DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

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

PrEP and Housing

REQUEST FOR APPLICATIONS

FO# HAHSTA-PHP-10.2.26

SUBMISSION DEADLINE:

WEDNESDAY, NOVEMBER 4, 2026, BY 3:00 PM

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

DC DEPARTMENT OF HEALTH

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

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO# HAHSTA-PHP-10.2.26

PrEP HOUSING PROGRAM

The District of Columbia, Department of Health (DC Health) is requesting proposals from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of DC Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

Funding Opportunity Title:	PrEP Housing Program
Funding Opportunity Number:	HAHSTA-PHP-10.2.26
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
DC Health Program Bureau	Capacity Building, Housing and Community Partnerships Division
Funding Opportunity Contact:	Farima Camara, Housing Program Specialist housing.cbhcp@dc.gov
Funding Opportunity Description:	The purpose of this funding opportunity is to support the PrEP Housing Program, a transitional housing initiative for cisgender men of color, ages 25–35, who have sex with men and are at risk of acquiring HIV. The program combines stable transitional housing with access to Pre-Exposure Prophylaxis (PrEP), clinical care, care navigation, and supportive services. By addressing housing instability alongside HIV prevention needs, the program seeks to improve PrEP access and adherence, strengthen engagement in healthcare and supportive services, and reduce barriers that may increase vulnerability to HIV acquisition.

Eligible Applicants	Not-profit housing organizations with locations in the District of Columbia
Anticipated # of Awards:	Up to two (2) awards
Anticipated Amount Available:	$350,000
Annual Floor Award Amount:	$175,000
Annual Ceiling Award Amount:	$350,000
Legislative Authorization	PS24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments; Section 318(b)–(c) of the Public Health Service Act (42 U.S.C. § 247c(b)–(c)), as amended, and the Consolidated Appropriations Act, 2016 (Pub. L. 114-113)
Associated ALN#	PS24-0047 as 93.940
Associated Federal Award ID#	NU62PS924847
Cost Sharing/Match Required?	No
RFA Release Date:	October 2, 2026
Letter of Intent Due date:	Not required
Application Deadline Date:	November 4, 2026
Application Deadline Time:	3:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://egrantsdchealth.my.site.com/sitesigninpage

Notes:

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

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RFA TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period (i.e., the total number of years for which funding has been approved). This includes DC Health

Electronic Grants Management System (EGMS), for which the awardee will be required to register and maintain registration of the organization and all users.

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

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

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

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

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

Additional information about grants management policy and procedures may be obtained at the following site: https://oca.dc.gov/sites/default/files/dc/sites/oca/page_content/attachments/District%20Grants%20Manual%202025%20V1.0.pdf.

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

CHECKLIST FOR APPLICATIONS

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

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

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

1. GENERAL INFORMATION

1.1 KEY DATES

- Notice of Funding Announcement Date: **September 18, 2026**
- Request for Application Release Date: **October 2, 2026**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Deadline to Register in EGMS for New Applicants: **November 4, 2026**
- Deadline to Submit Questions for Response in the FAQ: **October 20, 2026**
- Application Submission Deadline: **November 4, 2026**
- Anticipated Notice(s) of Intent to Fund: **December 10, 2026**
- Anticipated Award Start Date: **January 1, 2027**

1.2 OVERVIEW

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

The HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) works to reduce the burden of HIV, hepatitis, sexually transmitted infections, and tuberculosis in the District of Columbia through prevention, care, treatment, and housing services.

The Housing, Capacity Building & Community Partnership (CBHCP) Division supports housing stability and wraparound services for DC residents living with or at risk for HIV, promoting health equity and improved health outcomes.

1.3 PURPOSE

The purpose of this program is to provide 18 months of transitional housing and supportive services to help eligible participants achieve housing stability while increasing their engagement in HIV prevention services, particularly Pre-Exposure Prophylaxis (PrEP).

The program will serve cisgender men of color, ages 25–35, who have sex with men, are at risk of acquiring HIV, and are experiencing housing instability in the District of Columbia.

To participate in the program, individuals must meet the program's eligibility requirements and agree to actively participate in housing planning, PrEP and HIV prevention services, healthcare navigation, and supportive services designed to help them transition to stable housing and maintain their health.

The intended outcomes of the program are for participants to maintain or improve engagement in PrEP and HIV prevention services, increase housing stability, address barriers to healthcare and other supportive services, and successfully transition to stable housing at the end of the 18-month program period.

1.4 Source of Grant Funding

DC Health is the primary recipient of federal funds awarding these funds. As a primary recipient, DC Health has the responsibility to pass through requirements and objectives agreed to in our federal notices of award. These funds are provided under the federal award PS24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments. (Award No. NU62PS924847).

As the primary recipient, DC Health is responsible for ensuring that federal requirements, objectives, and conditions associated with the award are carried through to funded subrecipients. Organizations receiving funding through this RFA will therefore be required to implement the program in accordance with the applicable requirements and objectives of the federal award, as well as DC Health grant requirements.

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $350,000 is anticipated for up to two (2) awards for the first budget period.

1.5.2 Period of Performance and Funding Availability

The first budget period is anticipated to begin **January 1, 2027,** and to continue through **May 31, 2027**. After the first budget period, there will be up to two additional 12-month budget periods for a total project period of January 1, 2027 – May 31, 2029. The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and grantee performance and compliance.

1.5.3 Eligible Organizations/Entities

The following organizations are eligible to apply for funding under this RFA:

- Nonprofit housing organizations with an established location and service presence in the District of Columbia.

To be considered for funding, applicants must meet the eligibility requirement above and provide documentation demonstrating experience providing housing, health, and/or social services to the priority population identified in this RFA.

1.5.4 Non-Supplantation

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

2. BACKGROUND

2.1 Demographic Overview

The District of Columbia continues to experience housing affordability challenges that contribute to housing instability and create barriers to accessing and remaining engaged in healthcare and HIV prevention services.

Young Black cisgender men who have sex with men remain a priority population for HIV prevention in the District. In 2024, DC reported 192 new HIV diagnoses, and young people ages 18–24 accounted for 19% of all new diagnoses. Sexual contact accounted for 92% of new HIV diagnoses. Black residents also continue to experience a disproportionate burden of HIV: although Black residents represent approximately 44% of the District's population, they accounted for 69% of people living with HIV in 2024.

Among Black residents living with HIV, male-to-male sexual contact is the largest transmission group, with 3,155 Black residents living with HIV attributed to this transmission category in 2024. These disparities reinforce the need for targeted HIV prevention strategies that address both access to PrEP and social factors that can interfere with consistent prevention services.

This funding opportunity addresses these interconnected needs by providing up to 18 months of transitional housing, PrEP access and adherence support, healthcare navigation, and supportive services. The program is intended to help participants remain engaged in HIV prevention while working toward long-term housing stability and self-sufficiency.

2.2 Program Information

The PrEP Housing Program is an 18-month transitional housing program that addresses housing instability as a barrier to HIV prevention. The program combines housing assistance with PrEP, clinical care, healthcare navigation, and supportive services to help participants remain engaged in HIV prevention while working toward long-term housing stability.

The program serves cisgender men of color, ages 25–35, who have sex with men and are at risk of acquiring HIV. Participants are expected to actively engage in PrEP and HIV prevention services, healthcare, supportive services, and housing planning throughout their enrollment.

Services are coordinated with the DC Health and Wellness Center and community-based partners. The intended outcomes are increased PrEP access and adherence, engagement in HIV

prevention and healthcare, housing stability, and successful transition to stable housing at the end of the program.

3.PURPOSE

The purpose of the PrEP Housing Program is to provide 18 months of transitional housing and supportive services to eligible cisgender men of color, ages 25–35, who have sex with men and are at risk of acquiring HIV. The program is designed to address housing instability as a barrier to PrEP access and adherence, HIV prevention, and healthcare engagement, while helping participants transition to stable housing.

3.1 Approach

DC Health is seeking an organization to implement and strengthen an existing PrEP and Housing Program model for the identified priority population. Applicants are not expected to develop a new program model. Instead, proposals should describe how the applicant will deliver the required housing and HIV prevention services and enhance the existing approach based on its experience serving the priority population.

The approach must integrate 18 months of transitional housing with PrEP access and adherence support, healthcare navigation, supportive services, and individualized housing planning. Applicants should describe how they will engage and retain participants, coordinate services with the DC Health and Wellness Center and community partners, address barriers to PrEP and healthcare, and prepare participants to transition to stable housing by the end of the program.

4.PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 Target Population

Grantees shall provide services to cisgender men of color, ages 25–35, who have sex with men and are at risk of acquiring HIV.

4.2 Location of Services

Grantees must be located within the District of Columbia and provide services to DC residents.

4.3 Allowable Activities

Applicants may propose activities that support the integration of transitional housing, HIV prevention, and supportive services for the priority population. Proposed activities should directly support participant engagement in HIV prevention services, housing stability, and successful transition to independent housing.

Applicants should describe the specific activities and service delivery approach they propose, including how those activities will address the identified needs of the priority population and contribute to the required program outcomes. DC Health does not prescribe a single service delivery approach; however, all proposed activities must be allowable under the funding source, reasonable, necessary, and directly related to the goals of the PrEP and Housing Program.

