would take to achieve the goal
- Key Indicator: A measurable value that effectively demonstrates how you will achieve your objective(s)
- Key External Partner: Who you work with outside of your organization to achieve the goal

- Key Activity: Actions you plan carry out in order to fulfill the associated objective
- Start Date and Completion Date: The dates you plan to complete the associated activity
- Actual Start Date and Completion Date: The dates you actually started and completed the activity
    - Note: These columns should be entered by you and submitted to your project officer at the end of the budget period
- Key Personnel: Title of individuals from your organization who will work on the activity
-

GOAL 1: *Expand the availability of health care transition (HCT) training to school-based health centers (SBHCs) and to community-based mental health providers using evidence-informed HCT interventions and tested quality improvement (QI) methodologies.*					
Measurable Objectives/Activities:					
Objective #1: *By the end of month 12, partner with School-Based Health Centers and move from customizing and piloting the Six Core Elements of HCT to full implementation in routine preventive and primary care.*					
Key Indicator(s): *Number of students completing HCT readiness assessments, preparation of article on DC SBHC transition quality improvement initiative, number of presentations of SBHC transition results locally and nationally.*					
Key External Partner(s): *DC DOH and SBHCs*					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A. *In months 1-9, continue training/coaching SBHC clinical teams as they incorporate transition into routine clinic processes.*	*10/1/17*	*6/30/18*			*Primary Investigator* *Consultant*
B.					
Objective #2:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**

A.					
B.					
Objective #3:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					

GOAL 2:					
Measurable Objectives/Activities:					
Objective #1:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #2:					

Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #3:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
GOAL 3:					
Measurable Objectives/Activities:					
Objective #1:					
Key Indicator(s):					
Key External Partner(s):					

Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #2:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #3:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					

GOAL 4:					
Measurable Objectives/Activities:					
Objective #1:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #2:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #3:					
Key Indicator(s):					
Key External Partner(s):					

Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					

Provide 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. This document should be submitted with the Excel budget template that was provided to you.

A. **Personnel:** Personnel costs should be explained by listing each staff member who will **(1)** be supported from funds 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, 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 quality improvement activities, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality and reporting. **Note:** Final personnel charges must be based on actual, not budgeted labor. **Fringe Benefits:** Fringe Benefits change yearly, and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.

B. **Consultants/Contractual:** Grantees 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. Grantees must provide the following information in the budget justification:

1. **Name of Contractor/Consultant: Who is the contractor/consultant?**

   Include the name of the qualified contractor and indicate whether the contract is with an institution or organization if applicable. Identify the principle supervisor of the contract.

2. **Method of Selection: How was the contractor/consultant selected?**

   If an institution is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services. If the contract is with an institution or organization, include the contract supervisor's qualifications.

3. **Period of Performance: How long is the contract period?**

   Include the complete length of contract. If the contract involves a number of tasks, include the performance period for each task.

4. **Scope of Work: What will the contractor/consultant do?**

   List and describe the specific tasks the contractor is to perform.

5. **Criteria for Measuring Contractor/Consultant Accountability: How will contractor/consultant use the funds?**

   Include an itemized line item breakdown as well as total contract amount. If applicable, include any indirect costs paid under the contract and the indirect cost rate used.

   Grantees must have a written plan in place for contractor/consultant monitoring and must actively monitor contractor/consultant.

C. **Occupancy/Rent:** This cost includes rent, utilities, insurance for the building, repairs and maintenance, depreciation, etc. Include in your description the cost allocation method used to allocate this line item.

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

E. **Supplies:** Provide justification of the supply items and relate them to specific program objectives. It is recommended that when training materials are kept on hand as a supply item, that it be included in the "supplies" category. **When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized and shown in the "Other Direct Costs" category.** If appropriate, general office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget period. If total supplies is over $10,000 it must be itemized.

F. **Equipment:** Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).

G. **Client / Participant Costs:** Includes client travel. Client/Participant costs are costs paid to (or on behalf of) participants or trainees (not employees) for participation in meetings, conferences, symposia, and workshops or other training projects, when there is a category for participant support costs in the project.

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

I. **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.

Agency/Organization Name

Budget Period __ Budget Justification

A. PERSONNEL

Position Title	Position Description

B. CONSULTANTS/CONTRACTUAL

Description of Services
1. Name of Contractor/Consultant: Who is the contractor/consultant? 2. Method of Selection: How was the contractor/consultant selected? 3. Period of Performance: How long is the contract period? 4. Scope of Work: What will the contractor/consultant do? 5. Criteria for Measuring Contractor/Consultant Accountability: How will contractor/consultant use the funds?

C. OCCUPANCY/RENT

Location of Services

D. TRAVEL

Traveler Name	Travel Destination	Reason for Travel

E. SUPPLIES

Item Name	Justification for Item	*Unit Cost of Each Item	*Number Needed	Total Amount

*Complete these columns only if supplies are over $10,000 total.

F. EQUIPMENT

Item Name	Justification for Item	Quantity	Unit	Unit Cost	Basis for cost estimate (actual cost or price quotation)

G. CLIENT/PARTCIPANT COSTS

Name of Client	Description of Services

H. COMMUNICATION

Item(s)	Purpose of Item

I. OTHER DIRECT

Type of Service	Purpose of Service

J. BUDGET SUMMARY:

Category	Cost
Personnel	
Salary	
Fringe	
Consultants/Contractual	
Occupancy	
Travel	
Supplies	
Equipment	
Client Costs	
Other Direct	
Total Direct Costs	
Indirect Costs	
Total Project Cost	**$**

ATTACHMENT 3: BUDGET TABLE

See excel spreadsheet in District Grants Clearinghouse.

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

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

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

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

out of the performance of this Statement of Work by the Contractor or its subcontractors, or anyone for whom the Contractor or its subcontractors may be liable. These policies shall include a separation of insureds clause applicable to the additional insured.

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

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

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

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

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

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

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

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

6. Professional Liability Insurance (Errors & Omissions) - The Contractor 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 Contractor warrants that any applicable retroactive date precedes the date the Contractor first performed any professional services for the Government of the District of Columbia and that continuous coverage will be maintained or an extended reporting period will be exercised for a period of at least ten years after the completion of the professional services.

7. Sexual/Physical Abuse & Molestation - The Contractor shall provide evidence satisfactory to the PM with respect to the services performed that it carries $1,000,000 per occurrence limits; $2,000,000 aggregate of affirmative abuse and molestation liability coverage. Coverage should include physical abuse, such as sexual or other bodily harm and non-physical abuse, such as verbal, emotional or mental abuse; any actual, threatened or alleged act; errors, omission or misconduct. This insurance requirement will be considered met if the general liability insurance includes an affirmative sexual abuse and molestation endorsement for the required

amounts. So called "silent" coverage under a commercial general liability or professional liability policy will not be acceptable.

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

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

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

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

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

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

G. NOTIFICATION. The Contractor shall ensure that all policies provide that the PM shall be given thirty (30) days prior written notice in the event of coverage and / or limit changes or if the policy is canceled prior to the expiration date shown on the certificate. The Contractor shall provide the PM with ten (10) days prior written notice in the event of non-payment of premium. The Contractor will also provide the PM with an updated Certificate of Insurance should its insurance coverages renew during the contract.

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

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

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

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

APPENDIX B: ASSURANCES CERTIFICATIONS & DISCLOSURES

APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

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

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by DC Health, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
8. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;

9. The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.
11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;
12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

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

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Clean Air Act (Subgrants over $100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et.seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29 U.S.C. 201);

9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.)
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
    1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
    2) Establish a drug-free awareness program to inform employees about:
        a. The dangers of drug abuse in the workplace;
        b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
        c. Any available drug counseling, rehabilitation, and employee assistance programs; and
        d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
    3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

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

2. **Applicant/Grantee Mandatory Disclosures**

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

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

Date:

Sign:

NAME: INSERT NAME TITLE: INSERT TITLE

AGENCY NAME: