DEPARTMENT OF HEALTH

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

Facility Based Housing (Transitional and Emergency) with Supportive Services

AMENDED REQUEST FOR APPLICATIONS

FO# HAHSTA-FBH-8.18.23

SUBMISSION DEADLINE:

TUESDAY, SEPTEMBER 26, 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.

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DC DEPARTMENT OF HEALTH

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

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO# HAHSTA-FBH-8.18.23

Facility-Based Housing with Supportive Services

The District of Columbia, Department of Health (DC Health) is requesting proposals from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of 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:	Facility Based Housing with Supportive Services
Funding Opportunity Number:	HAHSTA-FBH-8.18.23
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA)
DC Health Program Bureau	Capacity Building, Housing and Community Partnerships Division
Funding Opportunity Contact:	Sherita J. Grant, Housing Coordinator housingcbhcp@dc.gov
Funding Opportunity Description:	DC Health is requesting proposals from qualified organizations to provide services for Facility-Based Housing with Supportive Services. This includes transitional and emergency housing. With these housing services, applicants must have the capacity to provide Intensive Case Management services by a Licensed Graduate Social Worker (LGSW).
Eligible Applicants	Nonprofit, community-based organizations
Anticipated # of Awards:	Transitional Housing – up to four (4) awards

	Emergency Housing – housing facility – Up to two (2) awards
Anticipated Amount Available:	$2,800,000
Annual Floor Award Amount:	$400,000
Annual Ceiling Award Amount:	$500,000
Legislative Authorization	AIDS Housing Opportunity Act, Public Law 101-624
Associated CFDA#	14.241
Associated Federal Award ID#	DCH23-F001
Cost Sharing/Match Required?	No
RFA Release Date:	Friday, August 18, 2023
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	Tuesday, September 26, 2023
Application Deadline Time:	6:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://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 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.

RFA TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHECKLIST FOR APPLICATIONS

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

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

  - ☐ Certificate of Clean Hands dated within 60 days of the application deadline
  - ☐ Current business license or certificate of licensure or proof to transact business in local jurisdiction
  - ☐ Current certificate of insurance
  - ☐ Copy of cyber liability policy
  - ☐ IRS tax-exempt determination letter (for nonprofits only)
  - ☐ IRS 990 form from most recent tax year (for nonprofits only)
  - ☐ Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the executive director)
  - ☐ Assurances, certifications and disclosures
  - ☐ Proposal abstract
  - ☐ Project narrative
  - ☐ Budget table
  - ☐ Budget justification
  - ☐ Organization chart
  - ☐ Work plan
  - ☐ Staffing Plan
  - ☐ Other Funding Sources
  - ☐ 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: **August 4, 2023**
- Request for Application Release Date: **August 18, 2023**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Application Submission Deadline: **Tuesday, September 26, 2023**
- Anticipated Award Start Date: **December 1, 2023**

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 HIV/AIDS, Hepatitis, STD & Tuberculosis Administration (HAHSTA) has the mission to reduce the transmission of the diseases and provide care and treatment to persons with the diseases.

The Capacity Building, Housing, and Community Partnerships (CBHCP) division provides an array of supportive services to increase the capacity and service delivery for both our internal and external community partners as well as the overall community through innovation public health approaches. This division addresses the housing needs of those residents in the region through our status neutral approach while meeting the housing needs of those living with HIV and those who are disproportionally impacted with acquiring HIV. Additionally, CBHCP is committed to building stronger relationships and partnerships that fosters innovative programming through various community-based organizations as well as the Washington DC Regional Commission on Health and HIV, to respond to the needs of those impacted by HIV/AIDS, Hepatitis, STD & TB.

1.3 PURPOSE

The purpose of this funding is to provide participants with tools to achieve self-sufficiency and independence by providing rental subsidies, comprehensive assistance from housing experts, as well as wrap-around services, as needed.

The Department of Health created the following ten goals specific to the HOPWA program:

- Assisting persons living with HIV to reach viral suppression and retain care by providing housing as a social determinant of health. This goal is to be realized through the provision of rental assistance.
- Preventing separation of dependent children from single-parents living with HIV who are at risk of being homeless. This goal is to be realized through the provision of rental assistance and transitional housing.
- Helping persons living with HIV to live independently without stigma. This goal is to be realized through the provision of rental assistance. (affordability to provide decent affordable housing)
- Expanding housing available to persons living with HIV. This goal is to be realized through the provision of funds for construction of housing units.(affordability to provide decent affordable housing)
- Providing immediate temporary housing assistance to homeless persons living with HIV. This goal is to be realized through the provision of funds to operate housing facilities. (affordability to provide decent affordable housing)
- Helping persons living with HIV to remain in their current private housing. This goal is to be realized through the provision of short term rent, mortgage, and utility assistance. (affordability to provide decent affordable housing)
- Helping persons living with HIV to maintain housing stability. This goal is to be realized through the provision of housing case management. (affordability to provide decent affordable housing.
- Helping persons living with HIV to become self-sufficient. This goal is to be realized through the provision of funds to pay for supportive services. (affordability to provide decent affordable housing)
- Linking persons living with HIV to suitable housing. This goal is to be realized through the provision of funds to pay for housing information. (affordability to provide decent affordable housing)
- Developing housing resources for persons living with HIV. This goal is to be realized through funds to pay for Resource Identification.

The two components of the Housing Opportunities for Persons Living with HIV/AIDS (HOPWA) for this funding announcement is Facility-Based Housing program – Emergency and Transitional which is to provide participants in need with time-limited housing and supportive services targeted specifically to assist residents to make measurable progress towards attaining housing stability. The goal at the end of this transitional period is to have participants successfully move out of the program into stable housing, thereby making room for new participants who could benefit from HOPWA housing and services.

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

1.4 Source of Grant Funding

Funding is anticipated to be available using HOPWA funds from the U.S. Department of Housing and Urban Development (HUD) (DCH22-F001) authorized under the AIDS Housing Opportunity Act, Public Law 101-624.

DC Health is the primary recipient of federal funds awarding these funds. As a primary recipient, DC Health has the responsibility to pass through requirements and objectives agreed to in our federal notices of award. The federal award for these funds is U.S. Department of Housing and Urban Development, Housing Opportunities for Persons with AIDS, HUD's FY2022 Community Planning and Development (CPD) Grant Award DCH22-F001,14.241.

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $2,800,000 will be made available in FY24 per the distribution below:

Services	Total Expected Funds	Expected Awards
Facility Based Housing with Supportive Services - Transitional	$500,000	Up to four (4) awards
Facility Based Housing with Supportive Services - Emergency	$400,000	Up to two (2) awards
TOTAL	**$2,800,000**	

1.5.2 Period of Performance and Funding Availability

The first budget period of this award is from December 1, 2023 to September 30, 2024. After the first budget period, there will be up to three (3) additional 12-month budget periods for a total project period of December 1, 2023–September 30, 2026. 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

Not-for-profit and community-based organizations are eligible entities who can apply for a grant funds under this funding opportunity.

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

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

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

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.

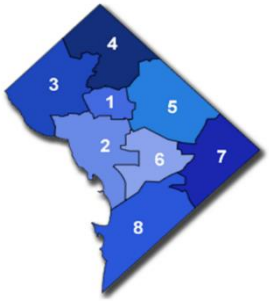
1.5.4 Non-Supplantation

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

2.1 DEMOGRAPHIC OVERVIEW

The District of Columbia (DC or the District) is a diverse and compact geographic area that covers 61 square miles with a population of 689,545 as of the 2020 US Census.[1,2] The District is organized into eight geopolitical wards, with the largest population in Ward 6 (108,202 residents) and the smallest population in Ward 7 (76,255 residents). Wards 1 and 2 have the largest proportion of adults ages 18-64 (80% and 84%), Wards 7 and 8 have the largest proportion of youth ages 0-18 years (24% and 30%), and Wards 3 and 4 have the largest proportion of adults over age 65 (18% and 15%).[3]



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

Data on the burden of HIV in the U.S. shows areas where HIV transmission occurs more frequently. In 2016- 2017 more than 50 percent of new HIV diagnoses occurred in only 48

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

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

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

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

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

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

counties plus Washington, DC, and San Juan, Puerto Rico. Washington, DC, serves as the grantee and applicant for the HOPWA Eligible Metropolitan Statistical Area of Washington, DC (DC EMSA), and along with this needs assessment includes two of the jurisdictions bearing the nation's HIV burden.

The Maryland Department of Health's Center for HIV Surveillance, Epidemiology and Evaluation reports that as of December 31, 2019 a total of 29,220 persons living with HIV resided in the Washington, DC, EMSA for HOPWA. Of the total persons living with HIV within the DC EMSA for HOPWA, 12,408 resided within Washington, DC.

In Prince George's County, Maryland, as of December 31, 2019, a total of 7,926 persons were living with HIV. The Maryland counties of Charles and Calvert are also located within the DC EMSA for HOPWA, bringing the Maryland totals for persons living with HIV to 8,669.

The City of Alexandria; Arlington County; Clarke County; Culpeper County; Fairfax City; Fairfax County; City of Falls Church; Fauquier County; City of Fredericksburg; Loudon County; City of Manassas; City of Manassas Park; Prince William County; Rappahannock County; Spotsylvania County; Stafford County; and Warren County comprise the jurisdictions in Virginia that comprise the DC EMSA for HOPWA. Persons living with HIV in these jurisdictions combined as of December 31, 2019, totaled 8,084.

DC Department of Health (DC Health) is responsible for the Administration of DC Metropolitan Area HOPWA grant under the DC Eligible Metropolitan Area includes Washington D.C., Northern Virginia, the counties of Prince George's, Charles, and Calvert Maryland, and Jefferson West Virginia. The goals for the DC EMSA HOPWA program are to reduce homelessness, minimize the risk of homelessness, increase housing stability and promote the general health and well-being of residents with HIV and their families.

2.2 Program Information

The Facility-Based Emergency and Transitional Housing programs are designed to assist participating households that are seeking to exit or avoid imminent homelessness and move along the continuum to stable permanent housing. The services specifically supported under this funding opportunity are intended to be provided within the context of the full range of housing, robust housing case management, medical, behavioral health, education, employment and benefits access, and other supportive services available to low-income persons living with HIV in the District of Columbia. These programs are operationalized through our central point of intake. All referrals for these services will be made through this organization.

Two housing services will be funded through this RFA. Both of these housing options could include additional staffing of a HAHSTA-funded Health Impact Specialist who helps to navigate and support the participant being successful in the implementation of their housing and services plans.

Facility-Based Housing (Emergency) is housing for up to sixty (60) days within a six-month period. Eligibility for participation in the Facility-Based Emergency Housing program will be

limited to people living with HIV with incomes at or below 50% of area median income (AMI) who also are homeless or at imminent risk of homelessness – as defined by HUD for the homeless Continuum of Care. The main goal of this program is to successfully exit to transitional or permanent housing in the shortest time necessary. All clients will be required to participate in the planning and active implementation of a permanent housing plan, with robust case management support.

Facility-Based Housing (Transitional) involves two (2) types of housing: 1) Single Room Occupancy (SRO) units, apartment units within the same location and 2) Scattered Site units (clients locate their housing units) that are located within the District of Columbia. Timeframes for all three housing types are within a target goal of eighteen (18) months, but not to exceed twenty-four (24) months. The Scattered Site Facility-Based Transitional Housing program will be similarly focused on self-sufficiency and progress on the housing continuum with a goal in transitioning clients into permanent subsidized or unsubsidized housing within a period of 18 months, but not to exceed 24 months. The program will provide intensive case management by, at minimum, a Licensed Graduate Social Worker (LGSW) who is centered on the participant's total well-being. This will include but not be limited to housing, employment, psychosocial, economics, and overall health.

Participants entering Transitional Housing under this program must have a housing services plan established within the first month of service. Prior to 13 months, participants will be expected to have a housing exit plan with an identifiable permanent housing solution. Prior to 19 months, participants will have successfully transitioned to permanent subsidized or unsubsidized housing.

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

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

There are three primary measurable outcomes for HOPWA housing programs:

1. Increased housing stability

2. Increased household income through employment or benefits

3. Evidence of ongoing connection to healthcare and services with documented improved health outcomes

All outcomes must be consistent with the Consolidated Plan for the District of Columbia and HOPWA reporting requirements. Key indicators to be reported by each prospective grantee include, but are not limited to, the following:

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

2.3 COVID-19 Rules for Emergency Housing

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

3. PURPOSE

DC Health is requesting proposals from qualified applicants to provide a programmatic design to ensure that developing housing plans, increasing household income through access to benefits and workforce development activities, and successful housing searches are the primary activities of residents. This funding opportunity also envisions partnering with a select number of entities that can closely monitor participant progress to yield successful completion of their housing plan. In this housing approach, these activities will provide longer- and short-term housing with an invigorated focus on housing independence and transition along the housing continuum. Applicants must develop a housing service plan with structured goals and activities and how

program participants are engaged in those activities. HAHSTA defines the housing continuum as the most appropriate housing setting for a person, which could include self-sufficiency through employment, senior housing for a person 55 years old or older, or Veteran Affairs Supportive Housing (VASH) for returned veteran's permanent supportive housing if the individual has a co-occurring behavioral health condition or physical disability.

3.1 APPROACH

Facility-Based Emergency Housing

For the purposes of this RFA, Facility-Based Housing (Emergency) is a program serving HIV-positive homeless persons. Homeless persons lack a primary nighttime residence or are sleeping in a place that is not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Not included in this definition are those individuals who are temporarily staying in another emergency shelter or transitional housing program or who have other temporary arrangements for nighttime residence, such as temporarily staying with friends or relatives. For a detailed description of homelessness as implemented in the HEARTH Act Interim Rule, please visit the HUD Exchange website. This program will focus on those participants whose household income is at or below 50% of the DC EMSA median income.

Prospective applicants for Facility-Based Housing (Emergency) must demonstrate an ability to serve populations that are literally homeless or at imminent risk of homelessness. These populations may include, but are not limited to, the following:

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

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

The two intended program objectives of this approach are either:

- Provide emergency housing, defined as housing for no more than sixty (60) days in a six-month period. During this period, efforts will be made to assist participants in securing transitional or permanent housing, in shared or independent housing settings. Case management services will also be provided so that upon exceeding the time limitations of emergency housing, participants will have the ability to pay up to 30% of adjusted monthly income towards housing costs.; or

- Serve as a bridge to a Permanent Supportive Housing program, for those who meet the level of need defined by the homeless housing continuum and are determined to be disabled and requiring services due to a combination of chronic homelessness and severe and persistent mental illness and/or physical disability.

Facility-Based Transitional Housing

Facility-based Transitional Housing is a program serving HIV-positive individuals through time-limited housing assistance and targeted supported services with the goal of assisting them to access and maintain permanent housing with maximum self-sufficiency. Prospective applicants applying for transitional housing must demonstrate an ability to serve populations that, without programmatic support, would be at-risk for episodic homelessness and continuing difficulties achieving income sufficient to support housing costs in the private market.

Prospective applicants should design service support programs that enable motivated and competent residents to gain independence within 18 months. Please note that under no circumstances may a transitional program provide assistance to any individual longer than 24 months.

This program provides temporary housing services to DC residents who are HIV-positive, and their families, with household incomes at or below **50%** of the area median income. Some of these services are included but not limited to:

- Housing plans enabling participants to transition to permanent subsidized or unsubsidized housing before 19 months.
- Qualification for or maintenance of health insurance or medical financial assistance.
- Adherence to medical treatment plans to achieve viral suppression.
- Marketable job skills and internship/training opportunities, as available.
- Educational enhancements to support job skills.
- Enrollment and ongoing participation in career development training and placement programs.
- Eligibility for source of income.
- Budgeting and money management skills to become self-sufficient before 19 months.

Housing Model and Payment

Housing units may be located in a multi-unit dwelling at one or more locations, or single unit dwellings located at scattered sites. The eligible housing types is One-bedroom apartment – Apartments at the fair market rate located in a multi-unit dwelling at one or more locations or single unit dwellings located at scattered sites. For this housing type, prospective applicants may invoice for facility operations costs including lease, occupancy, and project based rental assistance.

Under the Scattered Site Facility Based housing program, Housing Counseling Services will be the point of intake for all participants entering your program. HCS will do a thorough assessment to ensure participants are eligible for Scattered Site Transitional Housing. Prospective applicants will not establish separate intake criteria for participant's acceptance into your program. Applicants will enter into an agreement with clients once they are accepted into your program. Participants will lease their own units. The prospective applicant will receive payment under agreement with HAHSTA. Scattered Site transitional housing requires that the participants pays 30% of adjusted monthly income to the prospective applicant for housing costs. Amounts collected from participants must be applied by the prospective applicant to housing costs and that amount must be deducted from monthly invoices to HAHSTA.

Supportive Services – Case Management

Generally, to be supported under this funding opportunity, services funded by HOPWA must be intended to improve the housing stability and self-sufficiency of participants served. Core supportive services – intended to improve the housing stability and self-sufficiency of participants served – include:

- Intensive Case Management (Required)
- Navigation life skills management
- Meals, food and nutrition (For Emergency Housing Only)

This supportive service is specific to housing stability and self-sufficiency of participants. All participants will have a housing services plan developed within the first month of service with structured goals and activities. This housing plan must include monthly benchmarks which the participants will realistically be expected to meet. Prior to 13 months, participants will be expected to have a housing exit plan with an identifiable permanent housing solution. Before 19 months, participants will have successfully transitioned to permanent subsidized or unsubsidized housing.

Meals and Nutritional Services

This supportive service must be proposed to provide meals, snacks, and nutritional supplements to participants living in Facility-Based Emergency Housing programs.

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 TARGET POPULATION

Grantees shall provide services to people living with HIV/AIDS (PLWHA) with incomes at or below 50% of the area median income (starting at $49,850). The main goal of these programs is successful exit to either other transitional housing or more permanent housing in the shortest

time necessary. All clients will be required to participate in the planning and active implementation of a permanent housing plan, with robust case management support.

4.2 Location of Services

Grantees must be located within the District of Columbia. Services must be delivered in the following settings:

- Single Room Occupancy (SRO) – Emergency or Transitional Housing
- Multi-unit Buildings in the same location – Transitional Housing
- Scattered Site Housing – Transitional Housing

4.3 Allowable Activities

Activities should include the following:

- Assisting participants to develop, implement, and manage a personalized permanent housing plan. The plan should include, as appropriate, elements of the initial psychosocial screening conducted as part of the entry into the Facility-Based Housing program.

- Assisting participants with financial literacy skills to work with participants to open an account in a banking type institution, of their choosing, so that upon exit of the program, participants will have funds available for down payment costs, background checks, security deposits, etc.

- Assisting participants with access to housing related services in collaboration with but not limited to Department of Human Services, Department of Employment Services, Department of Housing and Community Development, and/or Department of Behavior Health.

- Assisting participants to understand their eligibility for and the process of enrolling themselves (and any associated family members) in such benefits as food stamps, Medicaid, Social Security Income (SSI), and Social Security Disability Income (SSDI).

- Assisting participants to maintain an ongoing connection with an ambulatory outpatient medical care provider and associated medical case management.

- Ensure access and utilization of medical service plans to ensure participants had contacts with medical case manager and providers.

- Assisting in connecting participants to workforce development, training, and employment search providers.

- Acknowledge the specific challenges that people living with HIV face when seeking and maintaining employment/educational goals and develop solutions that are documented to address the challenges.

- Support job seekers in navigating important considerations related to medical, legal, financial, psychosocial, and vocational issues.

- Identify individual interests, values, strengths, barriers and job readiness to assist job seekers in making well-informed decisions about employment.

- Provide information and guidance about employment related legal protections that cover people living with HIV.

- Conduct home visits at least quarterly at facility-based or scattered site housing locations.

- Address concerns and fears regarding benefits such as SSDI/SSI, housing subsidies, and health care through planning efforts.

- Focus on job retention during the crucial first several months of employment.

- Navigate participants to relevant substance use and/or mental health services.

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: Facility Based Transitional Housing with Supportive Services:

Key Performance Indicators:

A. Outcome

1. Increased housing stability

2. Increased household income through employment or benefits

3. Evidence of ongoing connection to healthcare and services with documented improved health outcomes.

4. Adherence to medical treatment plans to achieve viral suppression

Service Area 2: Facility Based Emergency Housing with Supportive Services:

Applicants can accept clients directly and via referrals from the DOH HOPWA point of intake. If applicants accept clients directly, you must register them with the HOPWA point of intake within 72 hours.

Key Performance Indicators:

A. Outcome

1. Increased housing stability

2. Increased household income through employment or benefits

3. Evidence of ongoing connection to healthcare and services with documented improved health outcomes.

Service Area 3: Supportive Services/Case Management:

Key Performance Indicators:

This supportive service is specific to housing stability and self-sufficiency of participants. All participants will have a housing services plan developed within the first month of service with structured goals and activities. This housing plan must include monthly benchmarks which the participants will realistically be expected to meet. Prior to 13 months, participants will be expected to have a housing exit plan with an identifiable permanent housing solution. Before 19 months, participants will have successfully transitioned to permanent subsidized or unsubsidized housing.

A. Outcome

1. Adherence to medical treatment plans to achieve viral suppression.
2. Housing plans enabling participants to transition to transitional, permanent subsidized or unsubsidized housing

HOPWA program requires reporting on the following elements:

- Household Size
- Race/Ethnicity
- Annual Income
- Gender
- Age
- Chronically Homeless
- Homeless Veterans
- Living Situation Prior to Entering Program
- Living Situation When Exiting Program
- Number of Households with Housing Plan for Maintaining or Establishing Stable On-Going Housing
- Number of Households having Contact with Case Manager/Benefits Counselor Consistent with Service Plan Schedule

- Number of Households having Contact with a Primary Health Care Provider Consistent with Service Plan Schedule
- Number of Households to Access and Maintain Medical Insurance/Assistance
- Number of Households to Successfully Access or Maintain Qualification for Sources of Income
- Number of Households to Obtain Income Producing Job
- Number of Household receiving Case Management
- Type of Supportive Services received

5. APPLICATION REQUIREMENTS

5.1 ELIGIBILITY DOCUMENTS

CERTIFICATE OF CLEAN HANDS

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

CURRENT BUSINESS LICENSE

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

CURRENT CERTIFICATE OF INSURANCE

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

COPY OF CYBER LIABILITY POLICY

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

IRS TAX-EXEMPT DETERMINATION LETTER

This applies to nonprofits only.

IRS 990 FORM

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

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

This CANNOT be signed by the executive director. This must be dated within 90 days of the application due date.

ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

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

5.2 PROPOSAL COMPONENTS

PROJECT ABSTRACT

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

This section of the application should provide a summary overview of the applicant's total grant application including a description of how the proposed service(s) will improve housing stability, promote self-sufficiency, enhance quality of life and engage clients living with HIV into medical care.

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

PROJECT NARRATIVE (30-page maximum to include all components)

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

OVERVIEW

This section should briefly describe the purpose of the proposed project and how the application aligns with this funding opportunity. 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 and corresponding social determinants of health
- Describe how the target population was identified for this proposal.
- Define the reach, boundaries, zip codes and/or geography of the target population.
- Describe the specific problem(s) and contributing factors to be addressed within the target population.
- Describe the ability to reach the priority population and how they will be served through this project.

PROJECT DESCRIPTION

This section should provide a clear and concise description of strategies and activities they will use to achieve the project outcomes and should detail how the program will be implemented. Applicants must base their strategies and activities on those described in Sections 3.1 Approach, 4.3 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.

Facility-Based Transitional Housing with Supportive Services, applicants have a 6-page limit for the project description section.

Provide a description of the services to be provided in this category. Describe:

- The plan to respond to the key activities described for this service category. Include a complete description of the proposal to establish or maintain collaborations.
- The set of services that will comprise the Facility-Based Housing Program, including location, capacity and staffing related to the Facility Cost.
- Describe the number of clients served during a recent twelve-month period (beginning no later than October 1, 2022, and provide a summary of the results of the service to the client. In particular, provide a summary listing of the housing status of clients served at the end of a 24-month housing placement.
- The impact of the services proposed. Provide a specific plan for addressing the barriers most experienced by the clients and potential clients targeted.
- The capacity of the proposing organization to provide the services proposed in ways that are culturally appropriate and linguistically competent for the populations proposed to be served.
- The plan for developing and implementing a housing stability plan for each client during residence in the Facility-Based Transitional Housing program.

PARTNERSHIPS

This section should describe plans to involve other key partners in the applicant's work. (2-page maximum)

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

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

PERFORMANCE MONITORING

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

All outcomes must be consistent with the Consolidated Plan for the District of Columbia and HOPWA reporting requirements. All participant-level data, including intake, assessment, ongoing case management notes and referrals, will be submitted in a monthly report. Key indicators to be reported by each prospective sub-grantee include, but are not limited to, the following:

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

ORGANIZATIONAL CAPACITY (6 PAGE MAXIMUM)

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

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

- The type of housing and housing supportive services currently provided, if applicable. • The other services provided by the organizations to people with HIV, or people with other chronic illness.
- The ability of the organization to expand services if additional funds become available under this category.
- The current capacity of the organization to collect, analyze and report program data, and provide examples of similar services on which the organization now reports, if appropriate.
- The experience of the organization in maintaining partnerships with other organizations, including a discussion of the documentation of these partnerships.
- Experience with managing a program that requires understanding and knowledge of general housing principles, for example, property management, development, landlord tenant rights and responsibilities, housing intake, resource and referral management, lease negotiation, mediation. • Experience and capacity to provide culturally affirming and linguistically competent services, relevant to race/ethnicity, gender identity, and sexual orientation.
- Provide a summary of the housing status of each client served during the twelve months that began October 1, 2021 through September 30, 2022. Specifically, provide the unduplicated number of individuals served, if applicable.
- Of these clients, the number and proportion of clients whose housing status at the end of the term of service
    - Changed from Emergency to Transitional Housing assistance
    - Changed Emergency Housing provider
    - Continued service beyond the expected term of service
    - Disconnected/Unknown

WORK PLAN

The Work Plan is required. This will be entered directly into EGMS but a template will be provided for application planning purposes. 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

STAFFING PLAN

The applicant's staffing plan must be submitted (no template provided). The staffing plan should describe staff qualifications and include type and number of FTEs. Staff CVs, resumes, and position descriptions may also be submitted.

OTHER FUNDING SOURCES TABLE

This spreadsheet is a companion to the Program Partnerships section of the project narrative (template provided).

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

BUDGET TABLE

The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse as noted in form provided (attached). 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 10-month period, as follows:

- December 1, 2023 – September 30, 2024:

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

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

BUDGET JUSTIFICATION

The application should include a budget justification (attached). 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)*.

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:

For this competition, HAHSTA will evaluate applications based on an analysis of the written submission and a pre-decisional site visit.

All new applicants will be contacted by HAHSTA by September 25, 2023, to schedule the pre-decisional site visit which will take place during the week of October 2 - 6, 2023. Note these dates on your calendar to ensure your organization will be available for a scheduled site visit.

CRITERION 1: ORGANIZATIONAL BACKGROUND AND CAPACITY (20 POINTS)

- Applicant demonstrates its technical competence to provide the services proposed (5 points)
- Applicant demonstrates the cultural competence and language capacity to provide the services proposed to the population or population(s) to be served. Applicant demonstrates appropriate and necessary sensitivity to remove barriers created by racial and ethnic diversity, economic status, gender identity, disability, sexual orientation and similar factors. (5 Points)
- Applicant demonstrates a thorough understanding of the barriers to service experienced by the population or population(s) to be served and has proposed a set of service activities to address those barriers (5 points)
- The plan for services includes a clear description of the services to be provided, including a quantifiable set of units of service. (5 Points)

CRITERION 2: PROGRAM DESCRIPTION (35 POINTS)

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

- The plan for services includes a clear description of the number of people with HIV to be served, as well as a clear description of the number of family members of people with HIV to be served. (5 Points)
- The applicant provides detailed information on how the proposed program will be implemented. The applicant presents relevant and realistic objectives and activities. The goals and objective of the activities are clearly defined, measurable and time specific. (15 Points)
- The applicant clearly describes the collaborative partnerships in detail of how services are to be provided for the proposed project (e.g. by the organization or in collaboration with another organization). (5 points)
- The applicant describes how the program will be effectively managed and demonstratesthat the skills and experience of the proposed program staff are adequate to needs of the proposed program. (5 Points)
- The expected impact of the program on the target populations(s) is clearly delineated and justified as to one or more of the following: (5 points)
    - The number of chronically homeless persons with HIV who are housed.
    - The number of marginally housed persons with HIV who are moved to stable, long-term housing.
    - The number of households who are supported to maintain stable housing.
    - The number of persons with HIV housed who are effectively transitioned to housing supported by other sources of funding.
    - Number of households receiving housing assistance that house one or more individuals receiving appropriate HIV primary health care.
    - The number of persons with HIV housed through the program who are effectively transitioned to housing supported by other sources of funding.
    - Increases in income from employment or benefits among those receiving housing assistance.

CRITERION 3: PROGRAM PARTNERSHIPS AND RESOURCES (10 POINTS)

- The extent to which the applicant illustrated the ability to provide or link clients to needed housing, employment and educational related services either directly or through partnership and the status of those efforts at the time of application. Information should include the name of the organization, purpose of the partnership, respective responsibilities for engaging the participant and methods of ongoing coordination, and the status of the partnership. (4 points)
- The extent to which the applicant proposed new partnerships or collaborations. (3 points)
- The extent to which the applicant provided a detailed illustration of their organization's
- availability of other funding sources to leverage against potential HAHSTA funding for
- Facility-Based key activities (This will be completed using Attachment C – Other

- Funding Sources Table). (3 points)

CRITERION 4: PRE-DECISIONAL SITE VISIT (TOTAL 20 POINTS)

Organizational Infrastructure: (up to four (4) points)

1. The applicant organization has a Board of Directors and Executive Committee supportive of enhancing, expanding and/or supplementing existing services
2. .Positions of Key Personnel (Executive Director, Fiscal Administrator, Project Manager) are filled and the organization is ready to implement the proposed program effective 12.1.23.
3. The applicant's organizational chart/staffing plan supports the proposed services.
4. The applicant organization has hired, or will expeditiously hire, appropriate front-line staff and consultants to deliver services upon the start of the grant (12.1.23).

Organizational history of providing the service or similar services: (up to four (4) points

5. The applicant organization possesses adequate experience (≥ 1 year) providing housing, health, supportive (social) and/or comparable services.
6. The applicant organization has provided services for, and has established rapport with, the Target Population/Population of Focus (≥ 1 year).
7. The applicant organization adequately demonstrates delivery of services consistent with the applicant's proposed Project Description.
8. The applicant organization has a collective organizational level of expertise (i.e. credentials, licensure and experience) required to qualify for, and comply with the requirements of, the proposed service(s).

Program Management: (up to four (4) points

9. Applicant organizational staff is familiar with HUD, Federal, local and professional regulations, service standards and any other applicable requirements for the proposed service category(ies).
10. Applicant organization staff is familiar with specific, HOPWA, Ryan White and other federal requirements (e.g. payer of last resort, use of program income, certification for Medicaid-reimbursable service categories).
11. The applicant organization proposes services that are aligned with the agency's mission, vision, goals, and objectives of existing program(s), which are specific, measurable, achievable/attainable, reasonable/realistic and time-specific/time-bound (S.M.A.R.T.).
12. The applicant organization plans, implements, monitors, and evaluates its programs, and appropriately revises programs according to measured performance outputs and outcomes.

Data Collection and Reporting: (up to four (4) points:

13. The applicant organization utilizes an electronic data system or utilizes an alternative (e.g. mixed) method of maintaining program data.
14. Applicant organization staff is familiar with HOPWA and Ryan White data reporting requirements (i.e. CAREWare, RSR, unduplicated data variables) or has the capacity to quickly become familiar with them (by 12.1.23)
15. The applicant organization has the capacity to adequately report on all HOPWA and Ryan White data variables and meet rigorous reporting deadlines.
16. The applicant organization sufficiently supports data reporting (i.e. allocates funding for data reporting activities; ensures adequate staffing levels for data reporting).

Current Organizational Access to the Target Population/Population of Focus: (up to four (4) points:

17. The applicant organization has demonstrated (with supportive documentation and data) a successful history of providing services for the Target Population/Population of Focus.
18. The applicant organization has identified (with supportive documentation and data) a current and/or emergent need for the proposed service(s) for the Target Population/Population of Focus.
19. The applicant organization has access to, and can reach, the Target Population/Population of Focus.
20. The applicant organization has established and maintained mutually respectful rapport with the Target Population/Population of Focus.

Cultural Competence: Up to four (4) points:

21. The mission, vision, goals, objectives, and values of the applicant organizational culture are aligned to serve the proposed Target Population(s)/Population(s) of Focus.
22. The applicant organization aligns program services with the needs and value system(s) of the proposed Target Population(s)/Population(s) of Focus.
23. The applicant organization requires and/or provides staff training related to the cultural and emergent needs of proposed Target Population(s)/Population(s) of Focus.
24. The applicant organization is familiar with the minimum requirements of federally promulgated Culturally and Linguistically Appropriate Services (CLAS).

Fiscal Systems: Up to four (4) points:

25. The applicant organization has experience managing federal grants.
26. The applicant organization has adequate financial resources (i.e. sufficient revenue/gross receipts and line of credit to ensure appropriate cash flow, timely payroll and other financial disbursements) to support the proposed service category(ies).
27. The applicant organization has a spending plan to ensure, and track, timely expenditure of funds.

28. The applicant organization demonstrates their capability of separating and documenting funding streams from various resources and ensures HOPWA and Ryan White as payer of last resort.

Organizational Sustainability: Up to four (4) points:

29. The applicant organization maintains a line of credit available equal to, or greater than, the total amount of funding requested.
30. The applicant organization's official strategic plan includes fundraising activities.
31. The applicant organization has contingency plans/transition plans developed in the event of unusual incidents having the potential to dissolve the program and/or organization (e.g. funding cuts, end of HOPWA and/or Ryan White/ACA funding, lawsuits).

CRITERION 5: BUDGET AND BUDGET NARRATIVE (0 POINTS)

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

In preparing budgets, applicants shall:

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

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 already has an account, please ensure that the Primary User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary 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 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 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 follow 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 (1 page maximum)
    - Facility Based Program Description – (10 page maximum)
    - Budget Table
    - Budget Justification
    - Organization Background and Capacity (6 page maximum)
    - Work Plan

9.3 Deadline

Submit your application via EGMS by 6:00 p.m., on the deadline date of September 26, 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 September 12, 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 grant making 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 PASS

All applicants that that are new vendors with any agency of the District of Columbia government require registration in PASS, 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

Attachment 5: Risk Self-assessment

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.