4.4 Program Strategies

Applicants must describe their proposed approach for implementing the PrEP and Housing Program and demonstrate the organizational capacity, experience, and partnerships necessary to achieve the intended outcomes. At a minimum, the proposed approach must address the following program strategies:

- **Housing and Enrollment:** Recruit and enroll eligible participants, maintain housing capacity for up to eight participants at a time, and provide safe, fully furnished transitional housing at no cost to participants.
- **PrEP and HIV Prevention:** Coordinate access to PrEP clinical care, laboratory services, STI screening, prescription refills, and strategies that support PrEP initiation, adherence, and continued engagement in HIV prevention.
- **Case Management and Supportive Services:** Assess participant needs and provide ongoing case management, healthcare navigation, and connections to behavioral health, substance use, benefits, and other needed services.
- **Economic Stability and Life Skills:** Provide or coordinate financial literacy, life skills, employment, workforce development, and other services that support participants in achieving greater independence.
- **Housing Transition:** Develop individualized housing plans beginning at enrollment and support participants in preparing for and securing stable housing upon program exit.
- **Data and Performance Monitoring:** Collect and report required program data, track participant and program outcomes, and comply with DC Health and federal monitoring and reporting requirements.

Applicants must explain how they will carry out each strategy, the staffing and partnerships that will support implementation, and how their proposed approach will contribute to PrEP engagement, housing stability, and successful program completion.

5.APPLICATION REQUIREMENTS

5.1 Eligibility Documents

Certificate of Clean Hands

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

CURRENT BUSINESS LICENSE

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

CURRENT CERTIFICATE OF INSURANCE

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

COPY OF CYBER LIABILITY POLICY

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

IRS TAX-EXEMPT DETERMINATION LETTER

This applies to nonprofits only.

IRS 990 FORM

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

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

This CANNOT be signed by the executive director.

ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

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

5.2 PROPOSAL COMPONENTS

PROJECT ABSTRACT

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

- **Annotation:** Provide a three-to-five-sentence description of your project that identifies the population and/or community needs that are addressed.
- **Problem:** Describe the principal needs and problems addressed by the project.
- **Purpose:** State the purpose of the project.

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

PROJECT NARRATIVE (4-page maximum)

The Project Narrative should clearly describe the applicant's proposed approach to implementing the PrEP and Housing Program. Applicants should demonstrate an understanding of the priority population, explain how the proposed approach will achieve the program's intended outcomes, and demonstrate the organizational capacity and partnerships necessary to successfully implement the program.

OVERVIEW

Provide a brief overview of the proposed project and how it aligns with the purpose, goals, and requirements of this RFA.

- Summarize the applicant's proposed approach to integrating transitional housing, PrEP and HIV prevention, healthcare navigation, and supportive services.
- Describe how the proposed approach will support participants in achieving housing stability, remaining engaged in HIV prevention and healthcare, and successfully transitioning from the program.

PROJECT OR POPULATION NEED

Describe the needs of the priority population: cisgender men of color, ages 25–35, who have sex with men and are at risk of acquiring HIV. Describe the applicant's experience with and ability to reach, engage, and retain the priority population.

PROJECT DESCRIPTION

Describe how the applicant will implement and strengthen the existing PrEP and Housing Program model. Applicants are not expected to develop an entirely new model but should propose an approach for delivering and coordinating the required program strategies based on their experience and the needs of the priority population.

The proposed approach must be consistent with Sections 3.1 Approach, 4.3 Allowable Activities, and 4.4 Program Strategies of this RFA. Applicants should describe:

- How eligible participants will be recruited, screened, enrolled, housed, engaged, and retained throughout the 18-month program.
- How safe, fully furnished transitional housing will be provided and maintained for eligible participants.
- How participants will access PrEP, clinical care, laboratory services, STI screening, prescription refills, and PrEP initiation and adherence support.

- How case management, healthcare navigation, and referrals to behavioral health, substance use, benefits, and other supportive services will be provided or coordinated.
- How financial literacy, life skills, employment, workforce development, and other economic stability services will be incorporated into the program.
- How individualized housing and transition planning will begin at enrollment and prepare participants to secure and maintain stable housing upon program exit.
- How the applicant will maintain participant engagement, identify barriers to successful participation, and respond when participants require additional support.

Applicants should explain how each strategy will be implemented and operationalized to achieve the program goals, objectives, and intended outcomes, rather than simply restating the activities identified in the RFA.

PARTNERSHIPS

Describe how the applicant will use partnerships to support implementation of the program and ensure participants have access to needed services.

- Identify key partners and describe their anticipated roles and responsibilities.
- Describe how the applicant will coordinate with the DC Health and Wellness Center for PrEP, HIV prevention, clinical care, and other applicable services.
- Describe how the applicant will coordinate with community-based organizations, healthcare providers, housing resources, workforce programs, and other partners needed to support participants.

PERFORMANCE MONITORING

Describe how the applicant will monitor program implementation, participant progress, and achievement of program outcomes.

- Describe how required program and participant data will be collected, documented, maintained, and reported to DC Health.
- Describe how the applicant will monitor key outcomes, including enrollment and retention, housing stability, engagement in PrEP and HIV prevention services, healthcare engagement, economic stability, and successful transition to stable housing.
- Describe how participant progress toward individualized goals will be monitored.
- Explain how performance data will be reviewed to identify challenges, improve service delivery, and make adjustments when performance goals are not being met.

ORGANIZATIONAL CAPACITY

Describe the applicant's organizational capacity to successfully implement and manage the PrEP and Housing Program.

- Describe the organization's mission, structure, current programs, and experience relevant to the proposed project.
- Demonstrate experience providing housing, health, and/or social services to the priority population or similar populations.
- Describe the organization's existing infrastructure and capacity to provide or coordinate transitional housing and supportive services in the District of Columbia.
- Describe the proposed staffing structure, including key staff roles and responsibilities, supervision, and the experience and qualifications necessary to implement the program.
- Describe the organization's administrative capacity to manage program expenditures, participant documentation, performance reporting, and grant compliance.
- Identify existing resources, systems, partnerships, or infrastructure that will support timely implementation of the program.

WORK PLAN

The Work Plan is required (see attachment). The work plan describes key process objectives and goals for successful program implementation. Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables.

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

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

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

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

BUDGET TABLE

The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse. An attachment is provided for application preparation purposes but the budget data must be inputted into EGMS. The project budget and budget justification should be

directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes. Budget should reflect the budget period, as outlined below (Key Budget Requirements).

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

Key Budget Requirements

The budget should reflect a 5-month period, as follows:

- January 1, 2027 – May 31, 2027

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

BUDGET JUSTIFICATION

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

Include the following in the budget justification narrative:

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

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

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

hourly rate, and the number of hours of expected effort. Applicants must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients.

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

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

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

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

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

ORGANIZATIONAL CHART

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

RISK SELF-ASSESSMENT

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

6.EVALUATION CRITERIA

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

CRITERION 1: NEED

(10 POINTS) – Corresponds to Sections: Overview and Project or Population Need

- The extent to which the applicant demonstrates an understanding of the housing, healthcare, and supportive service needs of the priority population. (10 points)

CRITERION 2: IMPLEMENTATION

(40 POINTS) – Corresponds to Sections: Project Description and Work Plan

- Presents a clear, feasible approach for implementing and strengthening the PrEP and Housing Program model. (5 points)
- Describes an effective process for recruiting, screening, enrolling, housing, engaging, and retaining eligible participants throughout the 18-month program. (5 points)
- Clearly describes how transitional housing will be provided and maintained. (5 points)
- Provides a clear approach for connecting participants to PrEP, HIV prevention, clinical care, and adherence support. (5 points)
- Describes how case management, healthcare navigation, and supportive services will be provided or coordinated. (5 points)
- Describes strategies to support financial literacy, life skills, workforce development, and economic stability. (5 points)
- Provides a clear approach to individualized housing and transition planning that prepares participants for stable housing upon program exit. (5 points)
- Provides a realistic and achievable work plan with activities, timelines, responsible staff, deliverables, and expected outcomes. (5 points)

CRITERION 3: EVALUATIVE MEASURES

(25 POINTS) – Corresponds to Sections: Performance Monitoring

- Presents a clear process for collecting, documenting, monitoring, and reporting required program and participant data. (5 points)
- Identifies appropriate measures for monitoring enrollment, retention, housing stability, PrEP and HIV prevention engagement, healthcare engagement, economic stability, and housing outcomes. (5 points)
- Describes how participant progress toward individualized goals will be monitored. (5 points)
- Explains how performance data will be used to identify challenges, improve service delivery, and address performance concerns. (5 points)
- Demonstrates the ability to comply with DC Health and applicable federal data collection, reporting, monitoring, and data-quality requirements.(5 points)

CRITERION 4: CAPACITY

(25 POINTS) – Corresponds to Sections: Partnerships, Organizational Capacity

- Demonstrates relevant experience providing housing, health, HIV prevention, and/or social services to the priority population or similar populations. (5 points)

- Demonstrates sufficient organizational infrastructure and capacity to provide or coordinate transitional housing and supportive services in the District. (3 points)
- Presents an appropriate staffing structure with clearly defined roles, responsibilities, qualifications, and supervision. (2 points)
- Identifies meaningful partnerships and clearly describes how partners will support program implementation. (5 points)
- Demonstrates the ability to coordinate with the DC Health and Wellness Center and other healthcare, housing, and community-based partners. (5 points)
- Demonstrates sufficient administrative and fiscal capacity to manage federal pass-through funds, program expenditures, documentation, reporting, and grant compliance. (5 points)

7.REVIEW AND SCORING OF APPLICATION

7.1 Eligibility and Completeness Review

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

7.2 External Review

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

7.3 Internal Review

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

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those

applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

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

8.POST AWARD ASSURANCES & CERTIFICATIONS

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

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Certification of current/active Articles of Incorporation from DCLP.
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

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

9.APPLICATION SUBMISSION

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

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

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

9.1 REGISTER IN EGMS

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

1. **Access EGMS**: The user must access the login page by entering the following URL: https://egrantsdchealth.my.site.com/sitesigninpage. Click the button REGISTER and following the instructions. You can also refer to the EGMS Reference Guides.
2. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.
3. Your EGMS registration will require your legal organization name, your **UEI# and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).
4. When your Primary Account User request is submitted in EGMS, the Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

EGMS User Registration Assistance:

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

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

9.2 Uploading the Application

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

- ***Eligibility Documents***
    - Certificate of Clean Hands dated within 60 days of the application deadline
    - Current business license or certificate of licensure or proof to transact business in local jurisdiction
    - Current Certificate of Insurance
    - Copy of Cyber Liability Policy

- IRS Tax-Exempt Determination Letter (for nonprofits only)
- IRS 990 Form from most recent tax year (for nonprofits only)
- Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the Executive Director)
- Assurances Certifications Disclosures

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

9.3 DEADLINE

Submit your application via EGMS by 3:00 p.m., on the deadline date of November 4, 2026. Applications will **not** be accepted after the deadline. Only one application can be submitted per applicant organization.

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

10.PRE-APPLICATION MEETING

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

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

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

Note that questions will only be accepted in writing. Answers to all questions submitted will be published on a Frequently Asked Questions (FAQ) document onto the District Grants Clearinghouse every three business days. Questions will not be accepted after October 20, 2026.

11.GRANTEE REQUIREMENTS

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

11.1 Grant Terms & Conditions

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

11.2 Grant Uses

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

11.3 Conditions of Award

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

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

11.4 Indirect Cost

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

For locally-funded grants, DC Law 23-185, the Nonprofit Fair Compensation Act of 2020 (D.C. Official Code sec. 2-222.01 et seq.) allows any grantee to apply a federal Negotiated Indirect Cost Rate Agreement (NICRA) to the grant funds and approved budget, negotiate a new percentage indirect cost rate with the District grantmaking agency, use a previously negotiated rate within the last two years from another District government agency, or use an independent

certified public accountant's calculated rate using OMB guidelines. If a grantee does not have an indirect rate from one of the four aforementioned approaches, the grantee may apply a de minimis indirect rate of 10% of total direct costs. The grantee must also pay indirect costs to any nonprofit organization subcontractor or subgrantee at the same rate as the nonprofit organization would receive as a contractor or grantee with the District.

11.5 Vendor Registration in DIFS

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

11.6 Insurance

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

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

11.7 Audits

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

11.8 Nondiscrimination in the Delivery of Services

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

11.9 Quality Assurance

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

Funding is contingent upon the Grantee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and evaluation plan. All programs shall be monitored and assessed by assigned project and grants management personnel.

The Grantee will receive a performance rating and subject to review at any time during the budget period.

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

12. GLOSSARY OF TERMS

- **Cisgender:** A term used to describe a person whose gender identity aligns with the sex they were assigned at birth.

  "Recommendations for Data Collection: 2023 Update." National Institute of Allergy and Infectious Diseases, Division of AIDS."

- **Pre-Exposure Prophylaxis (PrEP):** Medication used by people who do not have HIV to reduce their risk of acquiring HIV. PrEP is highly effective when taken as prescribed and is available in oral and injectable forms.

  "Preventing HIV with PrEP." Centers for Disease Control and Prevention. Updated April 15, 2026."

13. ATTACHMENTS

Attachment: Assurances and Certifications

Attachment: Budget Table

Attachment: Budget Justification

Attachment: Work Plan

Attachment: Risk Self-assessment

Appendix A: Minimum Insurance Requirements

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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