

Pre-Application Meeting

RFA# HAHSTA_SYN112522

HIV Prevention Activities: Syndemic Approach

Background Information

- ▶ Funding Period : 03/01/2023 – 12/31/2023 (After the first budget period, there will be up to three (3) additional 12-month budget periods for a total project period of March 1, 2023 – December 31, 2026 based on the availability of funds, fiscal and programmatic grant performance, and alignment with developing data and community planning priorities).
- ▶ Anticipated # of Awards: 25
- ▶ Anticipated Amount: \$3,400,000.00
- ▶ Annual Floor Award Amount: \$37,500.00
- ▶ Annual Ceiling Award Amount: \$250,000.00

Purpose

This funding announcement is to support a syndemic approach to identifying and preventing HIV, STI, and HBV/HCV that ensures that all people are aware of their health status and methods to reduce their risk for these diseases. This approach may lead to improved health outcomes, enhanced self-efficacy, improved health literacy, viral suppression, and a reduction in new infections.

APPROACH

- ▶ Syndemic Approach: According to the U.S. Centers for Disease Control and Prevention (CDC), the term syndemic refers to two or more epidemics interacting synergistically.
- ▶ HIV-impacted Minority Populations: Programs must provide services that are responsive to the needs of the focus populations most impacted by HIV, hepatitis, and STIs.
- ▶ Status Neutral: Status Neutral is a new approach to HIV education, testing, and treatment that emphasizes a continuum of care no matter if someone is found to be HIV negative or positive. If applicant is currently a Status Neutral funded provider through Ryan White funds, they **MAY NOT** duplicate services

Program Areas

- ▶ **SERVICE AREA 1A:**
HIV, STI, and Hepatitis Screening—Up to ten (10) awards
- ▶ **SERVICE AREA 1B:**
Enhanced Support for Home Testing—Up to two (2) awards
- ▶ **SERVICE AREA 2:**
Drop-In Health Services Focused on PWUD—one (1) award
- ▶ **SERVICE AREA 3:**
PrEP/PEP—Up to ten (10) awards
- ▶ **SERVICE AREA 4:**
Behavioral Health Interventions—Up to four (4) awards



Eligible Organizations/Entities

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

▶ Non-Profit Organizations

Please note: Hospitals and health care facilities considered for funding shall be organizations that meet the above eligibility criteria and have documentation of providing services (health and social services) to the target populations.

Target Population

- ▶ Gay, bisexual, same gender-loving, and other men of all races and ethnicities (noting the particularly high burden of HIV among Black/African American gay and bisexual men).
- ▶ Transgender men and women
- ▶ People who Use Drugs
- ▶ People who Inject Drugs
- ▶ Undomiciled individuals
- ▶ Transitional aged Youth (between the ages of 16 -25)



Allowable Activities

- ▶ HIV Screening
- ▶ HBV/HCV Screening
- ▶ STI Screening
- ▶ Pop-Up Medical Services
- ▶ PrEP/PEP Education, Assessment, Enrollment



Service Area 1A: HIV, STI, and Hepatitis Screening Activities

- ▶ Routine screening of HIV, HBV/HCV, and STI for all patients
- ▶ At a minimum, yearly re-screening for clients previously tested for HIV, HBV/HCV and STIs
- ▶ Immediate linkage to treatment of HIV, HBV/HCV, and STI diagnosed clients
- ▶ Educate and link people at risk for HIV to Pre-Exposure Prophylaxis (PreP) and access to Post-Exposure Prophylaxis (PEP).
- ▶ Assess patients for injection drug use for linkages to syringe service programs (SSPs) and other complementary services

Service Area 1A: HIV, STI, and Hepatitis Screening Activities

Key Performance Indicators:

- ▶ Number of People **Screened** for
 - HIV, HBV/HCV, STI
- ▶ Number of people who **tested positive** for
 - HIV, HBV/HCV, STI
- ▶ Number of people **linked** to
 - Care, PrEP, and other behavioral support services
- ▶ Number of people **re-screened for HIV**
- ▶ Number of people **assessed for injection drug use**



Service Area 1B: Enhanced Support

To complement the work of GetCheckedDC (GCDC), HAHSTA seeks an organization to provide enhanced follow-up and linkage support for the self-testing component and distribution of self-tests. While self-testing is a great way for an individual to learn their HIV/STI status on their own time and in their own space, transitioning the testing responsibility to the individual can leave gaps in the aggregate data that informs overall prevention planning.



Service Area 1B: Enhanced Support

Key Performance Indicators:

- ▶ Number of People
 - **Referred** to home testing
 - **Receiving** an at home test
 - Who **accessed an at home test kit** due to a referral from a provider
 - **Linked to care** after taking an **HIV** at home test
 - **Linked to care** after taking an **STI** at home test



Service Area 2: Drop-In Center Services Focused on People Who Use Drugs (PWUD)

The core components of the Drop-In Center are:

1. Safe and Confidential Space
 - Day drop-in center: access to locker facilities, showers, restrooms, clothing bank, computers, food, and social engagement activities
 - Navigation to other providers for prevention services
2. Peer Model
 - Training and support
 - Stipend, if applicable
 - Plan for center and community engagement
3. Wellness Services
 - Yoga
 - Mindfulness
 - Nutritional Classes

Service Area 2 continued

- ▶ Health Services
 - HIV testing and linkage to care
 - PrEP and PEP education, linkage, and support
 - STI screening (especially syphilis)
 - Linkage to and/or provisions to HBV/HCV screening
 - Navigation to primary medical care
 - Condom distribution
 - Linkage to hepatitis vaccination
 - Capacity to offer “pop-up” health services (according to surveillance data)

Service Area 2: Drop-In Center Services Focused on People Who Use Drugs (PWUD)

Key Performance Indicators:

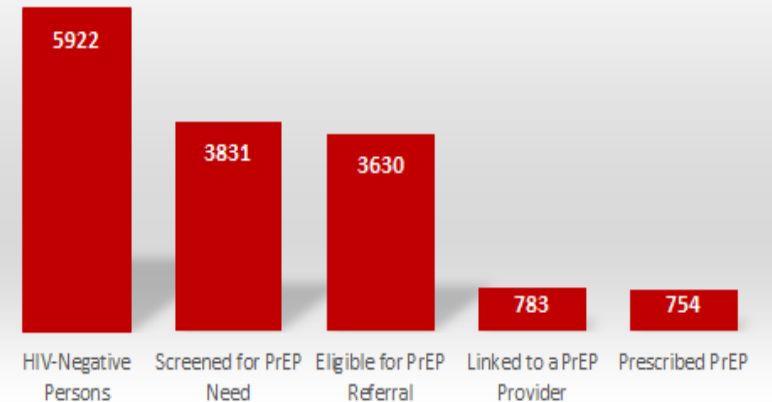
- ▶ Number of People
 - **Engaged** through pop-up medical services
 - **Engaged** through drop-in center services
 - **Tested** for HIV, HBV/HCV, and STI through pop-up medical services
- ▶ Percentage of People
 - **Identified** as living with HIV, HBV/HCV, and/or STI
 - **Linked** to additional services after receipt of Pop-Up services
 - **Engaged** in wellness activities after Pop-Up Services



Service Area 3: Pre-Exposure Prophylaxis (PrEP)/Post Exposure Prophylaxis (PEP)

DC's PrEP model includes a combination of innovative approaches that enhances the already robust medical coverage for District residents. The overall goal of the PrEP program is to further advance DC's effectiveness in reducing the number of new infections diagnosed every year among District residents. This can only be accomplished by expanding the network of providers who are actively participating in the implementation of bio-medical models.

PrEP 'cascade' in all settings



Service Area 3: Pre-Exposure Prophylaxis (PrEP)/Post Exposure Prophylaxis (PEP)

Key Performance Indicators:

- ▶ Number of People
 - **Educated** about PrEP
 - **Assessed** for PrEP eligibility
 - **Prescribed** PrEP
 - **Tested** for HIV, HBV/HCV, and STI through pop-up medical services
- ▶ Percentage of People
 - On PEP and later prescribed



Service Area 4: HIV, STI, and Hepatitis Prevention for PWIDs within Syringe Service Programs

To prevent the transmission of blood-borne infections PWIDs, the use of SSPs have been found to be effective in reducing the risk associated with injection drug use.

HAHSTA is interested in funding the reduction of HIV, viral hepatitis, and sexually transmitted infections among the PWID population in the District of Columbia.

Service Area 4: STI, and Hepatitis Prevention for PWIDs within Syringe Service Programs

Key Performance Indicators:

- ▶ Number of People
 - Who inject drugs (PWID) and **offered an HIV Test**
 - Who inject drugs (PWID) and **offered an HBV/HCV Test**
 - Who inject drugs (PWID) and **offered an STI Test**
- ▶ Percentage of People
 - Who inject drugs (PWID) diagnosed as **living with HIV**
 - Who inject drugs (PWID) **linked to PrEP**
 - Who inject drugs (PWID) who **test positive for HBV/HCV**
 - Who inject drugs (PWID) who **test positive for STI**



Evaluation Criteria

- ▶ Criterion 1: Need (10 points)
- ▶ Criterion 2: Implementation (50 points)
- ▶ Criterion 3: Evaluative Measures (10 points)
- ▶ Criterion 4: Capacity (20 points)



Proposal Components

- ▶ Overview
- ▶ Project or Population Need
- ▶ Project Description (Criterion for all of the Service Areas are on pages 25-27 in the RFA)
 - Partnerships
 - Performance Monitoring
 - Organizational Capacity
- ▶ Work Plan
- ▶ Budget Table
- ▶ Budget Justification

Questions?

OGM and Risks Management slides

Grants Management Slides

Assurances Pre-Award Checklist

- OTR Certificate of Clean Hands dated **with 60 days of the application due date**
- Current Business License/Certificate of Licensure or proof to transact business in local jurisdiction
- Certificate of Insurance
- Copy of Cyber Policy
- Assurances and Certifications
- For nonprofit only
 - Tax-Exempt Status Determination Letter 501(c)(3)
 - IRS 990 Tax Forms
 - Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board (cannot be the Executive Director) for nonprofit organizations



OTR Certificate of Clean Hands

- OTR Certificate of Clean Hands
 - To apply visit <https://otr.cfo.dc.gov>
 - This is not a tax affidavit, and we will only accept this form from the Office of Tax and Revenue (OTR)
 - The process is now SIMPLER, FASTER, and SAFER. If in compliance, a Certificate of Clean Hands will be generated “INSTANTLY!”
 - HAHSTA will only accept a certificate dated within **60 days of the application due date**
- Jurisdictions outside of the District (i.e., Maryland, Virginia, WVA)
 - **Must register with OTR by filling form FR-500** to get a Clean Hands document.

**OTR
CERTIFICATE OF
CLEAN HANDS
DATED WITHIN
60 DAYS OF THE
APPLICATION
DUE DATE**



Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue

1101 4th Street, SW
Washington, DC 20024

Date of Notice: January 25, 2021

Notice Number: L0004720858

FEIN: **-***7652
Case ID: 676626




CERTIFICATE OF CLEAN HANDS

As reported in the Clean Hands system, the above referenced individual/entity has no outstanding liability with the District of Columbia Office of Tax and Revenue or the Department of Employment Services. As of the date above, the individual/entity has complied with DC Code § 47-2862, therefore this Certificate of Clean Hands is issued.

TITLE 47. TAXATION, LICENSING, PERMITS, ASSESSMENTS, AND FEES
CHAPTER 28 GENERAL LICENSE
SUBCHAPTER II. CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT
D.C. CODE § 47-2862 (2006)
§ 47-2862 PROHIBITION AGAINST ISSUANCE OF LICENSE OR PERMIT




Authorized By Marc Aronin
Chief, Collection Division


To validate this certificate, please visit MyTax.DC.gov. On the MyTax.DC homepage, click the "Validate a Certificate of Clean Hands" hyperlink under the Clean Hands section.

1101 4th Street SW, Suite W270, Washington, DC 20024 Phone: (202) 724-5465/MyTax.DC.gov

Basic Business License, Certificate of Licensure or Proof to Conduct Business in Local Jurisdiction

- District - Basic Business License
 - To apply visit DCRA's website <https://dcra.dc.gov>
 - If your entity is non-profit, the charitable organization/donation category must be reflected on the business license.
- Jurisdictions outside the District – Proof to conduct business in their local area or the equivalent of a business license.
- Hospitals/Healthcare Facilities – Certificate of Licensure

**CURRENT
BUSINESS
LICENSE OR
CERTIFICATE OF
LICENSURE OR
PROOF TO
TRANSACT
BUSINESS IN
LOCAL
JURISDICTION**

 **GOVERNMENT OF THE DISTRICT OF COLUMBIA**
Muriel Bowser, Mayor

Department of Consumer and Regulatory Affairs
Business Licensing Division
1100 4th Street S.W.
Washington DC 20024

Date Issued : 03/05/2021
Category : 4002
License# : 65001047
License Period : 03/01/2021 - 03/29/2023

BASIC BUSINESS LICENSE

Billing Name and Address : [REDACTED] Premise/Application's Name and Address : [REDACTED] Registered Agent's Name and Address : CLARE MOONEY
2831 15th Street N.W.
Washington DC 20009

Owner's Name :
Corp Name : [REDACTED]
Trade Name :

CoFO/HOP#: C062666	SSL : 2689 0043	Zone : D/R-5-B	Ward : 1	ANC : 1B	PERM NO. :
UNITS : 1					

DCRA
General Business - Charitable Solicitation

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/21/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UNDER THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. License: 06-72491 WLL06401	CONTACT Name: Jessica Resto Phone: 202.447.8570 FAX: E-Mail: jessica_resto@ajg.com Address:
Issuance/Amending Coverage	
Insurer 1: Alliance of Nonprofits for Insurance Grp Insurer 2: Executive Risk Indemnity Inc. Insurer 3: Travelers Casualty and Surety Co of America Insurer 4: Underwriters at Lloyd's, London Insurer 5: Insurer 6:	NAIC # 10023 35181 31196 15542 : :

COVERAGES CERTIFICATE NUMBER: 1419M2226 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ROW	TYPE OF INSURANCE	AGG. LIMIT (AGG. LIMIT)	POLICY NUMBER	INSURANCE PERIOD (START DATE)	INSURANCE PERIOD (END DATE)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input checked="" type="checkbox"/> OCCUR (ENL. ADDENDUM LIMIT APPLIES FOR) <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> AGG. LIMIT <input type="checkbox"/> LOC (ENL.):	Y	202129418	6/07/2021	6/07/2022	EACH OCCURRENCE: \$1,900,000 DAMAGE TO RENTED PREMISES (3a occurrence): \$500,000 MED EXP (Any one person): \$25,000 PERSONAL & ADV INJURY: \$1,900,000 GENERAL AGGREGATE: \$3,800,000 PRODUCTS - COMPOUND: \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTO-ONLY <input checked="" type="checkbox"/> AUTO-ONLY	Y	202129418	6/07/2021	6/07/2022	COMBINED SINGLE LIMIT \$1,900,000 BODILY INJURY (per person): \$ BODILY INJURY (per accident): \$ PROPERTY DAMAGE (per accident): \$
A	<input checked="" type="checkbox"/> UMBRELLA/LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> (ENL.) <input type="checkbox"/> (EXTENDED)	Y	202129418/UM	6/07/2021	6/07/2022	EACH OCCURRENCE: \$3,800,000 AGGREGATE: \$5,900,000 \$
B	NONPROFIT CORPORATE FORM AND EMPLOYER LIABILITY ANY/OTHER FORMS/PERMITS/EXCLUSIVE (OFFICIAL MED EXCLUSION) <input type="checkbox"/> N/A (ENL. ADDENDUM) <input type="checkbox"/> (EXTENDED)	Y	2021776380	6/07/2021	6/07/2022	PER ACCIDENT: \$1,900,000 PER DISEASE - CRIMINAL: \$1,900,000 PER DISEASE - POLICY LIMIT: \$1,900,000
C	Cyber Liability		107147601	8/02/20	6/07/2021	Aggregate: \$2,000,000
D	Professional Liability (Att. Sec./Miscellaneous)		1144412	9/06/2020	9/06/2021	Per Occurrence: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: ACCORD 191, Additional Remarks: Schedule, may be stored if non spec is required. The Government of the District of Columbia and District of Columbia Public Schools are Additional Insured with respect to claims arising out of the operations of the Named Insured. Coverage is primary and non-contributory. Waiver of Subrogation is included.

