



FY 2021 Facility-Based Housing with Supportive Services

Funding Opportunity Number: FO-HAHSTA-PG-00191-005

Program RFA ID Number: HAHSTA_RFA_FBH_07.09.21

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 re-allocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the 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.

DEPARTMENT OF HEALTH (DC Health)
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
NOTICE OF FUNDING AVAILABILITY (NOFA)
HAHSTA_FBH_07.09.21 (RFA)
Facility Based Housing (Transitional and Emergency)

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

General Information:

Funding Opportunity Title:	FY 2019 HOPWA Facility Based Housing with Supportive Services
Funding Opportunity Number:	FO-HAHSTA-PG-00191-005
Program RFA ID#:	HAHSTA_FBH_07.09.21
Opportunity Category:	Competitive
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration
DC Health Program Bureau	Capacity Building, Housing and Community Partnerships Division
Program Contact:	Sherita J. Grant, Housing Coordinator Sherita.grant@dc.gov 202-671-5062
Program Description:	The HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration is soliciting applications from qualified agencies to provide services for Facility Based Housing with Supportive Services in two areas: transitional housing and emergency housing. Transitional housing provides housing for up to 24 months. Emergency housing provides housing for up to 60 days within a six- month period. With these housing services, applicants must have the capacity to provide Intensive Case Management services within the respective agencies.
Eligible Applicants	Not- for profit organizations and government agencies. All applicants must have locations in the District of Columbia.

Anticipated # of Awards:	Up to four (4) awards for Scattered Site and Emergency Housing
Anticipated Amount Available:	\$2,500,000.00
Floor Award Amount:	Up to \$500,000
Ceiling Award Amount:	\$625,000

Funding Authorization

Legislative Authorization	AIDS Housing Opportunity Act, Public Law 101-624
Associated CFDA#	14.241
Associated Federal Award ID#	DCH20-F001
Cost Sharing / Match Required?	No
RFA Release Date:	Thursday, July 9, 2021
Pre-Application Meeting July 15, 2021, 1 p.m. – 3 p.m.	Visit DC Health’s Eventbrite page for the virtual meeting information, https://OGMDCHealth.eventbrite.com
Letter of Intent Due date:	COB Thursday, July 15, 2021
Application Deadline Date:	Friday, August 9, 2021
Application Deadline Time:	6:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://dcdoh.force.com/GO_ApplicantLogin2

Notes:

1. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DC Health grant funding.
4. Applicants must have a DUNS #, Tax ID#, be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS)
5. Contact the program manager assigned to this funding opportunity for additional information.
6. DC Health is located in a secured building. Government issued identification must be presented for entrance.

District of Columbia Department of Health RFA Terms and Conditions

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

- A. Funding for a DC Health subaward is contingent on DC Health's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- B. DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- C. The RFA does not commit DC Health to make any award.
- D. Individual persons are not eligible to apply or receive funding under any DC Health RFA.
- E. DC Health reserves the right to accept or deny any or all applications if the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.
- F. DC Health reserves the right to issue addenda and/or amendments 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 on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- I. DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.
- K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DC Health electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

- L. DC Health may enter 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 (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12-month budget period). The 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 OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC Health under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; Add in the Super Circular here 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://is.dc.gov/page/grants-management> or click here: [City-Wide Grants Manual](#). If your agency would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy**, please contact the Office of Grants Management at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DC Health program staff or reviewers. A copy will be placed with this RFA on the District Clearinghouse website.

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NOTICE

PRE-APPLICATION CONFERENCE

RFA# HAHSTA_RFA_FBH_07.09.21

FO-HAHSTA-PG-00191-005

WHERE: Visit DC Health's Eventbrite page for the virtual meeting
Information, <https://OGMDCHealth.eventbrite.com>

CONTACT:

Sherita Grant
Housing Coordinator, HOPWA
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
DC Department of Health (DC Health)
899 North Capitol Street NE, 4th Floor
Washington, DC 20002
202.671.5062 phone
202.671.4860 fax

Note that all questions may be archived and shared with the general public.

Section I. Background

Purpose of this Request for Applications (RFA)

Since its inception in 1990, the Housing Opportunities for Persons with AIDS (HOPWA) program has aimed to provide participants with tools to achieve self-sufficiency and independence by providing rental subsidy, comprehensive assistance from housing experts, as well as wrap-around services, as needed. The two components of the HOPWA Facility-Based Housing program – Emergency and Transitional – were instituted to provide participants in need with time-limited housing and supportive services targeted specifically to assist residents to make measurable progress towards attaining housing stability. The goal at the end of this transitional period is to have participants successfully move out of the program into stable housing, thereby making room for new participants who could benefit from HOPWA housing and services.

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

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

Two housing services will be funded through this RFA:

- Facility Based Housing (Emergency) – up to sixty (60) days.

- Scattered Site Facility-Based Housing (Transitional) – within a target goal of eighteen (18) months, but not to exceed twenty-four (24) months.

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

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

- Provide emergency housing, defined as housing for no more than sixty (60) days in a six-month period. During this period, efforts will be made to assist participants in securing transitional or permanent housing, in shared or independent housing settings. Case management services will also be provided so that upon exceeding the time limitations of emergency housing, participants will have the ability to pay up to 30% of adjusted monthly income towards housing costs.; or
- Serve as a bridge to a Permanent Supportive Housing program, for those who meet the level of need defined by the homeless housing continuum and are determined to be disabled and requiring services due to a combination of chronic homelessness and severe and persistent mental illness and/or physical disability.

The Scattered Site **Facility-Based Transitional Housing** program will be similarly focused on self-sufficiency and progress on the housing continuum with a goal in transitioning clients into permanent subsidized or unsubsidized housing within a period of 18 months, but not to exceed 24 months. The program will provide intensive case management by, at minimum, a Licensed Graduate Social Worker (LGSW) who is centered on the participant’s total well-being. This will include but not be limited to housing, employment, psychosocial, economics, and overall health.

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

In order to accomplish this proposed redesign, HAHSTA seeks prospective applicants with extensive experience in the domains of housing and supportive case management that promote self-sufficiency and housing stability as well as health and wellness. HAHSTA encourages applications that demonstrate a thorough understanding of the navigation of supportive services and ensure housing clients benefit from an array of services available including those

that are non-HOPWA funded. Navigation of supportive services is intended to provide critically important support for individuals to maximize the likelihood of successful housing self-sufficiency and improved health outcomes.

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

Measurable Outcomes

There are three primary measurable outcomes for HOPWA Scattered Site Facility-Based Housing programs:

1. Increased housing stability as referred to on page 3 of this RFA
2. Increased household income through employment or benefits
3. Ongoing connection to healthcare and services with improved health outcomes

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

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

Available Funding & Period of Funding

Up to \$2,500,000 in HOPWA funds from the U.S. Department of Housing and Urban Development (HUD) (DCH20-F001) authorized under the AIDS Housing Opportunity Act, Public Law 101-624 will be made available in FY2021. HAHSTA intends to grant up to four (4) awards. The grants supported by funds awarded under this RFA are projected to begin on October 1, 2021, with a budget period ending September 30, 2022. The grant project period will be October 1, 2021 through September 30, 2025. Continued yearly funding is pending based on performance reviews, compliance with reporting requirements and the continued availability of funds.

The table below displays the expected amount of the award and the number of awards expected for each service category.

Services	Total Expected Funds	Expected Awards
Facility-Based Housing (Emergency)	\$625,000	Up to 2
Facility Based Housing (Transitional)	625.000	Up to 2
Total	\$2,500,000	

Eligible Applicants/Prospective Applicants

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

- Not-for-profit organizations
- Public housing agencies.

Section II. Program Plan

Two Types of Facility-based Housing Proposed:

This section of the RFA includes information that applies to both the Emergency and Transitional Facility-based Housing programs. A critical component for both is the success of participants in developing and executing individualized Permanent Housing Plans that maximize self-sufficiency and housing stability by the end of their stay, whether it is for less than sixty days or more than 18 months. Ensuring that participants have the necessary skills and tools to navigate and access appropriate housing destinations at program exit will be a key outcome used to determine funding awards.

Facility-based Emergency Housing

For the purposes of this RFA, Facility-Based Housing (Emergency) is a program serving HIV-positive homeless persons. “Homeless” persons lack a primary nighttime residence or are sleeping in a place that is not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Not included in this definition are those individuals who are temporarily staying in another emergency shelter or transitional housing program or who have

other temporary arrangements for nighttime residence, such as temporarily staying with friends or relatives. For a detailed description of homelessness as implemented in the HEARTH Act Interim Rule, please visit the HUD Exchange website¹. This program will focus on those participants whose household income is at or below **50%** of the DC EMSA median income.

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

- Persons recently released from medical facilities without a discharge plan that includes housing.
- Persons returning to the community after incarceration without a placement plan that includes housing.
- Persons who are situational homeless, that is, without shelter and without resources or prospects for housing.

Participants may include, but are not limited to:

- Persons who are currently homeless or have a documented imminent risk of homelessness.
- Persons with multiple diagnoses of co-occurring HIV, substance use disorders and severe and persistent mental illnesses.
- Homeless persons who have a history of being chronically homeless.
- Persons who have been recently released from incarceration or other custody without an appropriate housing destination.
- Transgender persons who can document housing discrimination.
-

Applicants can accept clients directly and via referrals from Housing Counseling Services. If applicants accept clients directly, you must register them with Housing Counseling Services within 72 hours.

The Facility-based Scattered Site Transitional Housing

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

Prospective applicants should design service support programs that enable motivated and competent residents to gain independence within 18 months. Please note that under no

circumstances may a transitional program provide assistance to any individual longer than 24 months.

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

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

Housing Model and Payment

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

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

COVID-19 rules for both Emergency and Scattered Site Housing:

The applicant cannot disallow clients into housing units due to not having a COVID-19 diagnosis at the time of referral or entry. The applicant will allow clients into housing units first, then the applicant can send clients for COVID-19 testing. The applicant must follow the CDC guidelines and recommendations established to address concerns related to COVID-19. Please see the link

for additional information. <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>.

The highlights of this interim guidance are:

1) Testing of Clients

- a) Do not require a negative COVID-19 viral test or proof of COVID-19 vaccination for entry to a homeless services site unless otherwise directed by local or state health authorities.

2) Facility layout considerations

- a) Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g., check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them to at least 6 feet.
- b) In dining areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to client rooms or for clients to take food away. If eating throughout the facility (like on their cots), clients should still remain 6 feet apart from others.
 - i) Members of the same family, or parents with children, can sit closer than 6 feet together when dining in shared spaces but should remain 6 feet from other clients.
- c) In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure client's faces are at least 6 feet apart.
 - i) Align mats/beds so clients sleep head-to-toe.
- d) For clients with mild respiratory symptoms consistent with COVID-19:
 - i) Prioritize these clients for individual rooms.
 - ii) If individual rooms are not available, consider using a large, well-ventilated room.
 - iii) Keep mats/beds at least 6 feet apart.
 - iv) Use temporary barriers between mats/beds, such as curtains.
 - v) Align mats/beds so clients sleep head-to-toe.
 - vi) If possible, designate a separate bathroom for these clients.
 - vii) If areas where these clients can stay are not available in the facility, facilitate transfer to a quarantine site.
- e) For clients with confirmed COVID-19, regardless of symptoms:
 - i) Prioritize these clients for individual rooms.
 - ii) If more than one person has tested positive, these clients can stay in the same area.
 - iii) Designate a separate bathroom for these clients.

- iv) Follow CDC [recommendations](#) for how to prevent further spread in your facility. If areas where these clients can stay are not available in the facility, assist with transfer to an isolation site.
- 3) Facility ventilation considerations
- a) Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - b) Increase the indoor delivery of outdoor air as much as possible. Do not open windows and doors if doing so poses a safety or health risk (such as risk of falling, triggering asthma symptoms) to clients, staff, volunteers, or visitors using the facility.
 - c) Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times when possible.
 - i) Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help [enhance air cleaning external icon](#) (especially in higher-risk areas such as nurse offices or screening rooms). [Generate clean-to-less-clean air movements external icon](#) by evaluating and repositioning exhaust fans. Increase total airflow supply to occupied spaces, if possible.
 - ii) Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
 - iii) Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow. If temperatures outside make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows. The resulting make-up air will come into the building via multiple leak points and blend with indoor air as opposed to a single unconditioned incoming air stream.
 - iv) Improve central air filtration:
 - (1) [Increase air filtration external icon](#) to as high as possible without significantly diminishing design airflow.
 - (2) Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
 - (3) Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times.
 - v) HEPA systems not only capture and remove potentially infectious particles in the air, but their clean air discharge is just as beneficial as fresh outdoor air when it comes to diluting contaminants.
 - vi) Consider using [ultraviolet germicidal irradiation \(UVGI\) external icon](#) as a supplemental technique to inactivate potential airborne virus in the [upper-room](#) air of common occupied spaces. Seek consultation with a reputable UVGI manufacturer or

an experienced UVGI system designer prior to installing and operating UVGI systems.

- vii) Collaborate with the health department and other community partners to identify resources for improving ventilation and air quality. Some potential sources include [Emergency Solutions Grants Program external icon](#), [Emergency Solutions Grants Program COVID-19 external icon](#), [Community Development Block Grant COVID-19 external icon](#), and [Coronavirus Relief Fund external icon](#).

Supportive Services

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

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

Case Management

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

Activities should include the following:

- Assisting participants to develop, implement, and manage a personalized permanent housing plan. The plan should include, as appropriate, elements of the initial psychosocial screening conducted as part of the entry into the Facility-Based Housing program.
- Assisting participants with financial literacy skills to work with participants to open an account in a banking type institution, of their choosing, so that upon exit of the program, participants will have funds available for down payment costs, background checks, security deposits, etc.
- Assisting participants with access to housing related services in collaboration with but not limited to Department of Human Services, Department of Employment Services, Department of Housing and Community Development, and/or Department of Behavior Health.
- Assisting participants to understand their eligibility for and the process of enrolling themselves (and any associated family members) in such benefits as food stamps, Medicaid, Social Security Income (SSI), and Social Security Disability Income (SSDI).

- Assisting participants to maintain an ongoing connection with an ambulatory outpatient medical care provider and associated medical case management.
- Ensure access and utilization of medical service plans to ensure participants had contacts with medical case manager and providers.
- Assisting in connecting participants to workforce development, training, and employment search providers.
- Acknowledge the specific challenges that people living with HIV face when seeking and maintaining employment/educational goals and develop solutions that are documented to address the challenges.
- Support job seekers in navigating important considerations related to medical, legal, financial, psychosocial, and vocational issues.
- Identify individual interests, values, strengths, barriers and job readiness to assist job seekers in making well-informed decisions about employment.
- Provide information and guidance about employment related legal protections that cover people living with HIV.
- Conduct home visits at least quarterly at facility-based or scattered site housing locations.
- Address concerns and fears regarding benefits such as SSDI/SSI, housing subsidies, and health care through planning efforts.
- Focus on job retention during the crucial first several months of employment.
- Navigate participants to relevant substance use and/or mental health services.

Navigation-Impact Specialist

This supportive service is specific for the navigation of participants to be successful with obtaining goals established in the housing plan. Activities should include the following:

- Life Skills Management
- One on One and group interactions
- Working with participants to develop solutions to health, social, and career issues.

Meals and Nutritional Services

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

Program Data Collection and Reporting Requirements

Data Collected Specific to the HOPWA Program:

HOPWA program requires reporting on the following elements:

- Household Size
- Race/Ethnicity
- Annual Income
- Gender

- Age
- Chronically Homeless
- Homeless Veterans
- Living Situation Prior to Entering Program
- Living Situation When Exiting Program
- Number of Households with Housing Plan for Maintaining or Establishing Stable On-Going Housing
- Number of Households having Contact with Case Manager/Benefits Counselor Consistent with Service Plan Schedule
- Number of Households having Contact with a Primary Health Care Provider Consistent with Service Plan Schedule
- Number of Households to Access and Maintain Medical Insurance/Assistance
- Number of Households to Successfully Access or Maintain Qualification for Sources of Income
- Number of Households to Obtain Income Producing Job
- Number of Household receiving Case Management
- Type of Supportive Services received.

Section III. Pre-Application Requirements

Letter of Intent

Organizations interested in applying for funds under this fund announcement are asked to submit a Letter of Intent by Thursday, July 15, 2021, by COB. The Letter of Intent should include the following on the organization's stationary:

- Brief Introduction of Your Organization
- Facility Base Housing Model of the intended application
- Primary Contact Person
- Contact Person Email and Telephone Information

Pre-application Conferences

The Pre-Application Conferences will be held in conjunction with this RFA. Visit DC Health's Eventbrite page for the virtual meeting information, <https://OGMDCHHealth.eventbrite.com>.

Printed copies of the RFA will *not* be provided. Please bring a copy of the RFA for your use during the conference.

The pre-application conferences will provide an overview of the programmatic requirements. Additionally, there will be a presentation on EGMS, the electronic application submission process and an overview of the review process being employed for this RFA.

Questions Regarding the RFA

Please submit all questions about the content of this RFA via e-mail to Sherita.Grant@dc.gov no later than, **Monday, July 26, 2021, at 5:00 p.m.**

The Frequently Asked Questions (FAQ) will be answered and posted on the Districts Grants Clearing House Website: <https://communityaffairs.dc.gov/content/community-grant-program>

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Section IV. Application Preparation and Submission

A Application Format

- a. Font size: 12-point Times New Roman
- b. Spacing: Double-spaced
- c. Paper size: 8.5 by 11 inches
- d. Page margin size: 1 inch
- e. Numbering: Sequentially from page 1 to the end of the application, including all charts, figures, tables, and Attachments.

B Application Elements

Each application must contain the following components. Certain application items will be entered directly into EGMS, while others will be uploaded into EGMS as attachments e.g. program description. Applications must conform to the page requirements by section detailed below.

An application package includes the following elements:

Narrative Section

1. Applicant Profile (Attachment A. Not counted in page total.)
2. Table of Contents (Not counted in page total)
3. Proposal Abstract (1 page maximum)
4. Organization Background and Capacity (6 page maximum)
5. Facility-Based Program Description (10 pages maximum)
6. Program Partnerships and Resources Narrative (Companion to Attachment C) (3 pages maximum)

Required Attachments (Not counted in page total)

1. Work plan (Attachment B)
2. Other Funding Sources Table (Attachment C) (Companion to Program Partnerships and Resources narrative)
3. Table A – Scope of Work (Attachment D)
4. Categorical Budget and Budget Narrative (Attachment E) * (Required for each Housing Model where funds are requested.)

5. Federal Assurances (Reviewed and Accepted via EGMS)
6. DOH Certifications (Reviewed and Accepted via EGMS)
7. DOH Terms and Conditions (Reviewed and Accepted via EGMS)
8. Assurance Package (**Required Submission with Application**) (Not counted in page total). Scan and upload One pdf file containing all of the following business documents required for submission:
 - a. A Current Business License or Certificate of Licensure or certificate to transact business in the relevant jurisdiction
 - b. 501(c)(3) certification letter (for non-profit organizations)
 - c. Current Certificate of Clean Hands from the Office of Tax & Revenue (OTR)
 - d. Affidavit of Current Status of Tax Obligations
 - e. Grantee Assurances, Certifications & Disclosures (Attachment F) **Must ALSO include signed copy with other documents included in the assurance package.**
 - f. Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board (not the CEO)
 - g. Certificate of Insurance
 - h. Copy of Cyber Policy

****Denotes an applicable form in EGMS***

“All applicants that receive awards under this RFA must show proof of all insurance coverages required by the Office of Risk Management (ORM) prior to receiving funds. At minimum, the awardee must meet the insurance coverage requirements outlined in the sample attachment. The coverage levels may be adjusted by ORM following issuance of the NOGA per a review of activities performed under the grant and any other grants with DC Health or District agencies.”

The number of pages designated above represents the **maximum number of pages permitted per section**. Applications exceeding the maximum number of pages for each section **will not be forwarded for review**.

C Description of Application Elements

Applicants should include all information needed to describe adequately and succinctly the services they propose to provide. It is important that applications reflect continuity among the program design and activities, and that the budget supports the level of effort required for the proposed services.

A. Applicant Profile – Is Attachment A, which provides detailed information on the applicant organization, amount of funds requested, contact information and signature of authorizing official.

B. Table of Contents - Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.

C. Proposal Abstract

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

D. Organizational Background and Capacity

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

- The type of housing and housing supportive services currently provided. (if applicable)
- The other services provided by the organizations to people with HIV, or people with other chronic illness.
- The ability of the organization to expand services in the event that additional funds become available under this category.
- The current capacity of the organization to collect, analyze and report program data, and provide examples of similar services on which the organization now reports, if appropriate.
- The experience of the organization in maintaining partnerships with other organizations, including a discussion of the documentation of these partnerships.
- Experience with managing a program that requires understanding and knowledge of general housing principles, for example, property management, development, landlord-tenant rights and responsibilities, housing intake, resource and referral management, lease negotiation, mediation.

- Experience and capacity to provide culturally affirming and linguistically competent services, relevant to race/ethnicity, gender identity, and sexual orientation.
- Provide a summary of the housing status of each client served during the twelve months that began October 1, 2018. Specifically, provide the unduplicated number of individuals served. (if applicable)
- Of these clients, the number and proportion of clients whose housing status at the end of the term of service
 - Changed from Emergency to Transitional Housing assistance
 - Changed Emergency Housing provider
 - Changed from Transitional to Permanent housing, including permanent subsidized housing
 - Changed Transitional Housing provider
 - Continued service beyond the expected term of service
 - Disconnected/Unknown

E. Facility-Based Program Description

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

- The plan to respond to the key activities described for this service category. Include a complete description of the proposal to establish or maintain collaborations.
- The set of services that will comprise the Facility-Based Housing Program, including location, capacity and staffing related to the Facility Cost.
- Describe the number of clients served during a recent twelve-month period (Beginning no later than October 1, 2020), and provide a summary of the results of the service to the client. In particular, provide a summary listing of the housing status of clients served at the end of a sixty-day emergency housing placement. If available, provide a summary listing of the housing status of clients served six months following the end of a sixty-day emergency housing placement. (if applicable)
- The impact of the services proposed. Provide a specific plan for addressing the barriers most commonly experienced by the clients and potential clients targeted.

- The capacity of the proposing organization to provide the services proposed in ways that are culturally appropriate and linguistically competent for the populations proposed to be served.
- The plan for developing and implementing a housing stability plan for each client during residence in the Facility-Based Housing (Emergency) program.
- The plan for data collection, analysis and reporting. Propose key elements that should comprise the data collected.

F. Program Partnerships and Resources - The applicant must provide a detailed response on the resources available to fulfill the tenets of the proposed program.

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

G. Work Plan - Applicants must complete the work plan for each proposed service category (See Attachment B for template). The work plan should include goals and objectives for the proposed project that are clearly defined, measurable, time-specific and responsive to service category specific goals and priorities. All work plans should be labeled clearly by service category.

H. Other Funding Sources Table – Applicants must complete to illustrate the extent to which the applicant details the availability of other funding to leverage against potential HAHSTA funding for facility-based housing. Also serves as a companion to the program partnerships and resources narrative. (See Attachment C for template).

I. Table A (Scope of Work) - Applicants must complete a Table A for each service category where funding is requested (See Attachment D for template).

J. Budget and Budget Narrative

- Applicants must provide a detailed line-item budget and budget narrative that includes the type and number of staff necessary to successfully provide your proposed services. All applicants applying for services must use the HAHSTA approved budget forms. The forms are posted electronically as a separate Microsoft Excel file alongside this RFA. There cannot be any changes made to the format or content areas

of the Excel workbook. Applicants must provide a budget for each Service Category submitted. (See Attachment E for template).

- HAHSTA reserves the right to not approve or fund all proposed activities. For the budget justification, provide as much detail as possible to support each requested budget item. List each cost separately when possible. Provide a brief description for each staff position including job title, general duties and activities related to this grant, including the rate of pay and whether it is hourly or salary and the level of effort expressed as how much time will be spent on proposed activities for each staff position. Describe this “time spent” as a percentage of full time equivalent or FTE (e.g., 50% FTE for evaluation activities).

At least 4% and not more than 7% of the total award may be allocated for administrative cost that include project management, recordkeeping, and performance & evaluation reporting activities, assurances, and certifications - Assurances and certifications are of two types: 1) those required to submit the application and 2) those required to sign grant agreements. DC Health requires all applicants to submit various statements of certification, licenses, other business documents and signed assurances to help ensure all potential awardees are operating with proper credentials. The complete compilation of the requested documents is referred to as the **Assurance Package**.

Please reference item 14 outlined in the list of Application Elements.

Failure to submit the required assurance package will make the application ineligible for funding consideration (*required to submit applications*) or ineligible to sign/execute grant agreements (*required to sign grant agreements*).

Note: If selected for a Notice of Intent to Fund, the applicant organization will be required to submit the following additional documents (*required to sign grant agreements*) pre-award:

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services funded by grant award.
- Certification of current/active Articles of Incorporation Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker’s Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements
- Other specialized licenses, etc. required by federal and District of Columbia laws to conduct business this RFA supports.

E. Application Submission (Enterprise Grants Management System)

All application submissions must be done electronically via the Department of Health’s Enterprise Grants Management System (EGMS) web-based system for grant-making and grants management. 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 that the account is active and up to date for both the organization and user. 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

Register in EGMS

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

IMPORTANT: WEB BROWSER REQUIREMENTS

1. **Check web browser requirements for EGMS -** The DC Health EGMS Portal is supported by the following browser versions:
 - Microsoft ® Internet Explorer ® Version 11
 - Apple ® Safari ® version 8.x on Mac OS X
 - Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
 - Google Chrome TM version 30 & above (Most recent and stable version recommended)
2. **Access EGMS:** The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO_ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the [EGMS External User Guide](#).
3. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). A Secondary User may also be added by requesting an account. The account must be approved by the Primary Account User.

4. Your EGMS registration will require your legal organization name, your **DUNS # 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).
5. When your Primary Account User request is submitted in EGMS, the DC Health 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. **SUBJECT LINE: EGMS PRIMARY USER ___AGENCYNAME**. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.
6. Once you register, your Primary Account User will get an auto-notice to upload a “DUNS Certification” – this will provide documentation of your organization’s DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

EGMS User Registration Assistance:

Office of Grants Management at egms.support@dc.gov assists with all technical registration issues or questions. Here are the most common registration issues:

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

D. Uploading the Application

All application documents should be submitted/uploaded in EGMS as two **separate PDF files**. Documents included in each file is below. All of these must be aligned with what is being requested in other sections of the RFA.

- **1. Mandatory Documents/Assurance Package:** 1) a current business license, registration, or certificate to transact business in the relevant jurisdiction, 2) 501 (c) 3 certification (for non-profit organizations), 3) Current certificate of Clean Hands (OTR)-dated within two months of this application submission, 4) Current list of the Board of Directors, on letterhead, signed and dated by a certified official of the Board, 5) Signed copy of the Grantee assurances, certifications & Disclosures (attachment F),

- **2. Narrative Section:** 1) applicant profile (attachment A), 2) table of contents, 3) proposal abstract, 4) organizational background and capacity, 5) facility-based program description, 6) program partnerships and resources narrative 7) work plan (attachment B), 8) other funding sources table (attachment C), 9) Table A – scope of work (attachment D), 10) categorical budget and budget narrative (attachment E)*.

Section V. Review and Selection of Applications

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

External Review Panel – The review panel will be composed of neutral, qualified, professional individuals that have been selected for their unique experiences in human services, public health, housing, and social services planning and implementation.

The panel will review, score and rank each applicant’s proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

Internal Review Panel - DC Health program managers will review the individual and summary recommendations of the review panel, perform pre-decisional site visits, as needed, and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DC Health will also conduct an excluded party’s list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and, for DC-based organizations, conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

The Program Managers will prepare and submit formal recommendations 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.

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

Written proposal – 80 points

- a. Organizational Background and Capacity - 15 points
- b. Proposal Abstract– 5 points
- c. Facility-Based Program Description – 30 points
- d. Work Plan – 15 points
- e. Program Partnerships and Resources – 10 points
- f. Budget and Budget Narrative – 5 points

Pre-Decisional Site Visit – 20 points

The site visit shall include a tour of the organization, to include the facility where proposed services will be offered and a review of the following criteria:

- a. Organizational Infrastructure
- b. Organizational History of Service Provision
- c. Program Management
- d. Data Collection and Reporting
- e. Organizational Access to Population of Focus
- f. Cultural Competence
- g. Fiscal Systems
- h. Organizational Sustainability

All new applicants will be contacted by HAHSTA by August 30, 2021, to schedule the pre-decisional site visit which will take place during the week of September 7 – 10, 2021. Note these dates on your calendar to ensure your organization will be available for a scheduled site visit.

Funding Decisions

Based on the total scores from the site visit, written proposal, and internal review of eligible applications, HAHSTA will prepare and submit a formal recommendation of prospective awardees, proposed funding levels and service categories to the DC Health Director for approval.

Post-Award Activities

Organizations receiving Notification of Intent to Fund cannot begin activities until a Notice of Grant Award (NOGA) is issued and a Grant Agreement has been signed by the DC Health Director and accepted by the Grantee. The Applicant shall not announce publicly receipt or award of funding from DC Health under this RFA until an actual DC Health NOGA is received

Grant award activities will take place in EGMS. Successful applicants will interact with HAHSTA staff to review draft contract provisions, prepare final Table(s) A: Scope of Work and Budget Format and Budget Narratives.

Section V. Scoring Criteria

For this competition, each application will have a maximum point value of 100 points. The breakdown of available points per criterion is as follows:

- a. Proposal Abstract – 5 points
- b. Organizational Background and Capacity – 15 points
- c. Facility-Based Program Description – 30 points
- d. Work Plan – 15 points
- e. Program Partnerships and Resources – 10 points
- f. Pre-Decisional Site Visit – 20 points
- g. Budget and Budget Narrative – 5 points

Criterion A: Proposal Abstract (Total 5 Points)

This section will be evaluated on the extent to which the applicant includes a thorough summary of proposed services.

- a. The extent to which the abstract provides a comprehensive summary of the proposed program inclusive of a description of how the program will provide all elements of facility-based housing activity programs.
- b. Applications must describe how the agency will make services accessible by detailing your hours of operation and flexible schedules that provide for evening and weekend hours of operation.

Criterion B: Organizational Background and Capacity (Total 15 Points)

The applicant demonstrated the knowledge and experience necessary to provide the proposed services to the population or population(s) to be served. Evaluation criteria for this section include

- a. Applicant demonstrates its technical competence to provide the services proposed.
- b. Applicant demonstrates the cultural competence and language capacity to provide the services proposed to the population or population(s) to be served. Applicant demonstrates appropriate and necessary sensitivity to remove barriers created by

racial and ethnic diversity, economic status, gender identity, disability, sexual orientation and similar factors.

- c. Applicant has demonstrated the ability to create or maintain partnerships required for provision of the service.

Criterion C: Facility Based Program Description (Total 30 Points)

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

- a. Applicant demonstrates a thorough understanding of the barriers to service experienced by the population or population(s) to be served and has proposed a set of service activities to address those barriers.
- b. The plan for services includes a clear description of the services to be provided, including a quantifiable set of units of service.
- c. The plan for services includes a clear description of the number of people with HIV to be served, as well as a clear description of the number of family members of people with HIV to be served.
- d. The applicant provides detailed information on how the proposed program will be implemented. The applicant presents relevant and realistic objectives and activities. The goals and objective of the activities are clearly defined, measurable and time specific.
- e. The applicant describes how services are to be provided (e.g. by the organization or in collaboration with another organization).
- f. The applicant describes how the program will be effectively managed and demonstrates that the skills and experience of the proposed program staff are adequate to needs of the proposed program.
- g. The expected impact of the program on the target populations(s) is clearly delineated and justified as to one or more of the following:
 - 1. The number of chronically homeless persons with HIV who are housed.
 - 2. The number of marginally housed persons with HIV who are moved to stable, long-term housing.
 - 3. The number of households who are supported to maintain stable housing.

4. The number of persons with HIV housed who are effectively transitioned to housing supported by other sources of funding.
5. Number of households receiving housing assistance that house one or more individuals receiving appropriate HIV primary health care.
6. The number of persons with HIV housed through the program who are effectively transitioned to housing supported by other sources of funding.
7. Increases in income from employment or benefits among those receiving housing assistance.

Criterion D: Work Plan (Attachment B) (Total 15 Points)

This section will be evaluated on the extent to which there is a work plan for the proposed project.

- a. The goals and objectives of the proposed project are clearly defined, measurable and time-specific, and respond effectively to service category specific goals and priorities.

Criterion E: Program Partnerships and Resources (Total 10 Points)

This section will be evaluated on the extent by which the applicant has detailed responses to the resources available to fulfill the tenets of the proposed program.

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

Criterion F: Pre-Decisional Site Visit (Total 20 Points)

The applicant must be able to demonstrate the following during the pre-decisional site visit:

- a. Organizational Infrastructure

- The applicant organization has the appropriate foundational resources to support the grant and has adequate human resources, space and other resources to support the proposed service category.
- b. **Organizational History of Service Provision**
The applicant organization describes and demonstrates programmatic activities that align with the proposed project description of HOPWA services to be provided.
 - c. **Program Management**
The applicant organization implements and monitors its programs according to programmatic, professional and legislative requirements, service standards, expectations and best practices (with consistent program work plans, benchmarks and timelines).
 - d. **Data Collection and Reporting**
The applicant organization has a data system capable of fulfilling the data reporting requirements of the grant to include the reporting of several data elements.
 - e. **Organizational Access to Population of Focus**
The applicant organization has a successful history of providing services for the Target Population/Population of Focus (e.g. HIV-positive, low/limited-income, etc. within the District of Columbia specified in the RFA).
 - f. **Cultural Competence**
The applicant organization has a confluence of organizational staff and client attitudes, beliefs, norms, and values.
 - g. **Fiscal Systems**
The applicant organization has the capacity to ensure sufficient financial systems and resources to support a Ryan White cost-reimbursement grant
 - h. **Organizational Sustainability**

The applicant organization has the capacity to ensure the continuance of programs and endurance and growth of the organization.

Criterion G: Budget and Budget Narrative (Attachment E) (5 Points)

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

<https://dchealth.dc.gov/publication/categorical-budget-format-hahsta>

In preparing budgets, applicants shall:

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

Section VI. Grant Terms and Conditions

All grants awarded under this program shall be subject to the DC Health Standard Terms and Condition for all DC Health – issued grants. This is available as Attachment H for this RFA.

Additional program and administrative terms:

Reporting and Continuation of Funding

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by the HAHSTA and following the procedures determined by the HAHSTA.

Continuation funding for additional year(s) is dependent upon the availability of funds for the stated purposes, fiscal and program performance, and willingness to incorporate new directives, policies, or technical advancements that arise from the community planning process, evolution of best practices or other locally relevant evidence. Funding can be up to three (3) additional years after the first year. The projected project period for this award is from October 1, 2021 through September 30, 2025.

Drug-Free Workplace

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (Attachment H).

District of Columbia Regulatory Requirements

- a. Organizations seeking funding in any service categories that include work with children are required to complete Criminal Background Investigations annually (conducted through local law enforcement agency) on all paid or volunteer service providers.
- b. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate jurisdictional licenses with grant proposals.

Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage.

All Covered Entities and Business Associates (as defined by the HIPAA Privacy Standards) must comply with HIPAA.

Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services annually.

Availability of Funds

The funds listed in this RFA are projections and subject to change.

Information Systems

During the term of the grant organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via data collection tools provided by or approved by HAHSTA.

Technical Assistance

HAHSTA shall offer technical assistance for issues related to this RFA.

Contact: Sherita Grant via e-mail Sherita.Grant@dc.gov or by phone at (202) 671- 4900.

Attachments

Attachment A: Applicant Profile

Attachment B: Other Funding Sources Table

Attachment C: Work Plan*

Attachment D: Table A (Scope of Work)

Attachment E: Budget and Budget Narratives*

Attachment F: APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES*

Attachment G: Site Visit Tool

Assurance Checklist

*Denotes an applicable form in EGMS

Attachment A. Applicant Profile

RFA #	FBH_07.09.21	RFA Title:	FY 2021 HOWPA Facility-Based Housing and Supportive Services
Release Date:	7/09/21	DOH Administrative Unit:	HIV/AIDS, Hepatitis, STD Tuberculosis Administration (HAHSTA)
Due Date:	8/09/21	Fund Authorization:	FY2019 HOPWA Formula

New Application Supplemental Competitive Continuation Non-competitive Continuation

The following documents should be submitted to complete the Application Package:
 Narrative section
 All required attachments
 Assurance package
 Certifications and assurances accepted and submitted in EGMS

Complete the Sections Below. All information requested is mandatory.

1. Applicant Profile:		2. Contact Information:	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor/Tax ID:		Email Address:	
DUNS No.:			

3. Application Profile:		
	Program Area:	Funding Request:
	Facility Based Housing Services <input type="checkbox"/> Emergency Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Supportive Services	

Proposal Description:

Enter Name & Title of Authorized Representative

Date

Attachment B: Other Funding Sources Table (Required)

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

Instructions

1. Applicants must complete Attachment B (separate Microsoft Excel file)
2. Column 1 lists the various sources of funding. Organizations can add other sources that are not listed.
3. In Column 2, applicants list the amount of funding for the corresponding source in column 1.
4. In Column 3, applicants list the service category(ies) that correspond to the funding source and amount in columns 1 and 2.
5. In Column 4, applicants must indicate the funding cycle (period of time that the funding will be in use by the organization).

Attachment C: Workplan (Required)

This table is for your organization to a work plan that clearly demonstrates effective goals, objectives, and activities to address those services you plan to provide. Please ensure that all goals and objectives are SMART.

Agency:	Program Period:		
RFA # FBH_07.09.21	Submission Date:		
Service Category:	Submitted by:		
Service Category Budget \$	Telephone #		
<u>GOAL 1: Households Becoming Permanently Housed</u>			
Measurable Objectives/Activities:			
Process Objective #1: Households Exiting to Permanent Housing			
<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 		
<u>GOAL 2: Households Receiving Intensive Case Management</u>			
Process Objective #1: Households receiving intensive case management			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>

<ul style="list-style-type: none"> • • • • 			
GOAL 3: Households Receiving Care and Support			
Process Objective #1: Number of Housing Plans Developed			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			

Please duplicate as needed for each Program Goal. A workplan is required for each proposed service category under this application.

Process Objective #2: Number of Households having contact with case manager/medical benefits counselor in accordance with their personal service plan.			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			

Process Objective #3: Number of Households appearing for medical appointments with health care provider in accordance with their service plan.			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			
Process Objective #4: Number of Households qualifying or maintaining eligibility for medical insurance and or medical assistance.			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			
Process Objective #5: Number of Households qualifying or maintaining eligibility for source of income.			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>

<ul style="list-style-type: none"> • • • • 			
Process Objective #6: Number of Households that obtained an income producing job.			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			

Attachment D: Budget Worksheet and Budget Narrative

Applicant Agency:	
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All Applicants applying for services must use the HAHSTA approved budget forms Attachment E. The forms are available as a separate Microsoft Excel file. The workbook consists of several tabs. Applicants may not change made the format or content areas of the Excel workbook.

Applicants must input budget projections for each project description submitted.

<https://dchealth.dc.gov/publication/categorical-budget-format-hahsta>

Attachment E

APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

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

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee 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;
6. If required by DOH, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result

of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;

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

B. Federal Assurances and Certifications

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

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Clean Air Act (Subgrants over \$100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et.seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
 - 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the

- Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
- 2) Establish a drug-free awareness program to inform employees about:
 - a) The dangers of drug abuse in the workplace;
 - b) The Applicant/Grantee's policy of maintaining a drug-free workplace;
 - c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
 - 3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
 18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
 19. Title VI of the Civil Rights Act of 1964;
 20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
 21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
 22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

1. The Applicant/Grantee certifies that the information disclosed in the table below is true at the time of submission of the application for funding and at the time of award if funded. If

the information changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification

2. Applicant/Grantee Mandatory Disclosures

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

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and

I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

Sign:

Date:

NAME: INSERT NAME

TITLE: INSERT TITLE

AGENCY NAME:

Assurance Checklist

Certifications, Licenses and Assurances Required When Submitting Applications

1. Signed DOH Federal Assurances (located in RFA in which you are applying)
 - a. Certifications Regarding, Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace
 - b. Federal Assurances
 - c. DC HEALTH Statement of Certification
2. Current Business License, registration to transact business in the relevant jurisdiction

Department of Consumer and Regulatory Affairs (DCRA) (DCRA is for the DC based providers) 1100- 4th Street, S.W. Contact 202-442-4400 Or www.dkra.dc.gov

1. Current Certificate of Clean Hands (formerly Certificate of Good Standing) *DC Office of Tax & Revenue (OTR)* (***You can only apply for this online. It takes at least 7 days but no more than 14 days***) 1101- 4th Street, S.W. Contact: Rhonda Lycorish 202-442-6815 Or www.otr.cfo.dc.gov
2. 501 © (3) Certifications. For Non-Profit Organizations
3. List of Board of Directors, on letterhead, for current year, signed and dated by a certified official from the Board.(This Cannot be the Executive Director)
4. All Applicable Medicaid Certifications.

It is the Responsibility of the Applicant to determine the extent to which the services proposed are reimbursable by Medicaid in each relevant jurisdiction. It is also the responsibility of the applicant to submit documentation of certification to bill and collect revenue from Medicaid in each jurisdiction which Medicaid reimbursement is available.

