



DEPARTMENT OF HEALTH  
COMMUNITY HEALTH ADMINISTRATION (CHA)

**Maternal Infant and Early Childhood Home Visiting Program (MIECHV)  
REQUEST FOR APPLICATIONS**

**RFA# CHA\_MIECHV\_01.08.2021**

**Submission Deadline:  
Friday, March 19, 2021 by 6:00 pm**

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

**DEPARTMENT OF HEALTH (DC Health)**

**NOTICE OF FUNDING AVAILABILITY (NOFA)**

**Maternal, Infant and Childhood Home Visiting program\_2021**

The District of Columbia, Department of Health (DC Health) is soliciting applications from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the 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.

**General Information:**

Funding Opportunity Title:	Maternal, Infant and Childhood Home Visiting program_2021
Funding Opportunity Number:	FO-CHA-PG-00013-000
Program RFA ID#:	CHA_MIECHV_01.08.2021
Opportunity Category:	Competitive
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Family Health
Program Contact:	Jean Gamble Community Health Administration jean.gamble@dc.gov
Program Description:	The Department of Health (DC Health), Community Health Administration (CHA) is soliciting applications from qualified organizations to implement Maternal Infant Early Childhood Home Visiting (MIECHV) utilizing federally approved evidence-based home visiting models to support improved health outcomes for pregnant women and caregivers with children ages zero through three years old.
Eligible Applicants	Not-for-profit, faith-based, public and private organizations located and licensed to conduct business within the District of Columbia.
Anticipated # of Awards:	1
Anticipated Amount Available:	\$1,104,500.00
Floor Award Amount:	\$500, 000.00
Ceiling Award Amount:	\$1,104, 500.00

**Funding Authorization**

Legislative Authorization	Social Security Act, Title V, Section 511 (42 U.S.C. §711), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148). Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L.115-123), Title VI, Subtitle A.
Associated CFDA#	93.870
Associated Federal Award ID#	X10MC39678
Cost Sharing / Match	No
RFA Release Date:	February 19, 2021
Pre-Application Meeting (Date)	March 8, 2021 from 3:00 - 5:00 PM
Pre-Application Meeting (Location/Conference Call Access)	<p>Meeting link:</p> <p>Meeting link: <a href="https://dcnet.webex.com/dcnet/j.php?MTID=md094a3eea6c4a79297097ac0fa8384ca">https://dcnet.webex.com/dcnet/j.php?MTID=md094a3eea6c4a79297097ac0fa8384ca</a></p> <p>Meeting number: 180 634 8664 Password: fPcnJXPd373</p> <p>Join by video system</p> <p>Dial <a href="tel:1806348664">1806348664@dcnet.webex.com</a></p> <p>You can also dial 173.243.2.68 and enter your meeting number.</p> <p>Join by phone +1-202-860-2110 United States Toll (Washington D.C.)1-650-479-3208 Call-in number (US/Canada)</p> <p>Access code: 180 634 8664</p>
Letter of Intent Due:	Not applicable
Application Deadline	March 19, 2021 6:00 PM
Links to Additional Information about this Funding Opportunity	<p>DC Grants Clearinghouse <a href="https://communityaffairs.dc.gov/content/community-grant-program">https://communityaffairs.dc.gov/content/community-grant-program</a></p> <p>DC Health EGMS <a href="https://dcdoh.force.com/GO_ApplicantLogin2">https://dcdoh.force.com/GO_ApplicantLogin2</a></p>

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

required to register and maintain registration of the organization and all users.

- L. DC Health may enter 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 Award (NOA). The NOA will establish the project period (i.e., the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12-month budget period). The NOA shall outline conditions of award or restrictions.
- N. Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility, and determination that the continued funding and activities is in the best interest of the District of Columbia.
- O. DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC Health under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- P. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control, and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: [site https://is.dc.gov/page/grants-management](https://is.dc.gov/page/grants-management).

If your agency would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at [doh.grants@dc.gov](mailto:doh.grants@dc.gov) or call (202) 442- 9237. Your request for this document will not be shared with DC Health program staff or reviewers. Copies will be made available at all pre-application conferences.

## CHECKLIST FOR APPLICATIONS

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- ☐ Applicants must be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS).
- ☐ Complete your EGMS registration **two weeks** prior to the application deadline.
- ☐ Start constructing and uploading your application components into EGMS at least a week prior to the application deadline.
- ☐ The complete **Application Package** should include the following:
  - DC Health Application Profile
  - Table of Contents
  - Project Abstract
  - Logic Model
  - Project narrative
  - Budget justification
  - Project Budget
  - Organizational Chart
  - Staffing Plan
  - Partnerships Documentation
  - Work Plan
  - Mandatory Certification Documents
- ☐ Documents requiring signature have been signed by an agency head or [AUTHORIZED Representative](#) of the applicant organization.
- ☐ The Applicant needs a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- ☐ The Project Narrative is written on 8½ by 11-inch paper, **1.0 spaced, Arial or Times New Roman font using 12-point type** (*11 –point font for tables and figures*) **with a minimum of one-inch margins. The total size of all uploaded files may not exceed the equivalent of 40 pages when printed. Applications that do not conform to these requirements [will not be forwarded to the review panel.](#)**
- ☐ The application proposal format conforms to the “Application Elements” 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, logic model, and other attachments are complete and comply with the forms and format provided in the RFA.
- ☐ Submit your application via EGMS by **6:00 pm** on the deadline of **March 19, 2021**.



## GENERAL INFORMATION

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### Key Dates

- Notice of Funding Announcement Date: **Friday, February 5, 2021**
- Request for Application Release Date: **Friday, February 19, 2021**
- Pre-Application Meeting Date: **Monday, March 8, 2021**
- Application Submission Deadline: **Friday, March 19, 2021, 6:00 pm**
- Anticipated Award Date: **Monday, April 19, 2021**
- Anticipated Award Start Date: **Friday, October 1, 2021**

### Overview

The District of Columbia, Department of Health's (DC Health), Community Health Administration (CHA) is soliciting applications from qualified public, private and not-for-profit organizations located and licensed to conduct business within the District of Columbia to implement MIECHV utilizing federally approved evidence-based home visiting models.

This funding opportunity aims to:

- improve maternal and child health,
- prevent child abuse and neglect,
- encourage positive parenting, and
- promote child development and school readiness.

DC Health seeks community-based organizations that can achieve this goal by equipping parents and other caregivers with the knowledge, skills, and tools to assist their children in being healthy, safe, and ready to succeed in school.

### Source of Grant Funding

Funding is made available through a cooperative agreement, X10MC39678, issued through the Health Services Resources Administration (HRSA) in the U.S. Department of Health and Human Services (DHHS) reauthorization of the Maternal Infant and Early Childhood Home Visiting Program under the Social Security Act, Title V, § 511 (c) (42 U.S.C. § 711 (c)), as amended by the Bipartisan Budget Act of 2018 (P.L.115123), Title VI, Subtitle A.

### Award Information

#### Amount of Funding Available

This RFA will make available a total of \$1,104,500 for up to two awards to implement an approved MIECHV evidence-based home visiting model.

#### Performance and Funding Period

Awards are projected to begin October 1, 2021 and continue through September 30, 2022

There will be up to four 12-month continuation years. The number of awards, budget periods and award amounts are also contingent upon the continued availability of funds and the recipient performance.

### **Eligible Organizations/Entities**

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

- Non-profit organizations
- Private organizations
- Public organizations
- Faith-based organizations

Organizations considered for funding must meet the above eligibility criteria and have documentation of providing services (health and social services) for the early childhood population and/or their families in the District of Columbia. Applicants must provide letters of commitment or letters of support from existing partnerships if performance will depend on another organization.

### **Administrative Cost**

Applicants' budget submissions must adhere to a **ten percent (10%) maximum** for administrative costs unless the applicant can supply documentation of a federally negotiated IDCRC. In the event supplemental local funds are awarded in addition to the federal funding, the local funds must adhere to the ten percent (10%) maximum for administrative costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

### **Non-Supplantation**

Recipients must supplement, and not supplant, funds from other sources for initiatives that are the same or like the initiatives being proposed in this award.

### **Application Page Limit**

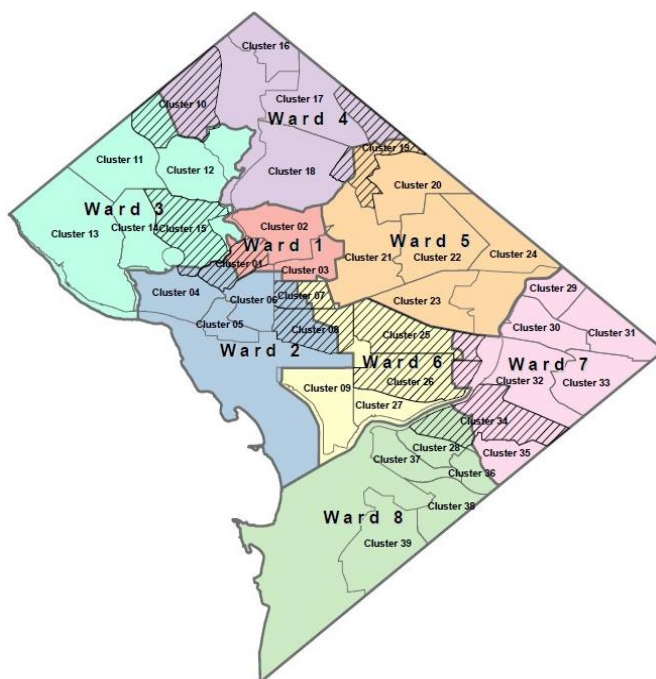
The total size of all uploaded files may not exceed the equivalent of **40 pages** when printed by DC HEALTH. The page limit includes the following documents:

- |  |                                       |
|--|---------------------------------------|
| • Project Abstract (limit 1page)       | • Organizational Chart (limit 1 page) |
| • Logic Model (limit 1 page)           | • Staffing Plan (limit 2 pages)       |
| • Project Narrative (limit 10 pages)   | • Partnerships Documentation          |
| • Budget Justification (limit 5 pages) | • Work Plan (limit 20 pages)          |

## BACKGROUND & PURPOSE

### Background

The District is geographically divided into four quadrants: Northeast, Northwest, Southeast, and Southwest. The eight electoral wards and the residents in each ward reflect an increasingly diverse population, particularly in terms of socioeconomic status and ethnicity. The DC Office of Planning determines the boundaries that define 44 neighborhood “clusters” (opendatadc.org citation)<sup>1</sup>. Figure 1 below shows the alignment between the Ward boundaries and the 44 neighborhood clusters. Hashmarks on the map indicate clusters that are in more than one Ward.



Significant outcomes affecting the health of newborns and infants are low birthweight, preterm births, and infant mortality.<sup>2 3</sup> The 2018 DC Health perinatal health report <sup>2</sup> finds that the District’s birth rate of 17.8 per 1000 women, among females aged 15-17 years in 2016, was almost double that of the national average for the same demographic (9.9 per 1000 women in that age group). During 2015-2016, the percentage of preterm births among all live births for DC was 10.8%, and was highest in Wards 8 (13.8%), 7 (13.4%), and 5 (11.8%).<sup>2 3</sup> By demographic and health characteristics, preterm births in the District were significantly higher among non-Hispanic Black mothers (12.8%) compared to non-Hispanic White mothers (7.8%); higher among mothers who smoked prior to pregnancy (18.4%) than mothers who did not smoke prior to pregnancy (10.2%); and higher among mothers who did not initiate early prenatal care (26.9%) than mothers who initiated prenatal care during their first trimester (10.2%) <sup>2</sup>. By neighborhood

<sup>1</sup> Clusters 40-44 do not have any residents

<sup>2</sup> District of Columbia Department of Health. Perinatal Health and Infant Mortality Report. April 2018. Website: [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/DC%20Health%20Perinatal%20Health%20%26%20Infant%20Mortality%20Report\\_FINAL.PDF](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC%20Health%20Perinatal%20Health%20%26%20Infant%20Mortality%20Report_FINAL.PDF)

<sup>3</sup> District of Columbia Department of Health, Vital Records Division, Center for Policy Planning and Evaluation. *DC Birth Data*, 2016

clusters in DC, the highest preterm birthrates (of 11.2% and greater) were recorded in the following clusters:<sup>2 3</sup>

Ward	Cluster	Neighborhood Names
1	2	Columbia Heights, Mt Pleasant, Pleasant Plains, Park View
4	17	Takoma, Brightwood, Manor Park
4	18	Brightwood Park, Crestwood, Petworth
5	23	Ivy City, Arboretum, Trinidad, Carver Langston
7	32	River View, Benning, Greenway, Dupont Park
7	33	Capitol View, Marshall Heights, Benning Heights
7	34	Twining, Fairlawn, Randle Highlands, Penn Branch, Fort Davis Park, Fort Dupont
7	35	Fairfax Village, Naylor Gardens, Hillcrest, Summit Park
8	36	Woodland/Fort Stanton, Garfield Heights, Knox Hill
8	37	Sheridan, Barry Farms, Buena Vista
8	38	Douglas, Shipley Terrace
8	39	Congress Heights, Bellevue, Washington Highlands

National research on evidence-based home visiting (EBHV) programs for at-risk caregivers/families affirms that structured home visits that offer health and parent education, supportive relationships, and links to other needed services from pregnancy and birth through the first few years of life, strengthen parent-child relationships and promote the physical, social-emotional, and cognitive growth of infants and young children.<sup>4</sup> This work contributes to healthy child development and improved family functioning and ultimately reduces the risk of child abuse and neglect. With this funding, DC Health aims to ensure residents have access to quality evidence-based home visiting services in the District. DC Health is committed to the success of EBHV models in the implementation of MIECHV to, meet the varied needs of pregnant mothers, infants, children, and their families beginning from pregnancy through early childhood.

## Performance Requirements

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### Maternal Infant Early Childhood Home Visiting Services

#### Target Population

The target population for this RFA are pregnant mothers and families with children ages zero through three years old residing in communities with high or disproportionate concentrations of the following indicators: premature births; low-birth weight infants; infant mortality (including infant death due to neglect); child maltreatment; and, other indicators conferring risk for poor perinatal, newborn, or child health outcomes (ex. poverty; crime; domestic violence; less than high-school education; substance abuse; unemployment).

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<sup>4</sup> <https://www.zerotothree.org/resources/144-the-research-case-for-home-visiting>

In addition to serving communities with the high concentrations of the indicators listed above, the following sub-populations must be given priority in providing services:

- Families with mothers under the age of 21,
- Families with a history of child abuse or neglect or who have had interactions with child welfare services,
- Families with a history of substance abuse or in need of substance abuse treatment,
- Families experiencing unstable housing or homelessness,
- Families with caregivers who are currently incarcerated or previously incarcerated within the last 12 months,
- Families with caregivers who have intellectual disabilities caring for children ages 0 through 3; and
- Families of children with developmental delays or disabilities.

### **Location of Services**

Services must be delivered within communities with well-defined geographic borders. This may include a public housing development, neighborhood, or other clearly defined community.

### **Scope of Services**

#### **A.1 Evidence-Based Home Visiting model:**

The applicant must be a current certified affiliate, or obtain affiliation prior to the award date, from the model developer to implement the selected evidence-based home visiting model. All staff must be trained by the model developer to implement the model to fidelity and, submit affiliation and staff training certification to DC Health. During the period of performance, the applicant must maintain their affiliation status and implement the model to fidelity. Attachment 1 has a list of evidenced-based models approved for implementation under this funding opportunity.

*Fidelity to a Home Visiting Service Model* – Applicants must ensure fidelity of implementation of evidence-based home visiting model and document fidelity compliance. Fidelity includes the awarded applicant's adherence to all model developer requirements for high-quality implementation, as well as any applicable affiliation, certification, or accreditation required by the model developer, as applicable. These requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:

- Recruiting and retaining clients,
- Providing initial and ongoing training, supervision, and professional development for staff,
- Establishing a management information system to track data related to fidelity and services,
- Analyze program data to track progress of implementation and participants' outcomes; and
- Developing an integrated resource and referral network to support client needs.

Changes to an evidence-based model that alter the core components related to program outcomes (otherwise known as “drift”) are not permissible, as changes can impair fidelity and undermine the program’s effectiveness.

Model Enhancements – Applicants who wish to adopt enhancements to an existing evidence-based model to better meet the needs of targeted communities must secure written prior approval from the national model developer to ensure that enhancements do not alter core components.

## Screenings

The applicants shall screen families for risk and, refer families and children to the appropriate services if necessary. The applicants shall ensure that home visitation staff are appropriately trained to administer, score and interpret screening tools; and communicate assessment results to families. A successful applicant must use the following screening tools:

- **Ages & Stages Questionnaires (ASQ-3)**<sup>5</sup> - Developmental screeners given to parents to see how a child’s development compares with other children of the same age,
- **Ages & Stages Social and Emotional (ASQ:SE-2)**<sup>6</sup> - Parent-completed tool with a deep, exclusive focus on children’s social and emotional development, used for early identification of social-emotional problems,
- **Patient Health Questionnaire-9 (PHQ-9)** - Self-test that measures depressive feelings and behaviors during the past week to determine a person’s depression quotient,
- **Key Interactive Parenting Scale (KIPS)** – A structured tool of parent-child interaction, reliably assesses the quality of parenting behaviors during free play with a child 2 months through 5 years of age; and
- **Abusive Behavior Inventory (ABI)** - Self-report, 30-item screening tool that asks participants on a Likert scale (1-5) to report the frequency of abusive behaviors during a 6-month period.

## Referrals

The applicant’s home visitors shall make the appropriate referrals based on the family’s needs and screenings results from the screening tools listed above. The home visitor and/or other designated staff shall also follow up on any referral made and aid in completing referrals as participants’ circumstances necessitate.

## Implementation

### A.1 Evidence-Based Home Visiting model:

Applicants shall provide a detailed implementation plan 60 days from award that, at minimum, includes the following requirements:

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<sup>5</sup> Awardee of this funding will be required to be required to conducted ASQ-3 and ASQ:SE-2 screening via DC Health’s ASQ screening portal. DC Health will provide an account in the system for each awarded organization.

<sup>6</sup> Ibid.

- A plan for working with the national model developer and a description of the technical assistance and support to be provided through the national model, if applicable,
- Protocols for data collection, reporting, and monitoring program fidelity in an accurate and timely manner,
- Policies and procedures for tracking participant consent (e.g., forms), conducting and recording screening<sup>7</sup>, and sharing participant's information for referral purposes,
- Policies and procedures to ensure compliance with certification and training requirements mandated by any of the national administrative organizations that oversee implementation of these evidence-based home visit models; and
- A work plan with activities to be performed, a responsible person, target dates for completion, and anticipated outcomes.

### **Staffing Requirements**

The applicant shall ensure that the appropriate program staff is hired to fully implement the program. Staff should be in place at the time of solicitation or within 120 days from the date awarded. The applicant's program staff shall include, but not be limited to, one full-time supervisor, and the number of part-time or full-time home visitors needed to maintain the required staff to participant ratio.

The supervisor is a key role that is responsible for direct staff supervision and oversight of the day-to-day implementation of the program. As such, there should be one full time (100% FTE) staff person for this position. It is required that the supervisor be solely dictated to the oversight of only the staff funded by this award and only the activities that are directly funded by this award. The supervisor shall have a minimum education of a bachelor's degree in early childhood education, elementary education, family or adult education, social work, or a related field. Additionally, the supervisor must have two years of experience providing direct services to the identified target population.

### **Reporting**

The applicant shall be required to adhere to the reporting schedule established by DC Health, which includes, but is not limited to, data and updates on the following:

- Monthly narrative reports submitted by the last business day before the 10th day of each month
- Monthly time study logs for the supervisor, home visitors and other staff that are funded 25% or more from this award
- Number of clients and children enrolled (new verses continuing) are determined by a needs assessment of the target population, date of enrollment, date of withdrawal, client category (e.g., pregnant, or postpartum)
- Number of home visits conducted monthly
- Number of canceled or missed home visits monthly
- Number of referrals made, listed by agency name monthly

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<sup>7</sup> Ibid., p. 14

- Demographic data on each participant
- Quarterly spend plans
- Documentation and adherence to the MIECHV performance measures identified in (Appendix A)

## APPLICATION REQUIREMENTS

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### Project Narrative

#### Introduction

This section should clearly state the project area that the application will address and describe the purpose of the proposed project. It should also describe the target community, or communities, in which the project will be located and the population to be served, including population size, and other demographic characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population.

#### Project Description

This section should provide a comprehensive framework and description of all aspects of the proposed project. Additionally, irrespective to the model type selected below, this section should describe how the proposed project meets the requirements in the Scope of Service Section (*please see Performance Requirements Section for more details*).

The applicant must propose a program implementing MIECHV using an evidence-based home visiting model.

#### A.1 Evidence-based Home Visiting model:

The applicant must select a model from the list of models in Attachment 1 and explain how the model will address the needs identified in the targeted community or communities.

- Describe past prior experience with implementing the model selected, if any, as well as the current capacity to support replication of the model.
  - If you have been implementing the model for more than two years, please provide data on caregiver and child outcomes that has resulted from participation in the home visiting model to date.
- Describe the plan for ensuring implementation, with fidelity to the model, and include a description of the following:
  - the overall approach to home visiting quality assurance and improvement,
  - the approach to program assessment and support of model fidelity; and
  - anticipated challenges and risks to maintaining quality and fidelity, and the proposed solutions to address the issues identified.
- Discuss anticipated challenges and risks of selected program model, and the proposed response to address the issues identified.
- Discuss any anticipated technical assistance needs.



## Implementation

This section should provide an overview for the project implementation and for ongoing monitoring of the quality of implementation of chosen model at the community, agency, and participant level. Applicants should address all areas described below.

- Participant Engagement:
  - The estimated number of families served,
  - Plans to identify, recruit, enroll, and retain participants in the program,
  - A plan for minimizing the attrition rates for participants enrolled in the program,
  - An estimated timeline to reach the maximum caseload,
  - Assurance that priority will be given to serve participants from priority subpopulations (*please see Performance Requirements Section for more details*),
  - Assurance that required screenings (*please see Performance Requirements Section for more details*) will be conducted with participant families and that services and referrals will be provided in accordance with those individual assessments; and
  - Assurance that services will be provided on a voluntary basis.
- Community Engagement:
  - A description of the process for engaging the target community (communities) in the implementation of the proposed home visiting model, including identifying the organizations, institutions or other groups and individuals consulted.
  - Describe how coordination among the proposed home visiting model and other existing programs and resources in those communities, especially regarding health, mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education, and other social and health services.
- Program Staffing:
  - Describe the plan for recruiting, hiring, and retaining appropriate staff for all positions.
  - Describe the plan to ensure high quality supervision and reflective practice for all home visitors and supervisors.
  - Describe how and what types of initial and ongoing training and professional development activities will be provided for staff.
- Program Monitoring:
  - Describe the management information system(s) that will be used to track data on program implementation, referrals, and participants' outcomes.
  - Explain the approach to monitoring, assessing, and supporting implementation with fidelity to the chosen model(s) and maintaining quality assurance.
  - Describe how ongoing continuous quality improvement will be incorporated; and,
  - Discussion of anticipated challenges to maintaining quality and fidelity, and the proposed response to the issues identified.
- Sustainability

- Propose a plan for project sustainability after the period of funding ends, which sustains key methods and activities of the project.

## **Performance Monitoring**

Applicants must collect individual-level demographic and service-utilization data on the participants in their program as necessary to reach 85% capacity of the target population based on a needs assessment, analyze and understand the progress children and families are making. Individual-level demographic and service- utilization data may include but are not limited to the following:

- Family’s participation rate in the home visiting program (e.g., number of sessions/numbers of possible sessions, duration of sessions).
- Demographic data for the participant child or children, pregnant woman, expectant father. parent(s), or primary caregiver(s) receiving home visiting services including child’s gender, age of all (including age in month for child) at each data collection point and racial and ethnic background of all participants in the family.
- Family socioeconomic indicators (e.g., family income, employment status).

In addition to the reporting demographic and service-utilization data, applicants must collect all performance measures (Appendix A) data. The applicant must propose a plan for collecting data on all families that have been enrolled in the home visiting program. This section should address the following:

- A plan for a data collection schedule including how often the measure will be collected and analyzed.
- Describes the minimum qualifications or training requirements for administrators of measures, qualifications of personnel responsible for data management, and the time estimated for the data collection-related activities by personnel categories.
- A plan for ensuring the quality of data collection and analysis.
- Plans for gathering and analyzing demographic and service-utilization data on the children and families served to better understand the progress children and families are making and inform quality assurance and improvement (QA/QI) activities.
- A plan for data safety and monitoring including privacy of data, administration procedures that do not place individuals at risk of harm (e.g., questions related to domestic violence and child maltreatment reporting), and compliance with applicable regulations related to IRB/human subject protections, HIPAA, and FERPA. The plan must include training for all relevant staff on these topics.
- Any anticipated barriers or challenges in the benchmark reporting process (including the data collection and analysis plan) and possible strategies for addressing these challenges.

## **Partnerships**

In this section, the applicant must describe the plan to include other key partners in their work.

- Describe the applicant’s experience working collaboratively with government agencies

including public housing, behavioral health, education, and child welfare, to implement community-based programs.

- Describe the applicant's experience working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community health and social outcomes.
- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to support the implementation, and evaluation, if applicable, of the applicant's program.
- As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application.

## **Organizational Information**

Provide information on the applicant organization's current mission and structure, scope of current activities; and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. This section should also include a description of any experience with early childhood development and child health services. This factor will determine an applicant's experience with family services that embrace the concepts of family-centered and strength-based service provision; understands the risk and resilient factors that families have; experience in providing services to culturally diverse communities/families; and experience in home visitation with a strong background in prevention services to the target population.

- A one-page organization chart is required (no template provided) that includes position titles, staff names (noting vacancies), contractors, and other significant collaborators.
- The applicant's staffing plan must be submitted (no template provided) including roles, responsibilities, and qualifications of personnel for the following functional areas:
  - Overall grant oversight and administration (e.g., primarily the role of the project director or principal investigator)
  - Day-to-day program management and staff supervision (e.g., primarily the role of the project coordinator)
- Describe the extent to which staff reflect the cultural, racial, linguistic, and geographic diversity of the populations and community (communities) served.
- Describe experience in serving the target population(s) the applicant proposes to serve.
- Describe the agency's experience implementing quality improvement activities.
- Describe fiscal practices to prevent commingling of funding from other sources.
- Describe sustainability plans for continuation of the initiative beyond the life of this funding opportunity; including additional sources of funding the program will pursue.

## **Project Attachments**

Some of the attachments for this application will have required templates that applicants must

use. The sections below will indicate which documents have template by indicating the attachment number.

### **Project Abstract**

A one-page project abstract is required (Attachment 2). Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. The project abstract must be **single-spaced, limited to one page in length**, and include the following sections:

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

### **Logic Model**

A one-page logic model is required (*no template provided*). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. The logic model should show the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable)
- Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience)
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources)
- Target population (e.g., the individuals to be served)
- Activities (e.g., approach, listing key interventions, as applicable)
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or community)

For assistance in developing a logic model, see <http://toolkit.childwelfare.gov/toolkit/>.

### **Work Plan**

The Work Plan is required (Attachment 3). The work plan describes in detail key process objectives and goals for successful program implementation. Under each objective, provide a list

of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables.

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

### **Partnerships**

Applicant should provide letters of commitment or support from other agencies and organizations pertinent to the success of the proposed project (*no templated provided*).

### **Project Budget**

The application should include a project budget using the form provided in Attachment 4. The project budget and budget justification should be directly aligned with the work plan and project description. The budget must also include a proposed 3-month startup period. Note: the electronic submission platform, Enterprise Grants Management System (EGMS), will require additional entry of budget line items and detail. This entry does not replace the required upload of a budget narrative using the required templates.

### **Key Requirements**

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. Promotional gifts and other expenditures which do not support the home visiting initiative are unallowable. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability.

### **Budget Justification**

The application should include a budget justification (Attachment 5). 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.

## **EVALUATION CRITERIA**

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Critical 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 six review criteria are outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

**Criterion 1: NEED (15 points)** – *Corresponds to Sections: Introduction and Project Description*

The extent to which the application:

- Describes the “Purpose” included in the introduction.
- Demonstrates the problem and associated contributing factors to the problem.
- Describes the health disparities of the target community (communities) selected by the applicant related to children’s developmental health and family well-being.
- Describes the process by which target community (communities) was chosen.

**Criterion 2: RESPONSE (30 points)** – *Corresponds to Sections: Implementation and Work Plan*

The extent to which the application:

- The extent to which the appicate engaged the target community (communities) around the proposed plan.
- Describes in detail evidence-based or promising practice model and how the model addresses the need target community (communities).
- Describes how proposed strategies will lead to improved maternal and child health outcomes in the proposed target community (communities);
- Describes activities and their ability to address the problem and attain the project objectives.
- proposes goals and objectives that are SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed).
- Includes a work plan that is a logical and realistic plan of action for timely and successful achievement of objectives that support program goals.
- Demonstrates that the proposed plan provides a foundation for sustainability of efforts beyond the projected funding period.

**Criterion 3: EVALUATIVE FRAMEWORK (20 points)** – *Corresponds to Sections: Logic Model and Performance Monitoring*

The strength and effectiveness of the method proposed to monitor progress toward achieving project objectives. Evidence that appropriate ongoing monitor is occurring to ensure progress toward meeting objectives. The extent to which the application:

- Includes a logic model that is clear, concise and demonstrates achievable inputs, activities, outputs, and outcomes of the project.
- Demonstrates the ability to successfully analyze data to assess program effectiveness.
- Describes how data will be collected and managed (e.g., assign skilled staff, data management software) to accurately report on proposed program process and outcome measures.
- Describes the appropriate evaluation methods to monitor ongoing progress towards the goals and objectives of the project.

**Criterion 4: IMPLEMENTATION FRAMEWORK (20 points)** – *Corresponds to Sections: Project Description, Performance Monitoring, and Work Plan*

The feasibility and likely effectiveness of plans for dissemination and scaling of project results;

the extent to which project results may drive the District's public health strategy for improving population health and addressing equity; and the degree to which the project activities are replicable in additional communities.

- Describes plan for recruiting, hiring, and retaining appropriate staff.
- Includes plans for staff training and professional development.
- Describes plan for minimizing the attrition rates for participants.
- Includes data on caregiver and child that demonstrates improved outcomes.
- The extent to which the applicant demonstrates the capacity to collect demographic, service- utilization, and performance measure data.
- Describes project sustainability plan.

**Criterion 5: CAPACITY (15 points)** – *Corresponds to Sections: Partnerships, Performance Monitoring, and Organizational Information*

This section is to describe the extent to which the applicant has the capacity to achieve the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Also, consider the extent to which the applicant demonstrates:

- The qualifications of the project personnel (by training and/or experience) to implement and carry out the project.
- The experiences of project personnel with early childhood systems development and leadership; children's developmental health, family well-being, and place-based community involvement.
- Demonstrates adequate information management infrastructure to collect and analyze program data.
- The extent to which the applicant described how quality assurance and improvement (QA/QI) activities will be incorporated into programmatic implementation.
- Experience and past successes working collaboratively with government agencies and non-government organizations from a variety of sectors to implement health and/or public health initiatives aimed to advance a public health goal.
- Participation of other partners in the project (e.g., Healthy Start, Home Visiting; WIC; housing; public-private early childhood partnerships; and businesses) that support children's developmental health and family well-being.

**Criterion 6: SUPPORT REQUESTED (not scored)** – *Corresponds to Sections: Budget and Budget Justification Narrative*

The reasonableness of the proposed budget for the project period in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

## **REVIEW AND SCORING OF APPLICATION**

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### **Pre-Screening Technical 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.

### **External Review Panel**

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program 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.

### **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. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DC HEALTH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

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.

## **APPLICATION PREPARATION & SUBMISSION**

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### **Application Package**

Only one (1) application per organization will be accepted. An application package consists of an



Project Narrative, Budget/Budget Justification, and related Appendices. The Application Profile and Table of Contents **should be uploaded to EGMS as one PDF document** and all other documents in the attachment section below **should be uploaded to EGMS as separate PDF documents**. The total size of the applicable attachments may not exceed the equivalent of **40 pages** when printed by DC HEALTH.

## Attachments

The following attachments **are not** included in the 40-page limit:

- DC Health Application Profile – Appendix B
- Table of Contents - Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.
- Project Budget – Attachment 4
- Assurances Certifications and Disclosures (See Appendix C). Reviewed and Accepted via EGMS.
- DC Health Standard Grant Terms and Conditions (Reviewed and Accepted via EGMS)
- Partnerships

**Mandatory Certification Documents** (Scan and upload **ONE PDF** file containing all of the following business documents required for submission uploaded into EGMS):

- i. Scan and upload **one SIGNED copy (Appendix C)** by the Agency Head or authorized official.)
- ii. A current business license, registration, or certificate to transact business in the District of Columbia.
- iii. 501(c)(3) certification (for non-profit organizations)
- iv. City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean hands). Clean Hands Compliance Status letter must be dated no more than 3 months prior to the due date of application.
- v. Official list of Board of Directors for the current year and the position that each member holds on letterhead and signed by the authorized executive of the applicant organization, not the CEO.
- vi. Certificate of Insurance
- vii. Copy of Cyber Policy

The following attachments **are** included in the 40-page limit:

- Project Abstract (1 page) – Attachment 2
- Logic Model (1 page)
- Project Narrative (10 pages)
- Budget Justification – (5 pages) Attachment 5
- Organizational Chart (1 page)
- Staffing Plan (2 pages)
- Work Plan – (15 pages) Attachment 3

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

## Application Submission

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All District of Columbia Department of Health application submissions must be done electronically via Department of Health's Enterprise Grants Management System (EGMS), DC HEALTH's web-based system for grant-making and grants management. To apply under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative.

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

IMPORTANT: When the Primary Account User is applying, 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.

## Register in EGMS

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

### IMPORTANT: WEB BROWSER REQUIREMENTS

1. Check web browser requirements for EGMS - The DC HEALTH EGMS Portal is supported by the following browser versions:
  - Microsoft® Internet Explorer® Version 11
  - Apple® Safari® version 8.x on Mac OS X
  - Mozilla® Firefox® version 35 & above (Most recent and stable version recommended)
  - Google Chrome™ version 30 & above (Most recent and stable version recommended)
2. Access EGMS: The user must access the login page by entering the following URL into a web browser: <https://dcdoh.force.com/GOApplicantLogin2>. Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.
3. Determine the agency's Primary User (i.e., authorized to accept terms of agreement, certify, and submit documents, request, and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an

account.

4. Your EGMS registration will require your legal organization name, your DUNS # and Tax ID# 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](http://www.sam.gov)).
5. When your Primary Account User request is submitted in EGMS, the DC Health Office of Grants Management (OGM) 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](mailto:doh.grants@dc.gov) the name, title, telephone number and email address of the desired Primary User for the account. SUBJECT LINE: EGMS PRIMARY USER AGENCYNAME. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.
6. Once you register, your Primary Account User will get an auto-notice to upload a “DUNS Certification” – this will provide documentation of your organization’s DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

## EGMS User Registration Assistance:

Office of Grants Management at [Jennifer.prats@dc.gov](mailto:Jennifer.prats@dc.gov) assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: Jennifer Prats (202) 306-9684. Here are the most common registration issues:

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

## Deadline Is Firm:

Submit your application via EGMS by 6:00 p.m., on the deadline date of **Friday, March 19, 2021** Applications will not be accepted after the deadline.

## PRE-APPLICATION MEETING

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A Pre-Application Meeting will be held on **Monday, March 8, 2021 from 3:00 pm to 5:00 pm via WebEx:**

Meeting link: <https://dcnet.webex.com/dcnet/j.php?MTID=md094a3eea6c4a79297097ac0fa8384ca>

Meeting number:

180 634 8664

Password: fPcnJXPd373

Join by video system

Dial [1806348664@dcnet.webex.com](tel:1806348664@dcnet.webex.com)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone +1-202-860-2110 United States Toll (Washington D.C.)1-650-479-3208 Call-in number (US/Canada)

Access code: 180 634 8664

The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DC HEALTH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment, or technical assistance.

## PRE-AWARD ASSURANCES & CERTIFICATIONS

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DC Health requires all applicants to submit various Certifications, Licenses, and Assurances at the time the application is submitted. Those documents are listed in Section VII.A. DC Health classifies assurances packages as two types: those “required to be submitted along with applications” and those “required to sign grant agreements.”

### **A. Assurances Required to Submit Applications (Pre-Application Assurances)**

- City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands).
- 501 (c) 3 certification
- Official List of Board of Directors on letterhead, for current year, signed and dated by the authorized executive of the Board. (cannot be the CEO)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction
- Assurances Certifications & Disclosures (signed)
- Certificate of Insurance
- Copy of Cyber Policy

### **B. Assurances required for signing grant agreements for funds awarded through this RFA (Post-Award)**

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker’s Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

Failure to submit the required assurance package will likely make the application either ineligible for funding consideration [required to submit assurances] or ineligible to sign/execute grant agreements [required to sign grant agreements assurances].

## GRANTEE REQUIREMENTS

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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:

## Grant Terms & Conditions

All awards under this program shall be subject to the DC Health Standard Terms and Condition for all DC Health – issued grants. The Terms and Conditions are located in the Attachments and in the Enterprise Grants Management System, where links to the terms and a sign and accept provision is imbedded.

## Grant Uses

Awards 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.

## Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Award (NOA) 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 Award issued by the Department of Health and accepted by the grantee organization. The award agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
4. Utilize Performance Monitoring & Reporting tools developed and approved by DC Health.

## Indirect Cost

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. Grant awardees will be allowed to budget for indirect costs of no more than ten percent (10%) of total direct costs, unless a current federally negotiated IDCRC is provided.

## Insurance

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

## **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 A-133 rules must have available and submit as requested the most recent audit reports, as requested by DC Health personnel.

## **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.

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

## **CONTACT INFORMATION:**

### **Grants Management**

Brenda Ramsey-Boone  
Office of Grants Monitoring & Program Evaluation  
Community Health Administration  
[brenda.ramsey-boone@dc.gov](mailto:brenda.ramsey-boone@dc.gov)

### **Program Contact**

Omotunde Sowole-West  
Early Childhood Health Division Chief,  
Community Health Administration  
[Omotunde.Sowole-West@dc.gov](mailto:Omotunde.Sowole-West@dc.gov)

## Attachments

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- Attachment 1 – Evidence-Based Home Visiting Model
- Attachment 2 – Project Abstract
- Attachment 3 – Work Plan
- Attachment 4 – Project Budget Form
- Attachment 5- Project Budget Justification



## Attachment 1 – Evidence-Based Home Visiting Model

Applicants may select one of the evidence-based service delivery models from the list below.  
Note: Models are listed alphabetically.

- **Attachment and Biobehavioral Catch-Up Intervention (ABC)**
- **Healthy Families America (HFA)**
- **Parents as Teachers (PAT)**
- **Safe Care – Augmented**

These models have met the criteria for evidence of effectiveness (<https://homvee.acf.hhs.gov>) for home visiting program models that target families with pregnant women and children from birth to kindergarten. Models listed above have some evidence of effectiveness for both child and maternal health outcomes.

Models	Population Need
<b>ABC</b>	<ul style="list-style-type: none"><li>• Targets caregivers of infants and young children 6 to 48 months old who may be at risk for maltreatment</li></ul>
<b>HFA</b>	<ul style="list-style-type: none"><li>• Designed for parents facing challenges such as single parenthood, low income, childhood history of abuse etc.</li><li>• Individual sites have flexibility in choosing the target population they wish to serve</li></ul>
<b>PAT</b>	<ul style="list-style-type: none"><li>• Affiliates determine their target populations, and criteria could include children with special needs, families at risk for child abuse, income-based criteria, teen parents etc.</li></ul>
<b>SafeCare</b>	<ul style="list-style-type: none"><li>• Designed for families with a history of child maltreatment or risk factors for child maltreatment.</li><li>• Serves parents of children with developmental or physical disabilities, or mental health, emotional, or behavioral issues</li></ul>

## Attachment 2 – Project Abstract

Project Title	
Organization Name:	
Organization Address:	
Project Director Name:	
Phone Numbers:	
Email Address:	

**Annotation:**

**Problem:**

**Purpose:**

**Goal(s) and Objectives:**

**Methodology:**

### Attachment 3 – Work Plan

<b>Agency/Organization Name:</b>	
<b>Program/ Grant Name:</b>	
<b>Project Title:</b>	
<b>Total Request:</b>	
<b>Primary Target Population:</b>	
<b>Estimated Reach:</b>	
<b>Programmatic Contact Person:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

#### **Guidance:**

Using the following instructions please complete the chart below:

- Goal: Make sure your goals are clear and reachable, each one should be:
  - Specific (simple, sensible, significant)
  - Measurable (meaningful, motivating)
  - Achievable (agreed, attainable)
  - Relevant (reasonable, realistic, and resourced, results-based)
  - Time bound (time-based, time limited, time/cost limited, timely, time-sensitive)
- Objective (SMART): Measurable steps your organization would take to achieve the goal.
- Key Indicator: A measurable value that effectively demonstrates how you will achieve your objective(s)
- Key External Partner: Who you work with outside of your organization to achieve the goal.
- Key Activity: Actions you plan carry out in order to fulfill the associated objective.
- Start Date and Completion Date: The dates you plan to complete the associated activity.
- Actual Start Date and Completion Date: The dates you actually started and completed the activity.
  - Note: These columns should be entered by you and submitted to your project officer at the end of the budget period
- Key Personnel: Title of individuals from your organization who will work on the activity.

**GOAL 1:** *Expand the availability of health care transition (HCT) training to school-based health centers (SBHCs) and to community-based mental health providers using evidence-informed HCT interventions and tested quality improvement (QI) methodologies.*

**Measurable Objectives/Activities:**

**Objective #1:** *By the end of month 12, partner with School-Based Health Centers and move from customizing and piloting the Six Core Elements of HCT to full implementation in routine preventive and primary care.*

**Key Indicator(s):** *Number of students completing HCT readiness assessments, preparation of article on DC SBHC transition quality improvement initiative, number of presentations of SBHC transition results locally and nationally.*

**Key External Partner(s):** *DC DOH and SBHCs*

<u>Key Activities to Meet this Objective:</u>	<u>Start Date:</u>	<u>Completion Date:</u>	<u>Actual Start Date:</u>	<u>Actual Completion Date:</u>	<u>Key Personnel (Title)</u>
A. <i>In months 1-9, continue training/coaching SBHC clinical teams as they incorporate transition into routine clinic processes.</i>	<i>10/1/17</i>	<i>6/30/18</i>			<i>Primary Investigator Consultant</i>
B.					

**Objective #2:**

**Key Indicator(s):**

**Key External Partner(s):**

<u>Key Activities to Meet this Objective:</u>	<u>Start Date:</u>	<u>Completion Date:</u>	<u>Actual Start Date:</u>	<u>Actual Completion Date:</u>	<u>Key Personnel (Title)</u>
A.					
B.					

**Objective #3:**

**Key Indicator(s):**

**Key External Partner(s):**

<u>Key Activities to Meet this Objective:</u>	<u>Start Date:</u>	<u>Completion Date:</u>	<u>Actual Start Date:</u>	<u>Actual Completion Date:</u>	<u>Key Personnel (Title)</u>
A.					
B.					

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

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

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

## Attachment 4 – Project Budget Form

[illegible]



Non-Personnel Costs				
Consultants/Contractual			Total	
Occupancy (List the location of each service below)		Cost	Monthly	Total
		\$ -	0	
		\$ -	0	
		\$ -	0	
		\$ -	0	
Travel (List each travelers name below)		Travel Destination	Time (Dates of Travel)	Total
Supplies			Quantity	Total
			0	
			0	
			0	
Equipment			Quantity	Total
			0	
			0	
			0	
Client Costs				Total
Communication				Total

<b>Total Non-Personnel Cost</b>	<b>\$</b>
---------------------------------	-----------

Other Direct Costs	
Type of Service	Total
<b>Total Other Direct Cost</b>	<b>\$</b>

Total Direct and Indirect Costs	
<b>Direct Cost (Personnel + Non-Personnel + Other Direct)</b>	<b>\$</b>
<b>Indirect Cost (10%)</b>	<b>\$</b>
<b>Total Project Cost</b>	<b>\$</b>

## Attachment 5 – Project Budget Justification

### Budget/ Budget Justification Instructions

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. This document should be submitted with the Excel budget template that was provided to you.

- A. Personnel:** Personnel costs should be explained by listing each staff member who will **(1)** be supported from funds and **(2)** in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for quality improvement activities, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality, and reporting. **Note:** Final personnel charges must be based on actual, not budgeted labor. **Fringe Benefits:** Fringe Benefits change yearly and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.
- B. Consultants/Contractual:** Grantees must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Grantees must provide the following information in the budget justification:
- 1. Name of Contractor/Consultant: Who is the contractor/consultant?**  
Include the name of the qualified contractor and indicate whether the contract is with an institution or organization if applicable. Identify the principal supervisor of the contract.
  - 2. Method of Selection: How was the contractor/consultant selected?**  
If an institution is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services. If the contract is with an institution or organization, include the contract supervisor's qualifications.
  - 3. Period of Performance: How long is the contract period?**  
Include the complete length of contract. If the contract involves several tasks, include the performance period for each task.
  - 4. Scope of Work: What will the contractor/consultant do?**  
List and describe the specific tasks the contractor is to perform.
  - 5. Criteria for Measuring Contractor/Consultant Accountability: How will contractor/consultant use the funds?**

Include an itemized line-item breakdown as well as total contract amount. If applicable, include any indirect costs paid under the contract and the indirect cost rate used. Grantees must have a written plan in place for contractor/consultant monitoring and must actively monitor contractor/consultant.

- C. **Occupancy/Rent:** This cost includes rent, utilities, insurance for the building, repairs and maintenance, depreciation, etc. Include in your description the cost allocation method used to allocate this line item.
- D. **Travel:** The budget should reflect the travel expenses associated with implementation to the program and other proposed trainings or workshops, with breakdown of expenses (e.g., airfare, hotel, per diem, and mileage reimbursement).
- E. **Supplies:** Provide justification of the supply items and relate them to specific program objectives. It is recommended that when training materials are kept on hand as a supply item, that it be included in the “supplies” category. **When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized and shown in the “Other Direct Costs” category.** If appropriate, general office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget period. If total supplies are over \$10,000 it must be itemized.
- F. **Equipment:** Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).
- G. **Client / Participant Costs:** Includes client travel. Client/Participant costs are costs paid to (or on behalf of) participants or trainees (not employees) for participation in meetings, conferences, symposia, and workshops or other training projects, when there is a category for participant support costs in the project.
- H. **Communication:** Cost estimates for any communications and dissemination activities included in the work plan should be covered in the budget.
- I. **Other Direct Costs:** Other direct costs category contains items not included in the previous categories. Give justification for all the items in the “other” category (e.g., separate justification for printing, publication costs for presentations/posters, telephone, postage, software programs, computers, etc.). All costs associated with training activities should be placed in the “other direct cost” category except costs for consultant and/or contractual.

**Agency/Organization Name**  
**Budget Period - Budget Justification**

**A. PERSONNEL**

Position Title	Position Description

**B. CONSULTANTS/CONTRACTUAL**

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

**C. OCCUPANCY/RENT**

Location of Services

**D. TRAVEL**

Traveler Name	Travel Destination	Reason for Travel

#### E. SUPPLIES

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

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

#### F. EQUIPMENT

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

#### G. CLIENT/PARTICIPANT COSTS

Name of Client	Description of Services

#### H. COMMUNICATION

Item(s)	Purpose of Item

#### I. OTHER DIRECT

Type of Service	Purpose of Service

#### J. BUDGET SUMMARY:

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

## APPENDICES

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- Appendix A – Performance Measure Table
- Appendix B – DC Health Application Profile
- Appendix C – Assurances, Certifications, and Disclosures



## Appendix A – Performance Measure Table

### MIECHV Annual Performance and Systems Outcome Measures

BENCHMARK AREA	CONSTRUCT NUMBER	CONSTRUCT	PERFORMANCE MEASURE
<b>MATERNAL AND NEWBORN HEALTH</b>	1	Preterm Birth	Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment
	2	Breastfeeding	Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount. at 6 months of age
	3	Depression Screening	Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated. tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)
	4	Well-Child Visit	Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule
	5	Postpartum Care	Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery
	6	Tobacco Cessation Referrals	Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.
<b>CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</b>	7	Safe Sleep	Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding
	8	Child Injury	Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting
	9	Child Maltreatment	Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period

<b>SCHOOL READINESS AND ACHIEVEMENT</b>	10	Parent-Child Interaction	Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool
	11	Early Language and Literacy Activities	Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day
	12	Developmental Screening	Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool
	13	Behavioral Concerns	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning
<b>CRIME OR DOMESTIC VIOLENCE</b>	14	IPV Screening	Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool
<b>FAMILY ECONOMIC SELF-SUFFICIENCY</b>	15	Primary Caregiver Education	Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting
	16	Continuity of Insurance Coverage	Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months
<b>COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b>	17	Completed Depression Referrals	Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
	18	Completed Developmental Referrals	Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner
	19	IPV Referrals	Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources

## Appendix B - DC HEALTH APPLICATION PROFILE



### District of Columbia Department of Health Application for Funding

<b>RFA #:</b> CHA_MIECHV_01.04.2021 <b>Release Date:</b> 02/19/2021 <b>Due Date:</b> 03/19/2021		<b>RFA Title:</b>	Maternal Infant Early Childhood Home Visiting Program
		<b>DC HEALTH Administrative Unit:</b>	Community Health Administration
		<b>Fund Authorization:</b>	<input type="checkbox"/> Social Security Act, Title V, § 511 (c) (42 U.S.C. § 711 (c)), as amended by the Bipartisan Budget Act of 2018 (P.L.115123)

**New Application**

**Supplemental**

**Competitive Continuation**

**Non-competitive Continuation**

The following documents must be submitted to complete the Application Package (as per the RFA Guidance):

- |  |  |
|--|--|
| <input type="checkbox"/> DC HEALTH Application Profile | <input type="checkbox"/> Project Budget                    |
| <input type="checkbox"/> Table of Contents             | <input type="checkbox"/> Organizational Chart              |
| <input type="checkbox"/> Project Abstract              | <input type="checkbox"/> Staffing Plan                     |
| <input type="checkbox"/> Logic Model                   | <input type="checkbox"/> Partnerships Documentation        |
| <input type="checkbox"/> Project Narrative             | <input type="checkbox"/> Work Plan                         |
| <input type="checkbox"/> Budget Justification          | <input type="checkbox"/> Mandatory Certification Documents |

Complete the Sections Below. All information requested is mandatory.

#### 1. Applicant Profile:

#### 2. Contact Information:

Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:	<input type="checkbox"/> <input type="checkbox"/>		
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS No.:			

#### 3. Application Profile:

<b>Please select one program area:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> A.1 - Evidence-based Home Visiting model</li><li><input type="checkbox"/> B - Home visiting capacity assessment</li></ul>	<b>Funding Amount Requested:</b>
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## Appendix C ASSURANCES CERTIFICATIONS & DISCLOSURES

### APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

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

#### A. Applicant/Grantee Representations

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

or subgrant, or the ability to obtain them.

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

#### **B. Federal Assurances and Certifications**

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

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, Ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, Ch. 676, 52 Stat. 1060 (29 U.S.C. 201 et seq.);
5. The Clean Air Act (Subgrants over \$100,000), Pub. L. 108-201, February 24, 2004; 42 USC Ch. 85 et. seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26

U.S.C. 651 et. seq.);

7. The Hobbs Act (Anti-Corruption), Ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat. 56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
  - 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
  - 2) Establish a drug-free awareness program to inform employees about:
    - a. The dangers of drug abuse in the workplace;
    - b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
    - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
  - 3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.) (CYSHA). In accordance

with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.



### C. Mandatory Disclosures

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

#### 2. Applicant/Grantee Mandatory Disclosures

A. Per OMB 2 CFR §200.501– any recipient that expends \$750,000 or more in federal funds within the recipient’s last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee’s last fiscal year, were you required to conduct a third-party audit?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
B. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
C. Executive Compensation: For an award issued at \$25,000 or above, do Applicant/Grantee’s top five executives <u>do not receive</u> more than 80% of their annual gross revenues from the federal government, Applicant/Grantee’s revenues are greater than \$25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission.  <i>If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.</i>	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
D. The Applicant/Grantee organization has a federally negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: _____ If yes, insert the name of the cognizant federal agency? _____	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
E. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DOH award.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

**ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES**

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

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

Sign:

Date:

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NAME: INSERT NAME

TITLE: INSERT TITLE

AGENCY NAME: