DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

Community Health Administration

Childcare for Pregnant and Birthing Parents

REQUEST FOR APPLICATIONS

FO# CHA- EmergencyChildcare- 11.1.24

SUBMISSION DEADLINE:

DECEMBER 2, 2024, BY 3:00 PM

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

DC DEPARTMENT OF HEALTH

Community Health Administration

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO# CHA- Emergency Childcare-11.1.24

Childcare for Pregnant and Birthing Parents

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 DC Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

Funding Opportunity Title:	Childcare for Pregnant and Birthing Parents
Funding Opportunity Number:	CHA-EmergencyChildcare- 11.1.24
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Family Health Bureau
Funding Opportunity Contact:	Jessica Smith Program Manager Family Health Bureau pihd.dchealth@dc.gov
Funding Opportunity Description:	DC Health is seeking proposals from birthing hospitals and birthing facilities in the District to provide on-site childcare for pregnant and birthing parents to address emergency childcare needs during necessary medical treatment. The emergency childcare will require designated spaces, adequate staffing, and a systematic plan and agreements with external childcare providers to accommodate care needs extending beyond five hours.
Eligible Applicants	Birthing hospitals, birthing facilities located in The District of Columbia
Anticipated # of Awards:	1
Anticipated Amount Available:	$300,000
Annual Floor Award Amount:	$300,000

Annual Ceiling Award Amount:	$300,000
Legislative Authorization	"Birthing Hospital Grants Amendment Act of 2024".Sec. 5122. Section 4907a of the Department of Health Functions Clarification Act of 2001, effective March 3, 2010 (D.C. Law 18-111; D.C. Official Code § 7-736.01)
Associated CFDA#	None
Associated Federal Award ID#	None
Cost Sharing/Match Required?	No
RFA Release Date:	November 1, 2024
Letter of Intent Due date:	REQUIRED: November 15, 2024
Application Deadline Date:	December 2, 2024
Application Deadline Time:	3:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://egrantsdchealth.my.site.com/sitesigninpage

Notes:

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

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RFA TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHECKLIST FOR APPLICATIONS

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

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

  - ☐ Certificate of Clean Hands dated within 60 days of the application deadline
  - ☐ Current business license or certificate of licensure or proof to transact business in local jurisdiction
  - ☐ Current certificate of insurance
  - ☐ Copy of cyber liability policy
  - ☐ IRS tax-exempt determination letter (for nonprofits only)
  - ☐ IRS 990 form from most recent tax year (for nonprofits only)
  - ☐ Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the executive director)
  - ☐ Assurances, certifications and disclosures
  - ☐ Proposal abstract
  - ☐ Project narrative
  - ☐ Budget table
  - ☐ Budget justification
  - ☐ Organization chart
  - ☐ Work plan
  - ☐ Risk self-assessment
- ☐ Documents requiring signature have been signed by an organization head or authorized representative of the applicant organization.
- ☐ The applicant needs a Unique Entity Identifier number (UEI#) and an active registration in the System for Award Management to be awarded funds.
- ☐ The project narrative is written on 8½ by 11-inch paper, 2.0 spaced, Arial or Times New Roman font using 12-point type *(11–point font for tables and figures)* with a one-inch margins.
- ☐ The application proposal format conforms to the "Proposal Components" (See section 5.2) listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan and other attachments are complete and comply with the forms and format provided in the RFA.
- ☐ Submit your application via EGMS by the application due date and time**. Late applications will not be accepted.**

1. GENERAL INFORMATION

1.1 KEY DATES

- Notice of Funding Announcement Date: **October 25, 2024**
- Request for Application Release Date: **November 1, 2024**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Letter of Intent Due Date: **November 15, 2024**
- Deadline to register in EGMS for new applicants: **November 18, 2024**
- Application Submission Deadline: **December 2, 2024**
- Anticipated Award Start Date: **January 1, 2025**

1.2 OVERVIEW

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

The Community Health Administration works to prevent the leading causes of death, protect and promote the health of mothers and children and eliminate racial and ethnic health disparities in health. CHA focuses on nutrition and physical activity promotion; cancer and chronic disease prevention and control; access to quality primary health care services; and the health of families across the lifespan. CHA's approach targets multiple factors that influence health through evidence-based programs, policies and systems change.

The Family Health Bureau works to protect, promote and improve the health of families through screening and surveillance, education, community-clinical linkages, family strengthening programs, preventive services, and positive youth development.

1.3 PURPOSE

The purpose of this funding is to issue one grant totaling $300,000 to non-governmental entities to provide childcare at a birthing hospital or birthing facility to pregnant and birthing parents or legal guardians who are receiving urgent treatment.

1.4 SOURCE OF GRANT FUNDING

Funding is anticipated to be available using local funds, authorized via the FY25 Budget Support Act of 2024.

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $300,000 is anticipated for one award for the first budget period.

1.5.2 Period of Performance and Funding Availability

The budget period and project period of this award is anticipated to begin on January 1, 2025, and to continue through September 30, 2025. The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and grantee performance and compliance.

1.5.3 Eligible Organizations/Entities

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

- Birthing Hospitals, Birthing hospitals and birthing facilities located within the District of Columbia.

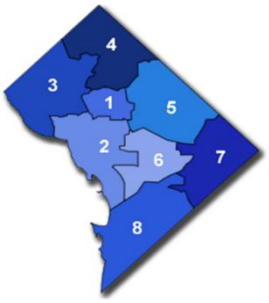
Considered for funding shall be organizations meeting the above eligibility criteria and having documentation of providing services (health and social services) to the target populations.

1.5.4 Non-Supplantation

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

2. BACKGROUND

The District of Columbia (DC or the District) is a diverse and compact geographic area that covers 61 square miles with a population of 689,545 as of the 2020 US Census.[1,2] The District is organized into eight geopolitical wards, with the largest population in Ward 6 (108,202 residents) and the smallest population in Ward 7 (76,255 residents). Wards 1 and 2 have the largest proportion of adults ages 18-



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

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

64 (80% and 84%), Wards 7 and 8 have the largest proportion of youth ages 0-18 years (24% and 30%), and Wards 3 and 4 have the largest proportion of adults over age 65 (18% and 15%).[3]

In terms of race and ethnicity, the District's population is highly diverse—approximately 41% Black/African American, 38% white, and 5% Asian, with Hispanic or Latino residents of any race making up 11% of the population.[4] However, the population is also highly segregated, with significant economic disparities observed by ward and race. For example, Wards 2 and 3 have the highest percentage of white residents and the lowest percentage of Black/African American residents, whereas Wards 7 and 8 have the highest percentage of Black/African American residents and the lowest percentage of white residents. While 2021 District-wide median household income was more than $91,000, median household income in Ward 3 was more than 3.6 times higher than in Ward 8; median household income among white District residents was approximately 1.7 times higher than among Hispanic/Latino residents and 3.1 times higher than among Black/African American residents.[5] In December 2021, District-wide unemployment was 5.8%; however, unemployment in Ward 8, the highest in the District, was more than 4 times higher than in Ward 3, the lowest in the District.[6]

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

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

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

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

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

[5] DC Health Matters. *2021 Demographics.* https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=130951&sectionId=936#sectionPiece_72

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

3. PURPOSE

The District of Columbia's Community Health Administration (CHA) is seeking applications from qualified entities to establish a pilot program that provides on-site childcare services for pregnant and birthing parents or legal guardians receiving urgent treatment related to pregnancy. The stagnant rate of pregnant women initiating prenatal care in the first trimester, which remains at approximately 68% over the past three years, reveals a persistent barrier to timely healthcare access. According to the Pregnancy Risk Assessment Monitoring System (PRAMS), in 2021, 6.5% of women reported that childcare issues prevented them from receiving prenatal care when they wanted it.

This pilot program is designed to address these barriers by offering essential childcare services to ensure that more women can receive timely and critical prenatal care without the added burden of securing childcare. By integrating childcare services into healthcare facilities, this initiative aims to:

- **Reduce delays in care** for pregnant and birthing parents who may otherwise miss or postpone critical medical appointments due to childcare constraints.
- **Bolster health equity efforts** within the District by providing childcare support, particularly to low-income and single-parent households, enabling them to access timely prenatal care and other medical treatments.

The program's primary goal is to improve healthcare access and outcomes for pregnant and birthing individuals by removing childcare-related barriers, ensuring a smoother pathway to receiving necessary prenatal and urgent care services.

3.1 APPROACH

The approach for this pilot initiative focuses on the establishment of on-site childcare at hospitals and birthing centers, complemented by other flexible models of childcare provision. While on-site childcare is mandatory for this program, applicants may consider using a combination of other approaches to accommodate specific situations and facilities. Below are the models that applicants may implement to provide childcare services, all aimed at ensuring seamless healthcare access for pregnant and birthing individuals:

1. On-Site Childcare Centers (Mandatory)

The core of this pilot program revolves around the provision of on-site childcare services at hospitals or birthing centers. On-site childcare ensures that parents can receive urgent treatment without the need to arrange external childcare, reducing delays in care and promoting better health outcomes. This model offers numerous benefits, including:

- Immediate access to childcare services when parents arrive for medical appointments or emergencies.
- Convenience for parents, as their children are located within the same facility.
- Improved appointment adherence, as studies show that the availability of on-site childcare reduces missed appointments and delays in care.

Examples from the U.S Department of Veteran Affairs pilot program have demonstrated that on-site childcare services can significantly reduce stress for parents and lead to better healthcare

outcomes by making care more accessible. Link: https://www.aamc.org/news/can-providing-childcare-hospitals-improve-health

2. Voucher Systems and Subsidies (Optional Complementary Model)
In addition to on-site childcare, hospitals and birthing centers may also explore the use of voucher programs or subsidies to assist parents in securing off-site childcare. This approach is particularly useful in cases where the hospital does not have the capacity for extended on-site childcare services or for families who may prefer or require off-site care. Voucher programs provide financial support, allowing parents to arrange childcare services with local licensed providers.

- Flexibility: This model provides flexibility for parents who may need off-site care for extended periods.
- Cost-Effectiveness: Hospitals with limited space or resources can still support parents by offering childcare subsidies, ensuring that childcare is not a barrier to receiving urgent medical care.

3. Childcare Cooperative Models (Optional Complementary Model)
A childcare cooperative model allows hospitals and birthing centers to collaborate with nearby institutions or local communities to share childcare resources. This model can help expand the availability of childcare services by pooling staff and resources, enabling multiple healthcare facilities to provide childcare services to their patients. Benefits include:

- Cost reduction through shared resources and staffing.
- Increased capacity to serve a larger number of families across a region.
- Collaborative care by engaging community partners to support childcare needs for healthcare patients.

This model works well in areas with a high density of healthcare facilities or community organizations, where partnerships can enhance the availability of care.

4. Mobile or On-Demand Childcare (Optional Complementary Model)
Some hospitals may also consider the use of mobile childcare units or on-demand childcare services as a flexible option to provide emergency or short-term childcare. Mobile childcare units can be deployed near healthcare facilities to accommodate parents who need urgent medical care, while on-demand childcare services may allow caregivers to be dispatched to patients' homes or nearby locations. Benefits include:

- Immediate availability of childcare in cases of emergencies.
- Flexibility for parents who may require short-term, urgent childcare without having to transport their children to a facility.
- Scalability for healthcare systems with limited on-site childcare capacity.

Although this model is still in its early stages, it offers a flexible and innovative solution for addressing emergency childcare needs.

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 Target Population

The target population for this grant program comprises pregnant and birthing parents or legal guardians who are receiving urgent treatment related to pregnancy at hospitals or birthing facilities within the District of Columbia. Urgent treatment includes any healthcare intervention outside of standard prenatal care and labor and delivery services that is deemed necessary by a licensed health professional to protect the health of the parent, birthing individual, or the fetus.

4.2 Location of Services

Grantees must be located within the District of Columbia. Services must be delivered in the following settings: Hospital or birthing facilities where the parent or legal guardian is receiving urgent treatment related to pregnancy.

4.3 Allowable Activities

Childcare

Age Range of Children:

- The childcare services must accommodate children between the ages of six (6) weeks and 13 years of age. This ensures that a broad range of family childcare needs are met, particularly for parents who may have older children in need of care during medical treatments.

