



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

HIV/AIDS, Hepatitis, STD, & TB Administration (HAHSTA)

The Effi Barry Training Institute

AMENDED REQUEST FOR APPLICATIONS

Amended: Section 10

FO# HAHSTA_EBTI_11.3.23

SUBMISSION DEADLINE:

TUESDAY, DECEMBER 05, 2023, BY 6:00 PM

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

DC DEPARTMENT OF HEALTH

HIV/AIDS, Hepatitis, STD, & TB Administration (HAHSTA)

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO# HAHSTA_EBTI_11.3.23

Effi Barry Training Institute

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:	The Effi Barry Training Institute
Funding Opportunity Number:	HAHSTA_EBTI_11.3.23
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
DC Health Program Bureau	Capacity Building, Housing, and Community Partnership Division
Funding Opportunity Contact:	Effibarrycbhcp@dc.gov
Funding Opportunity Description:	The awardee shall provide capacity building, trainings, technical assistance, and logistical support based on needs assessed or requests received from prospective HAHSTA and non-Ryan White grantees, non-funded community-based organizations, and current Ryan White grantees or contractors in the Washington, DC eligible metropolitan area (EMA).
Eligible Applicants	501(c)3, not-for-profit within the Washington, DC eligible metropolitan area (EMA). Applicants may be individual organizations or partnerships working in collaborations for which one organization serves as the primary applicant.
Anticipated # of Awards:	1
Anticipated Amount Available:	\$750,000

Annual Floor Award Amount:	\$350,000
Annual Ceiling Award Amount:	\$750,000
Legislative Authorization	Ryan White HIV/AIDS Treatment Extension Act of 2009
Associated CFDA#	93.914
Associated Federal Award ID#	H89HA00012
Cost Sharing/Match Required?	No
RFA Release Date:	November 3, 2023
Letter of Intent Due date:	N/A
Application Deadline Date:	December 5, 2023
Application Deadline Time:	6:00 p.m.
Links to Additional Information about this Funding Opportunity	<p>DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4</p> <p>DC Health EGMS https://egrantsdchealth.my.site.com/sitesigninpage</p>

Notes:

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

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RFA TERMS AND CONDITIONS

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

- A. Funding for a DC Health subaward is contingent on DC Health's receipt of funding (local, federal, or private) to support the services and activities to be provided under this RFA.
- B. DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- C. The RFA does not commit DC Health to make any award.
- D. Individual persons are not eligible to apply or receive funding under any DC Health RFA.
- E. DC Health reserves the right to accept or deny any or all applications if the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.
- F. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- G. DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- H. DC Health may conduct pre-award site visits (either in-person or virtually) to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- I. DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

- K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period (i.e., the total number of years for which funding has been approved). This includes DC Health Electronic Grants Management System (EGMS), for which the awardee will be required to register and maintain registration of the organization and all users.
- L. DC Health may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the Project Period and define any segments of the Project Period (e.g. initial partial year, or a 12-month budget period). The NOGA shall outline conditions of award or restrictions.
- N. Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- O. DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including 2 CFR 200 and Department of Health and Services (HHS) published 45 CFR Part 75, payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding agency; and compliance conditions that must be met by the awardee.
- P. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

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

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

CHECKLIST FOR APPLICATIONS

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

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

- Certificate of Clean Hands dated within 60 days of the application deadline
 - Current business license or certificate of licensure or proof to transact business in local jurisdiction
 - Current certificate of insurance
 - Copy of cyber liability policy
 - IRS tax-exempt determination letter (for nonprofits only)
 - IRS 990 form from most recent tax year (for nonprofits only)
 - Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the executive director)
 - Assurances, certifications and disclosures (Attachment 1)
 - 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, 1.0 spaced, Arial or Times New Roman font using 12-point type (*11-point font for tables and figures*) with a one-inch margins.
 - The application proposal format conforms to the “Proposal Components” (See section 5.2) listed in the RFA.
 - The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
 - The proposed work plan and other attachments are complete and comply with the forms and format provided in the RFA.
 - Submit your application via EGMS by the application due date and time. **Late applications will not be accepted.**

1. GENERAL INFORMATION

1.1 KEY DATES

- Notice of Funding Announcement Date: **October 20, 2023**
- Request for Application Release Date: **November 3, 2023**
- Pre-Application Meeting Date: visit <https://OGMDCHHealth.eventbrite.com>
- Application Submission Deadline: **December 5, 2023**
- Anticipated Award Start Date: **March 1, 2024**

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.

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is the core District government agency to prevent HIV/AIDS, STDs, Tuberculosis and Hepatitis, reduce transmission of the diseases and provide care and treatment to persons with the diseases.

1.3 PURPOSE

The purpose of this funding is to equip those working in the sexual health education and promotion with the knowledge, tools, skills and resources they need to revolutionize their partnerships, business practices, systems, and organizational structures so that they can better serve the people living with HIV and individuals at risk for acquiring any type of communicable disease within the District of Columbia and the surrounding metropolitan area.

1.4 SOURCE OF GRANT FUNDING

DC Health is the primary recipient of federal funds awarding these funds. As a primary recipient, DC Health has the responsibility to pass through requirements and objectives agreed to in our federal notices of award.

Funding is anticipated to be available using Ryan White HIV/AIDS Treatment Extension Act of 2009, Ryan White Part A, #H89HA00012.

1.5 AWARD INFORMATION

1.5.1 AMOUNT OF FUNDING AVAILABLE

The total funding amount of \$750,000 is anticipated for one (1) award for the first budget period.

1.5.2 PERIOD OF PERFORMANCE AND FUNDING AVAILABILITY

The first budget period of this award is anticipated to begin on March 1, 2024 and to continue through September 30, 2024/. After the first budget period, there will be up to four (4) additional 12-month budget periods for a total project period of March 1, 2024 – September 30, 2028. The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and grantee performance and compliance.

1.5.3 ELIGIBLE ORGANIZATIONS/ENTITIES

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

501(c)3, not-for-profit within the Washington, DC eligible metropolitan area (EMA). Applicants may be individual organizations or partnerships working in collaborations for which one organization serves as the primary applicant.

1.5.4 NON-SUPLANTATION

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

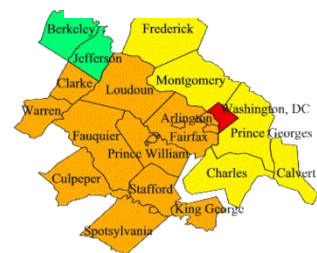
2. BACKGROUND

2.1 DEMOGRAPHIC OVERVIEW

Over the past four decades, there has been a great deal of progress in science, policy, and programming to end the HIV/AIDS (human immunodeficiency virus; acquired immunodeficiency syndrome) epidemic. From an epidemiological perspective, researchers and public health professionals have set a goal of reducing the number of new infections per year in the United States (U.S.) to less than 3,000 cases by 2030.¹ Accordingly, efforts to “end” the HIV/AIDS epidemic seek to make new HIV/AIDS infections so rare HIV will be eventually eradicated.²

HIV is a virus and AIDS is the syndrome that results from long-term untreated infection with the virus. HIV transmission can occur through sexual contact; sharing of needles, syringes, or other

Figure 1



¹ Guilamo-Ramos V, Thimm-Kaiser M, Benzekri A. Is the USA on track to end the HIV epidemic?. *Lancet HIV*. 2023;10(8):e552-e556. doi:10.1016/S2352-3018(23)00142-X

² Eisinger RW, Fauci AS. Ending the HIV/AIDS Pandemic. *Emerg Infect Dis*. 2018;24(3):413-416. doi:10.3201/eid2403.171797

drug injection equipment; or from mother to baby. There is still no vaccine or cure for HIV; however, the disease can be managed with antiretroviral therapy (ART) to achieve sustained HIV viral load suppression (VLS). Additionally, individuals who have a sexually transmitted disease (STD) are more likely to get HIV or transmit it to others. These STDs include chlamydia trachomatis, gonorrhea, syphilis, and herpes.

The DC Eligible Metropolitan Area (EMA) includes the District of Columbia (DC), five counties in suburban Maryland, 11 counties and six independent cities in Northern Virginia, and two counties in West Virginia. While these jurisdictions share borders, they may prioritize HIV-related services based on their unique needs. Figure 1 is a visual depiction of the DC EMA.

There are a total of 39,725 individuals living with HIV in the DC EMA. The District of Columbia is the epicenter of diagnosed HIV cases despite accounting for 10.8% of the DC EMA general population. In 2021, 17,829 (44.8%) diagnosed HIV cases were from DC; 13,536 (34.1%) from Maryland; 8,360 (21.0%) from Virginia; and 265 (<1%) from West Virginia. Across the region, the HIV epidemic disproportionately impacts people of color (78%), men (70.4%), and those over 40 years of age (81%) with the most common mode of transmission being sexual contact (78%). There are jurisdictional variations to these trends, Maryland had the highest proportion of transmission from heterosexual contact (46%).

The DC EMA is a unique region that spans multiple jurisdictions, each with its own specific HIV-related needs. The prevalence of HIV varies among these jurisdictions, with DC having the highest rates. Understanding the demographic breakdown and transmission patterns within the DC EMA is crucial for implementing targeted prevention and support initiatives to combat the spread of HIV and address the unique challenges faced by each jurisdiction.

2.2 PROGRAM INFORMATION

Enacted by the Council of the District of Columbia in 2008, the “Effi Slaughter Barry HIV/AIDS Initiative Act” was placed into law. Effi Slaughter Barry, a former First Lady of the District of Columbia, was among the first public figures in the District to focus attention on the growing health problem of HIV/AIDS; she was a trained and experienced health professional, was a champion of HIV/AIDS prevention and wellness and was particularly concerned with the dearth of services East of the River; and at the time of her death, September 6, 2007, she was Director of Special Projects in the Office of the Director of the Department of Health, providing direct leadership to the East of the River HIV/AIDS Initiative.

Since that time, the Council of the District of Columbia and DC Health HAHSTA have invested over \$4,950,000 in District-based organizations through the Effi Barry HIV/AIDS Program/East of the River Project. To date the Effi Barry HIV Program has provided capacity building grants and group/individual-level capacity building assistance to over 100 organizations based in the District of Columbia.

This effort has directly benefitted their ability to develop new innovative approach and/or expand a range of prevention programs that promote testing, maintain treatment, STI, PEP, PrEP, and eliminate stigma. The overarching mission of the Effi Barry HIV Program is to provide training,

technical assistance, and resources to the HIV field that will assist in transforming their organizations, partnerships, business practices, systems, and structure to make them sustainable and effective in service to District and metropolitan area residents.

2.3 ADDITIONAL PROGRAM INFORMATION

The Effi Barry institute is expected to establish virtual, web-based, and classroom learning, training and technical assistance activities that are centered around the following goals.

1. Develop and implement a comprehensive needs assessment of current and prospective HAHSTA grantees and community-based organizations to inform the development of a comprehensive training and capacity building delivery strategy to address community needs and enhance overall program implementation and sustainability.
2. Offer, evaluate, and report on all learning, training and technical assistance activities that will be offered and delivered to current and prospective HAHSTA grantees and community-based providers to increase knowledge and knowledge transfer of HIV status neutral (Hi-V) model, harm reduction strategies, client centered services, health insurance policies, expansion and development of third party billing systems, linkage of data to monitor HIV health outcomes, and unit-based cost models; HIV service competencies; advanced skills in health care systems; data and health informatics; and high impact prevention and public health strategies, including biomedical and emerging evidence-based or informed approaches.
3. Trainings to include a combination of in-person, agency-wide or agency specific, regional and/or e-learning trainings.
 - a. Develop training calendars with posting and other promotional information.
 - b. Develop training programs (including training manuals, participant manuals, and slides training outline.
 - c. Create a marketing plan using all appropriate media to promote regional trainings or webinars.
 - d. Track and report training data, ensure quality training data, confirm participant.

3. PURPOSE

The Government of the District of Columbia, Department of Health (DC Health) HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is requesting applications from organizations throughout the DMV region to serve as the administrator of the Effi Barry Training Institute (EBTI). The EBTI is a capacity-building and training center for HAHSTA that seeks to strengthen the DMV-wide community-based organizations, medical and non-medical providers and community members to implement the strategies framed in the National HIV/AIDS Strategy, the District's Ending the Epidemic Plan, the Integrated HIV Care and Prevention Plan, and adapt to the changes in the public health, healthcare and organizational systems with special on the aftermath of COVID-19.

HAHSTA intends to make a single award to fund the Effi Barry Training Institute for development, implementation, administration, facilitation and provision of web-based learning, training, technical assistance, logistical support, and capacity building to support regional community members, providers, and organizations in the Washington, DC eligible metropolitan area (EMA), including the District of Columbia, Suburban Maryland, Northern Virginia, and West Virginia. It is our expectation that the funded organization's staff and leadership be diverse to ensure that the outcomes listed below are met from a culturally and linguistically appropriate framework.

3.1 APPROACH

Capacity Building (CB) Delivery Mechanisms

To ensure effective delivery of CB services, five primary mechanisms will be utilized. They include:

(1) **Information Transfer** will be facilitated by providing up-to-date scientific information and data. The project will publish newsletters and fact sheets about the use of social and behavioral science to conduct HIV care, treatment, and prevention interventions, and health communication messages. Other information transfer activities will include a national multimedia Web site and non-moderated list serve for quick transfer of electronic information.

(2) **Skills-Building** courses will be provided in a variety of locations in order to increase the skills of CB consumers and organizations. The specific needs of CB consumers will be a vital component of the selection of sites to conduct courses. Courses to strengthen the capacity of CB consumers to adapt and tailor, implement, and evaluate interventions, organizational infrastructure and program development in order to respond to the existing needs/needs identified during the assessment process.

(3 and 4) **Technical Consultation** and **Technical Services** are case management strategies for responsive CB requests. The concept of case management for capacity-building concentrates on the identification, coordination, and delivery of a range of services for internal and external partners. CB can be defined as a process that results in increasing the core competencies of individuals associated with organizations or the organization itself.

As a result, there is an increase in the quality, quantity, or cost effectiveness of organizational activities and/or the sustainability of infrastructure that support these activities.

The proposed case management strategy is a very important step in the process of providing effective CB. Case management can be defined as the process and system whereby tailored and quality capacity-building packages are designed for organizations and internal partners to meet their capacity-building needs. Case management allows for developing and implementing a plan for targeting, engaging, and maintaining capacity-building relationships.

Goals of the CB Case Management Strategy:

- To provide ongoing CB in implementation, quality assurance, and evaluation of effective HIV related topics, services, and interventions,
- To promote diffusion of effective and innovative biomedical, care, treatment, and behavioral interventions,
- To document the service delivery process in a qualitative manner.

(5) Technology Transfer will be delivered in conjunction with other capacity-building assistance mechanisms. Technology transfer can be included in newsletters and skills-building training activities on topics such as intervention facilitation, program evaluation, and in conjunction with technical consultation and services.

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 TARGET POPULATION

Grantees shall provide services to current and prospective HAHSTA grantees and community-based providers with priorities to Ryan White funded providers.

4.2 LOCATION OF SERVICES

Grantees must be located within the District of Columbia. Services must be delivered within the Washington DC Eligible Metropolitan Area including the District of Columbia

4.3 ALLOWABLE ACTIVITIES

Service activities under this RFA will fall under the following categories:

- Effi Barry Training Institute
- Ryan White Training Center

4.4 PROGRAM STRATEGIES

Grantee shall employ strategies and implement activities in the service areas outlined in this section. Applicants shall demonstrate how the proposed project plan will impact each of these areas and demonstrate their organizational capacity to do so:

Service Area 1: Effi Barry Training Institute

Key Performance Indicators:

A. Outcome

- Development – Organizational improvements in skills, abilities, and processes

Increased accessibility, availability, and utilization of culturally and linguistically appropriate capacity building assistance including state-of-the-science information, training, and technical assistance including consultation, services, and facilitation of peer-to-peer mentoring for all service areas and supporting activities.

B. Outcome

- Transitional – Organization begins moving from its initial state to a new desired state

Improved capacity of the community providers and workforce to implement the new DOH business models, innovative approaches to HIP, HIV care/treatment, and supporting activities, including increases in their knowledge, skills, self-efficacy, and intended use of capacity.

C. Outcome

- Transformational – Organization demonstrates a shift in culture and beliefs among members of the organization that results in significant differences in organizational structures and processes that improve the quality of care provided.

Improved quality service and approaches that are available to consumers within the Washington DC regional area.

Service Area 2: Ryan White Training Center

Key Performance Indicators:

A. Outcome

- Increase current funded organization skills, knowledge, and abilities to efficiently and effectively operate their Ryan White supported programs.

B. Outcome

- Increase the capacity and the number of new organizations to become established Ryan White providers.

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 or 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.

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.
- **Purpose:** State the purpose of the project.
- **Goal(s) And Objectives:** Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.
- **Methodology:** Briefly list the major activities used to attain the goal(s) and objectives

PROJECT NARRATIVE (25-page maximum)

The narrative section should describe the applicant's approach to develop, implement, and evaluate innovative and enhance approaches in capacity building, training, and technical assistance that helps to support stronger, knowledgeable, effective, and efficient community-based organizations and workforce to provide better health outcomes, enhance potential consumer's experience and engagement, address social and environmental needs and barriers impacting health, and improve health outcomes. 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 the specific concerns and contributing factors to be addressed within the project.
- Describe the ability to effectively reach the project community and how they will be served through this project.

PROJECT DESCRIPTION AND EXPERIENCE

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

Describe in detail your organization's approach to operationalize the program strategies listed in section 4.4 and how you will obtain the listed outcomes.

Describe your organization's experience as it relates to the provision of capacity building/technical assistance services to any of the following entities: health departments, planning groups, community-based organizations, and/or other community stakeholders serving populations diverse in race, ethnicity, culture, gender identity and sexual orientation as demonstrated by agency documentation, training and TA products, feedback from recipients of your services, and self-assessment of previous service delivery performance. Additionally, describe types of services provided and list any culturally, linguistically, and developmentally appropriate curricula and materials that the organization has developed or adapted for organizations serving populations diverse in race, ethnicity, culture, gender identity and sexual orientation. (7 pages maximum)

PERFORMANCE MONITORING

This section should describe applicant's processes for data collection, management, and analysis related to stated program goals and objectives. Also, describe your plan for using the process and outcome monitoring and evaluation data to improve your capacity building services, include a logic model for capacity building services.

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. Provide a listing of training courses that your organization has provided over the past three years including those that had continuing educational credits. Please include details of the participants, subject matter expert assigned and evaluative data.

WORK PLAN

The Work Plan is required (draft document attached but this will need to be inputted into EGMS). The work plan describes key process objectives and goals for successful program implementation. Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables.

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

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

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

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

BUDGET TABLE

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

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

Key Budget Requirements

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

March 1, 2024 – September 30, 2024: this will be an initial seven-month period with optional renewal each fiscal year.

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

BUDGET JUSTIFICATION

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

Include the following in the budget justification narrative:

Personnel Costs: List each staff member to be supported by (1) funds, the percent of effort each staff member spends on this project, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full

name of each staff member, or indicate a vacancy, position title, percentage of full-time equivalency dedicated to this project, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for service delivery and/or coordination, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality, and reporting.

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

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

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

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

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

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

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

ORGANIZATIONAL CHART

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

TRAINING DOCUMENTATION

Documentation of training course activities to include PowerPoint decks, course materials, outreach flyers/promotion, and evaluation data.

RISK SELF-ASSESSMENT

The risk self-assessment (template provided) 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 – (10 POINTS)

Corresponds to Sections: Overview and Project or Population Need

This section will be evaluated on the extent to which the proposal includes a thorough overview of the project and the needs of the project.

- Demonstrates an understanding of how capacity building will meet the needs of the project consumer. (5 points)
- Demonstrates how the proposed project will effectively reach and support the project consumer. (5 points)

CRITERION 2: IMPLEMENTATION – (40 POINTS)

Corresponds to Sections: Project Description and Work Plan

This section will be evaluated on the extent to which the proposal includes a thorough description of the proposed projects and how they will improve organizational and community outcomes and a work plan is included.

- Demonstrates program experience and/or expertise with the target audience. (10 points)
- Demonstrates an established track record and/or expertise in providing culturally, linguistically, and developmentally appropriate information, training, technical assistance, and/or capacity building materials development for the target audience. (10 points)
- Demonstrates acceptability and credibility as a current or future provider of information, training, technical assistance, and/or capacity building materials development for the target audience. (10 points)
- Develops a comprehensive work plan for the first project year (10 points)
 - Outcomes: The extent to which the project work plan outcomes are achievable and address the purpose of the RFA.

- Objectives: The extent to which the project work plan objectives are aligned with the RFA and address the capacity building needs of the target population and program components.
- Objectives: The extent to which the project work plan objectives are specific, measurable, achievable, realistic, and time-based (SMART).
- Activities: The extent to which the project work plan activities are achievable, able to build capacity in the target audience, and likely to lead to the attainment of the proposed work plan objectives.

CRITERION 3: EVALUATIVE MEASURES – (15 POINTS)

Corresponds to Sections: Performance Monitoring

This section will be evaluated on the extent to which past and current experience and structure provide a strong likelihood for a meaningful monitoring, and evaluation.

- Proposes a data collection and evaluation plan that is consistent with their work plan and that is feasible and likely to demonstrate grantee performance outcomes, including successes and continuous quality improvement. (10 points)
- Evaluation plan clearly correlates with the presented workplan. (5 points)

CRITERION 4: CAPACITY - (35 POINTS)

Corresponds to Section: Organizational Capacity

Organizations will be scored on the extent to which past and current experience and structure provide a strong likelihood for success in the achievement of key activities. Specific areas of review include:

- Demonstrates a comprehensive understanding of the purpose and intended outcomes of the RFA. (5 points)
- Demonstrates infrastructure, capacity, experience, and expertise to implement entire proposed program. (10 points)
- Demonstrates defined roles for staff and/or consultants to implement entire proposed program. (5 points)
- Demonstrates current or future availability of staff and/or consultants with experience and expertise to effectively implement program components.(5 points)
- Demonstrates through documentation that the applicant has successfully provided trainings and capacity building to organizations including those with continuing educational credits. (10 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 DCRA.
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

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

9. APPLICATION SUBMISSION

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

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

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

9.1 REGISTER IN EGMS

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

1. **Access EGMS:** The user must access the login page by entering the following URL: <https://egrantsdchealth.my.site.com/sitesigninpage>. Click the button REGISTER and following the instructions. 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 (25-page maximum)
 - Budget Table
 - Budget Justification
 - Organization Chart
 - Work Plan
 - Training Documentation

9.3 DEADLINE

Submit your application via EGMS by 6:00 p.m., on the deadline date of December 5, 2023. Applications will **not** be accepted after the deadline.

10. PRE-APPLICATION MEETING

Please visit the [Office of Grants Management Eventbrite page](#) to learn the date/time and to register for the event.

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

RFA updates will also be posted on the [District Grants Clearinghouse](#).

Note that questions will only be accepted in writing. Answers to all questions submitted will be published on a Frequently Asked Questions (FAQ) document onto the District Grants Clearinghouse every three business days. Questions will not be accepted after **November 29, 2023**.

11. GRANTEE REQUIREMENTS

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

11.1 GRANT TERMS & CONDITIONS

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

11.2 GRANT USES

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

11.3 CONDITIONS OF AWARD

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

1. Revise and resubmit a work plan and budget with justification in accordance with the approved scope of work and assignments prescribed by a DC Health Notice of Intent

to Fund and any pre-award negotiations with assigned DC Health project and grants management personnel.

2. Meet pre-award requirements, including submission and approval of required assurances and certification documents, documentation of non-disbarment or suspension (current or pending) of eligibility to receive local or federal funds.
3. Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Department of Health and accepted by the grantee organization. The NOGA shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
4. Utilize performance monitoring and reporting tools developed and approved by DC Health.

11.4 INDIRECT COST

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

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

11.6 VENDOR REGISTRATION IN DIFS

All applicants 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 1: Assurances and Certifications

Attachment 2: Budget Table

Attachment 3: Budget Justification

Attachment 4: Work Plan

Appendix A: Minimum Insurance Requirements

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

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

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

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

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

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

1. Commercial General Liability Insurance (“CGL”) - The Grantee shall provide evidence satisfactory to the PM with respect to the services performed that it carries a CGL policy, written on an occurrence (not claims-made) basis, on Insurance Services Office, Inc. (“ISO”) form CG 00 01 04 13 (or another occurrence-based form with coverage at least as broad and approved by the PM in writing), covering liability for all ongoing and completed operations of the Contractor, including ongoing and completed operations under all subcontracts, and covering claims for bodily injury, including without limitation sickness, disease or death of any persons, injury to or destruction of property, including loss of use resulting therefrom, personal and advertising injury, and including coverage for liability arising out of an Insured Contract (including the tort liability of another assumed in a contract) and acts of terrorism (whether caused by a foreign or domestic source). Such coverage shall have limits of liability of not less than \$1,000,000 each occurrence, a \$2,000,000 general aggregate (including a per location or per project aggregate limit endorsement, if applicable) limit, a \$1,000,000 personal and advertising injury limit, and a \$2,000,000 products-completed operations aggregate limit including explosion, collapse and underground hazards.
2. Automobile Liability Insurance - The Grantee shall provide evidence satisfactory to the PM of commercial (business) automobile liability insurance written on ISO form CA 00 01 10 13 (or another form with coverage at least as broad and approved by the PM in writing) including coverage for all owned, hired, borrowed and non-owned vehicles and equipment used by the Contractor, with minimum per accident limits equal to the greater of (i) the limits set forth in the Contractor’s commercial automobile liability policy or (ii) \$1,000,000 per occurrence combined single limit for bodily injury and property damage.
3. Workers’ Compensation Insurance - The Grantee shall provide evidence satisfactory to the PM of Workers’ Compensation insurance in accordance with the statutory mandates of the District of Columbia or the jurisdiction in which the grant is performed.

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

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

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

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

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

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

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

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

B. PRIMARY AND NONCONTRIBUTORY INSURANCE

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

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

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

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

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

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

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

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

- I. **DISCLOSURE OF INFORMATION.** The Grantee agrees that the District may disclose the name and contact information of its insurers to any third party which presents a claim against the District for any damages or claims resulting from or arising out of work performed by the Grantee, its agents, employees, servants or subcontractors in the performance of this contract.
- J. **CARRIER RATINGS.** All Grantee's and its subcontractors' insurance required in connection with this contract shall be written by insurance companies with an A.M. Best Insurance Guide rating of at least A- VII (or the equivalent by any other rating agency) and licensed in the District.