CERTIFICATE HOLDER The District of Columbia 441 4th St., Suite 8005 Washington DC 20001	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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COPY OF CYBER LIABILITY POLICY

CHUBB ACE American Insurance Company	Chubb Cyber Enterprise Risk Management Policy Declarations
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NOTICE: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD FOR ANY INCIDENT TAKING PLACE AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD.

AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.

IF YOU NEED URGENT CRISIS MANAGEMENT OR LEGAL ADVICE, PLEASE CONTACT: **Cyber Incident Response Coach Hotline at 1-(800)-847-2665 or Press your 'Report Cyber Incident' button on the Chubb Cyber Alert Mobile application.**

Policy No: D95485946		Renewal of: D95485946 005
Item 1. Named Insured		
Principal Address		
Item 2. Policy Period	From: 05-01-2024 To: 05-01-2025 (12:01 AM local time at the address shown in Item 1.)	

Item 3. Maximum Policy Limits of Insurance.	
A. Maximum Single Limit of Insurance	\$5,000,000
B. Maximum Policy Aggregate Limit of Insurance	\$5,000,000

Item 4. Limits of Insurance, Retentions and Insuring Agreement(s) Purchased. If any limit of insurance field for an Insuring Agreement is left blank or NOT COVERED is shown, there is no coverage for such Insuring Agreement.			
First Party Insuring Agreements			
A. Cyber Incident Response Fund	Each Cyber Incident Limit	Aggregate Limit for all Cyber Incidents	Each Cyber Incident Retention
1. Cyber Incident Response Team	\$5,000,000	\$5,000,000	\$100,000 Except Cyber Incident \$25,000

FR-48168 (09/16)

Page 1 of 3

ASSURANCES AND CERTIFICATIONS

APPLICANT 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 Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;

Tax-Exempt Determination Letter

- Applicable only to non-profit organizations
- Document is due annually and will remain current if the entity is in good standing with the IRS.
- For more information, please visit the website <https://www.irs.gov/charities-non-profits/application-process>

FOR NONPROFITS ONLY

TAX-EXEMPT DETERMINATION LETTER

Internal Revenue Service

Date: November 7, 2006

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
MS. K. HILSON ID# 31-07340
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:

Dear Sir or Madam:

This is in response to your request of November 7, 2006, regarding your organization's tax-exempt status.

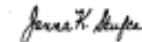
In October 1973 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janina K. Skufca, Director, TE/GE
Customer Account Services

IRS 990 Tax Form

Form	990	Return of Organization Exempt From Income Tax	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2020 Open to Public Inspection
		▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	City or town, state or province, country, and ZIP or foreign postal code		
	F Name and address of principal officer:		G Gross receipts \$
		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation:	M State of legal domicile:
Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		

List of Board of Directors

Current Term Board Members

- Provide a list on company letterhead for the current year or term.
- Must be **signed and dated** by a certifying official on the Board (excluding the Executive Director).

CURRENT LIST OF BOARD OF DIRECTORS, on letterhead, signed and dated by a certified official from the Board (cannot be the Executive Director)

2021 Board of Directors (Sample)

Brenda Ramsey-Boone
Title: Chair

Janice Walker
Title: Vice Chair

Carroll Ward
Title: Secretary

Monique Brown
Title: Treasurer

Rony Mohram
Title: Member

April Richardson
Title: Member

Tamika Ferrier
Title: Member

Selene Anniola
Title: Member

Cassandra Lewis
Title: Member

Certifying Official

Name: _____

Signature: _____

Date: _____



Contact Us!

Tamika Ferrier
Program Support Specialist
Preventionrfas@dc.gov

April Richardson
Grants Management Specialist
Preventionrfas@dc.gov

Key Points to Remember

- Due date
 - Application Submission Deadline: **January 5, 2023**
 - Anticipated Award Start Date: **March 1, 2023**
- Register in EGMS
- Submit in EGMS
- Pay attention to page limits
- Refer to the RFA
- Submit questions to Preventionrfas@dc.gov
- If applicant is currently a Status Neutral funded provider through Ryan White funds, they **MAY NOT** duplicate services

THANK YOU!!!

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

 dchealth.dc.gov



@_DCHealth



dchealth



DC Health

For more information on the District's COVID-19 response, visit coronavirus.dc.gov