On-Site Childcare, Up to five (5) Hours:

- For childcare lasting five (5) hours or less, the grantee is required to provide on-site childcare at the same hospital or birthing facility where the parent or legal guardian is receiving urgent treatment related to pregnancy.
- On-site childcare refers to childcare provided within the hospital premises, ensuring immediate access for parents who are receiving urgent medical services.
- This service allows parents to receive care without worrying of arranging external childcare, enabling more timely access to necessary medical interventions.
- Applicants must detail their staffing plan, including the qualifications and roles of caregivers. Staff must be appropriately trained and experienced in caring for children of varying ages, and the grantee should describe how they will meet the staff-to-child ratios as required by local regulations. Applicants should also describe how they will ensure compliance with safety protocols within the childcare area.

Extended Childcare, More than five (5) Hours:

- For childcare lasting more than five (5) hours, the grantee may transfer the child to a licensed child development facility.

- The grantee must ensure that any child transferred to an external facility is placed in a licensed and compliant childcare center, in line with Chapter 1 of Subtitle A of Title 5 DCMR (Education), which governs child development facilities.
- Facility Proximity: Applicants should describe the proximity of the licensed facility to the hospital or birthing center, ensuring minimal travel time for children and efficient transitions.
- Notification and Coordination: The grantee must notify both the Department of Health, childcare licensing and the parent or legal guardian of the child before any transfer occurs, including the identity and location of the receiving childcare facility.
- Transportation Plan: If transportation is required, it may be provided by either the grantee or the receiving childcare facility. In cases where the grantee provides transportation, a detailed plan must be included, outlining policies and procedures to ensure the safety and security of the children during transfer. Transportation providers must comply with 5A DCMR 158 and be equipped with appropriate safety measures such as child safety seats and emergency procedures.

Urgent Treatment Related to Pregnancy:

- The childcare services provided under this grant are specifically for families where the parent or legal guardian is receiving urgent treatment related to pregnancy. This includes any healthcare intervention that falls outside of standard prenatal care and labor and delivery services but is deemed necessary by a licensed health professional to protect the health of the pregnant or birthing individual or the fetus.
- Urgent care may include emergency treatments, high-risk prenatal interventions, or other non-routine medical services that require immediate attention.

Capacity and Experience:

- Applicants must describe their capacity and demonstrated experience in providing appropriate childcare services. This includes their experience working with children in a similar age range (six (6) weeks to 13 years) and their ability to manage the unique challenges associated with providing short-term and extended childcare in healthcare settings.
- The applicant's description should include how they will handle varying childcare needs and demonstrate knowledge of the specific regulations and standards applicable to childcare services in healthcare environments.

Compliance with Licensing Regulations:

- Childcare services must comply with all applicable regulations under Chapter 1 (Child Development Facilities: Licensing) of Subtitle A (Office of the State Superintendent of Education) of Title 5 DCMR (Education). For on-site care, even though services under five (5) hours may be exempt from new licensing requirements, staffing, safety, and

operational standards must still align with best practices and ensure a safe environment for children.

Transportation

The transportation of children to and from childcare facilities is a critical component of this program, particularly for children who require extended care beyond five (5) hours. The transportation plan must ensure the safety and well-being of the children while facilitating timely transitions to licensed childcare facilities.

Grantees have the option to either provide transportation services directly or coordinate with the receiving licensed childcare facility to handle transportation. Regardless of who provides the transportation, the following requirements must be met:

5. **Transportation Provider Requirements**:
    - Any transportation provided must comply with all relevant regulations, including 5A DCMR 158, ensuring that the transportation provider is properly licensed and adheres to safety standards.
    - If the grantee provides transportation, policies and procedures must be in place to ensure the safe transport of children, including child seat requirements, regular vehicle inspections, and qualified drivers with background checks and appropriate training.
    - For transportation managed by the receiving facility, grantees must ensure that the facility is fully licensed and compliant with applicable safety regulations for transporting children.
6. **Safety Protocols**:
    - A detailed safety protocol must be provided, outlining the measures that will be taken to ensure the safety of children during transport. This includes emergency response procedures, communication with parents or guardians during transit, and contingency plans in case of unforeseen delays or incidents.
    - All vehicles must be equipped with appropriate safety equipment, including child safety seats, first aid kits, and functioning seatbelts.
7. **Communication**:
    - The grantee must establish clear lines of communication with parents or legal guardians regarding transportation arrangements. Notifications must be provided to parents or guardians before transport, including the identity and location of the licensed facility where their child will be transferred.
    - The Department of Health must also be notified of all transfers to ensure compliance and monitoring.
8. **Proximity of Childcare Facilities**:
    - Grantees are encouraged to partner with licensed childcare facilities located in close proximity to the hospitals or birthing centers to minimize transportation time and reduce disruption for children.
9. **Parental Consent**:

- Prior to any transportation, written consent from the child's parent or legal guardian must be obtained, specifying the conditions of transport and providing emergency contact information.

4.4 Program Strategies

Grantees shall employ the following strategies and implement activities across the identified service areas to ensure the efficient delivery of childcare services to pregnant and birthing parents or legal guardians. Applicants must demonstrate how their proposed project plan will impact each of these areas and show their organizational capacity to execute these activities. The strategies should aim to ensure the accessibility, safety, and quality of childcare services while meeting the program's objectives. Grantees will be responsible for tracking, monitoring, and reporting data related to program performance.

Data and Monitoring Measures

1. **Demographic and Socioeconomic Data**
    a. Race/Ethnicity
    b. Income Level
    c. Receiving public assistance
    d. Insurance status

2. **Childcare Services Utilization**
    a. **Number of childcare sessions provided:** Total number of childcare sessions delivered, categorized by on-site vs off-site (for sessions longer than five hours).
    b. **Number of unique participants:** Total number of pregnant or birthing parents/legal guardians who utilized the childcare services at least once.
    c. **Average length of childcare sessions:** Average time per session (on-site, off-site and combined).
    d. **Incidence of emergency childcare utilization:** How many times were emergency childcare services used?

3. **Operational Efficiency**
    a. **Time from childcare request to provision:** Average time it takes for childcare to be arranged after a request is initiated.
    b. **Number of transfers to off-site childcare:** Number of times children are transferred to off-site childcare facilities when care exceeds five hours (should be equal to # childcare sessions provided, off-site).
    c. **Time taken for childcare transfer notifications:** How quickly notification is sent to mother about child transfers to off-site childcare facility.

4. **Capacity and Staffing**

a. **Number of available childcare slots per day:** Number of childcare slots available each day to assess capacity (can also express as an average daily percent occupancy rate, if possible).
b. **Childcare staff-to-child ratio:** Daily average ratio of childcare staff to children to ensure safety and compliance with regulations.

5. **Satisfaction and Experience**
    a. **Parent/legal guardian satisfaction rate:** Post-visit survey tracking the percent of parents/guardians who are satisfied with the childcare service (based on safety, convenience, and quality).
        Can include open-ended feedback from participants on their experience for continuous quality improvement (if we intend to continue providing this service post pilot year).

6. **Cost and Financial Monitoring**
    a. **Average cost per childcare session:** Average cost to the pilot program for each session provided, for both on-site and off-site childcare.

4.4 Letter of Intent

Applicants must submit a Letter of Intent to apply for this opportunity, outlining their intent to provide services and demonstrating their capacity to meet the program's requirements (see attachment). **Submission of this letter is a mandatory prerequisite for the application process**. Due: November 15, 2024.

5. APPLICATION REQUIREMENTS

5.1 Eligibility Documents

Certificate of Clean Hands

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

Current Business License

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

Current Certificate of Insurance

This document must be issued by your insurance company. All DC Health grantees must meet the minimum insurance requirements as outlined in Appendix A: Minimum Insurance Requirements. Should an applicant be awarded the grant, the Office of Risk Management will

conduct a review of exposures of the grantee organization based off the final approved workplan and may make changes to the insurance requirements.

COPY OF CYBER LIABILITY POLICY

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

IRS TAX-EXEMPT DETERMINATION LETTER

This applies to nonprofits only.

IRS 990 FORM

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

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

This CANNOT be signed by the executive director.

ASSURANCES, CERTIFICATIONS AND DISCLOSURES

This document must be signed by an authorized representative of the applicant organization. (see attachment).

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

5.2 PROPOSAL COMPONENTS

PROJECT ABSTRACT

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

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

PROJECT NARRATIVE (10-page maximum)

The narrative section should describe the applicant's approach that is a high-level summary of the project's purpose and alignment with the RFA. Describe the overarching problem, contributing factors, and identify the goal(s) of the project.

The narrative should include the following sections:

OVERVIEW

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

PROJECT OR POPULATION NEED

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

- Provide an overview of constituent population as relevant to the project.
- Describe how the target population was identified for this proposal.
- Define the reach, boundaries, zip codes and/or geography of the target population.
- Describe the specific problem(s) and contributing factors to be addressed within the target population.
- Describe the ability to reach the priority population and how they will be served through this project.

PROJECT DESCRIPTION

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

- **On-Site Childcare for Urgent Medical Care**: Describe how on-site childcare services will be provided for up to five hours at hospitals or birthing centers. Applicants must detail staffing plans, including qualifications and roles of caregivers.
- **Extended Childcare for Services Over Five Hours**: Explain how the applicant will coordinate with licensed child development facilities for cases where childcare exceeds five hours. Include information about the proximity of these facilities to hospitals and how transfers will be managed.
- **Transportation Services**: If the grantee is responsible for transportation, detail the policies and procedures to ensure the safety of children during transfers, following the regulations outlined in 5A DCMR 158.
- **Operationalization**: Provide a step-by-step outline of how these activities will be operationalized, ensuring alignment with the goals and objectives of the project.

PARTNERSHIPS

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

- **Partnerships with Childcare Providers**: Describe partnerships with local licensed childcare centers that will assist with extended childcare services and transfers.
- **Collaboration with Healthcare Providers**: Explain how hospitals and birthing centers will collaborate with the grantee to ensure seamless childcare services.
- **Community Engagement**: Describe how the applicant plans to engage community-based organizations to extend outreach and ensure accessibility for vulnerable populations.

PERFORMANCE MONITORING

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

- **Data Collection**: Detail the process for gathering information on the number of children served, the number of medical appointments attended by parents using the childcare services, and the timeliness of urgent care.
- **Reporting Mechanism**: Explain how the data will be reported to the Department of Health and other stakeholders, and outline how progress will be measured against the program's goals.
- **Success Metrics**: Define clear performance metrics, such as reduction in missed appointments due to childcare constraints and improved patient satisfaction.

ORGANIZATIONAL CAPACITY

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

- **Mission and Structure**: Describe the organization's mission, structure, and existing programs that align with the goals of the proposed project.
- **Experience**: Highlight any experience in providing childcare services, particularly for similar populations or in healthcare settings.
- **Staffing and Resources**: Provide details about key personnel, their qualifications, and how their expertise will contribute to the success of the project.

WORK PLAN

The Work Plan is required (see attachment). 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 SMARTIE. The attributes of a SMARTIE objective are as follows:

- Specific: includes the "who," "what," and "where." Use only one action verb to avoid issues with measuring success.
- Measurable: focuses on "how much" change is expected.
- Achievable: realistic given program resources and planned implementation.
- Relevant: relates directly to program/activity goals.
- Time-bound: focuses on "when" the objective will be achieved.
- Inclusive: brings traditionally marginalized or impacted groups into focus.
- Equitable: aims to address injustice or inequity.

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

BUDGET TABLE

The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse. An attachment is provided for application preparation purposes but the budget data must be inputted into EGMS. The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes. Budget should reflect the budget period, as outlined below (Key Budget Requirements).

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

Key Budget Requirements

The budget should reflect a 9-month period, as follows:

- January 1, 2025 – September 31, 2025

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

BUDGET JUSTIFICATION

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

Include the following in the budget justification narrative:

Personnel Costs: List each staff member to be supported by (1) funds, the percent of effort each staff member spends on this project, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member, or indicate a vacancy, position title, percentage of full-time equivalency dedicated to this project, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for service delivery and/or coordination, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality, and reporting.

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

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

Infrastructure Costs: A dedicated line item for infrastructure should be included in the budget to ensure that the facilities providing childcare services are adequately equipped and maintained. This line item should cover the costs related to setting up and maintaining a safe and suitable environment for childcare services. Include expenses for facility modifications, safety features (e.g., childproofing, fire systems), furniture, equipment (e.g., cribs, toys), technology for childcare management, and ongoing maintenance to ensure compliance with regulatory standards and provide a safe, functional environment for childcare services.

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

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

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

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

Other Direct Costs: Other direct costs category contains items not included in the previous categories. Give justification for all the items in the "other" category (e.g., separate justification for printing, publication costs for presentations/posters, telephone, postage, software programs,

computers, etc.). All costs associated with training activities should be placed in the "other direct cost" category except costs for consultant and/or contractual.

ORGANIZATIONAL CHART

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

RISK SELF-ASSESSMENT

The risk self-assessment (see attachment) is to assess the risk of applicants. The form should be completed by the Executive Director, Board Chairperson or a delegate knowledgeable of the organization's current and past capabilities.

6. EVALUATION CRITERIA

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

CRITERION 1: NEED

(20 POINTS) – Corresponds to Sections: Proposal Components

- The extent to which the applicant demonstrates the need for emergency childcare services among pregnant and birthing parents or legal guardians receiving urgent treatment in the District of Columbia. (7 points)
- The extent to which the application demonstrates a thorough understanding of any disparities in access due to childcare responsibilities and specifies that the program will cater to children between the ages of 6 weeks and 13 years, describing how this target population will benefit from the services provided. (7 points)
- The extent to which an applicant addresses how childcare needs impact access to urgent treatment, with supporting data on missed appointments or delayed care due to childcare constraints. (6 points)

CRITERION 2: IMPLEMENTATION

(45 POINTS) – Corresponds to Sections: Performance Requirements

- The extent to which the applicant outlines an effective strategy for recruitment of staff with the appropriate certifications, training schedule, development or SOPs on training protocols, child ratios and safety standards; and the extent to which the applicant presents a well-structured staffing plan in healthcare settings for offering on-site childcare services lasting less than five

hours and its implementation of performance evaluations and continuous improvement. (15 points)

- The extent to which the applicant presents a comprehensive plan for transitioning children to licensed off-site facilities for care extending beyond five hours, with attention to the proximity of facilities to hospitals, clear protocols for transportation, and detailed communication procedures. (10 points)
- The extent to which the applicant presents strong partnerships with licensed childcare provides ensuring they meet the needs of children in urgent care situations, demonstrating contingency plans for unforeseen circumstances (e.g., facility unavailability) and explain how these transitions will minimize disruption for families. (10 points)
- The extent to which the applicant presents how their transportation plan will comply with safety protocols, vehicle requirements, driver qualifications, and emergency response plans, ensuring compliance with 5A DCMR 158, thereby minimizing transportation-related risks and addressing how they will monitor and evaluate the quality of transportation services. (10 points)

CRITERION 3: EVALUATIVE MEASURES

(20 POINTS) – Corresponds to Sections: Program Requirements

- The extent to which the applicant outlines how they will track and report on the utilization rates of the childcare services, including the number of children served for both short-term (under 5 hours) and extended care (over 5 hours). (5 points)
- The extent to which the applicant outlines a process for monitoring compliance with safety regulations, licensing requirements, and transportation policies (if applicable). Regular audits or self-assessments should be described. (5 points)
- The extent to which the applicant proposes performance metrics to measure the impact of childcare services on healthcare outcomes, such as reduced missed appointments, timely access to urgent medical care, and patient satisfaction. (5 points)
- The extent to which the applicant outline the data management system they will use to collect, analyze, and report program data, ensuring alignment with the Department of Health's requirements for performance tracking and accountability. (5 points)

CRITERION 4: CAPACITY

(15 POINTS) – Corresponds to Sections: Program Requirements

- The extent to which applicant describes their previous experience in providing childcare or related services, particularly for children between the ages of 6 weeks and 13 years, particularly in healthcare facilities. (5 points)
- The extent to which the applicant demonstrates adequate infrastructure, including available space and facilities that meet the needs of the target population and comply with DC childcare regulations. (5 points)
- The extent to which the applicant indicates how the program will be sustained beyond the initial grant funding period, including plans for securing additional funding, maintaining partnerships, and continuing to meet the needs of the target population. (5 points)

7. REVIEW AND SCORING OF APPLICATION

7.1 ELIGIBILITY AND COMPLETENESS REVIEW

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

7.2 EXTERNAL REVIEW

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

7.3 INTERNAL REVIEW

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

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

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

8. POST AWARD ASSURANCES & CERTIFICATIONS

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

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements

- Certification of current/active Articles of Incorporation from DCLP.
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

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

9. APPLICATION SUBMISSION

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

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

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

9.1 REGISTER IN EGMS

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

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

Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

EGMS User Registration Assistance:

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

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

9.2 Uploading the Application

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

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

- ***Proposal Documents***
    - Proposal Abstract
    - Project Narrative
    - Budget Table
    - Budget Justification
    - Organization Chart
    - Work Plan
    - Risk self-assessment

9.3 Deadline

Submit your application via EGMS by 3:00 p.m., on the deadline date of December 2, 2024 Applications will **not** be accepted after the deadline.

It is highly recommended that applicants submit their applications at least 48 hours before the deadline.

10.PRE-APPLICATION MEETING

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

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

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

Note that questions will only be accepted in writing. Answers to all questions submitted will be published on a Frequently Asked Questions (FAQ) document onto the District Grants Clearinghouse every three business days. Questions will not be accepted after November 19, 2024.

11. GRANTEE REQUIREMENTS

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

11.1 Grant Terms & Conditions

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

11.2 Grant Uses

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

11.3 Conditions of Award

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

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

11.4 Indirect Cost

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

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

11.6 Vendor Registration in DIFS

All applicants that that are new vendors with any agency of the District of Columbia government require registration in DIFS, the District's payment system. To do so, applicants must register with the Office of Contracting and Procurement. It is recommended that all potential new vendors with the District begin the registration process prior to the application submission.

11.7 Insurance

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

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

11.8 Audits

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

11.9 Nondiscrimination in the Delivery of Services

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

11.10 Quality Assurance

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

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

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

12. ATTACHMENTS

Attachment: Assurances and Certifications

Attachment: Budget Table

Attachment: Budget Justification

Attachment: Work Plan

Attachment: Risk Self-assessment

Attachment: Letter of Intent

Appendix A: Minimum Insurance Requirements

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

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

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

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

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

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

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

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

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

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

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

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

5. Medical Professional Liability - The Grantee shall provide evidence satisfactory to the PM of a Medical Professional Liability policy with limits of not less than $1,000,000 each incident and $2,000,000 in the annual aggregate. The definition of insured shall include the Grantee and all Grantee's employees and agents. The policy shall be either (1) written on an occurrence basis or (2) written on a claims-made basis. If the coverage is on a claims-made basis, Contractor hereby agrees that prior to the expiration date of Contractor's current insurance coverage, Contractor shall purchase, at 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 Grantee shall provide Professional Liability Insurance (Errors and Omissions) to cover liability resulting from any error or omission in the performance of professional services under this Contract. The policy shall provide limits of $1,000,000 per claim or per occurrence for each wrongful act and $2,000,000 annual aggregate. The Grantee warrants that any applicable retroactive date precedes the date the Grantee first performed any professional services for the Government of the District of Columbia and that continuous coverage will be maintained or an extended reporting period will be exercised for a period of at least ten years after the completion of the professional services.

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

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

8. Commercial Umbrella or Excess Liability - The Grantee shall provide evidence satisfactory to the PM of commercial umbrella or excess liability insurance with minimum limits equal to the greater of (i) the limits set forth in the Grantee's umbrella or excess liability policy or (ii) $2,000,000 per occurrence and $2,000,000 in the annual aggregate, following the form and in excess of all liability policies. **All** liability coverages must be scheduled under the umbrella and/or excess policy. The insurance required under this paragraph shall be written in a form that annually reinstates all required limits. Coverage shall be primary to any insurance, self-insurance or reinsurance maintained by the District and the "other insurance" provision must be amended in accordance with this requirement and principles of vertical exhaustion.

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

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

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

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

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

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

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

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

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

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