

Funding Opportunity

Government of the District of Columbia Department of Health

H A H S T A



Transgender Health Initiatives - amended

RFA# HAHSTA_HRP 07.24.20

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 re-allocation of funds by a federal grantor, the Executive Office of the Mayor and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DC Health terms of agreement.

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**District of Columbia Department of Health
RFA Terms and Conditions**

v06.2015

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:

- Funding for a DC Health sub-award is contingent on DC Health's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DC Health to make any award.
- Individual persons are not eligible to apply or receive funding under any DC Health RFA.
- 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.
- 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).
- 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 to the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- 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.
- 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.
- 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.
- 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.
- DC Health may enter negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

- 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.
- 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.
- 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, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH under OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- 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: www.opgs.dc.gov (click on Information) 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 and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DOH program staff or reviewers.

HEALTH, DEPARTMENT OF (DC Health)
HIV/AIDS, HEPATITIS, STD, and TB ADMINISTRATION (HAHSTA)
NOTICE OF FUNDING AVAILABILITY (NOFA)
RFA# HAHSTA_HRP 07.24.20

HARM REDUCTION PROGRAM

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: | Harm Reduction Program: Transgender Health Initiatives |
| Funding Opportunity Number: | FO-HAHSTA-PG-00007-000 |
| Program RFA ID#: | RFA HAHSTA_HRP 07.24.20 |
| Opportunity Category: | Competitive |
| DC Health Administrative Unit: | HIV/AIDS, Hepatitis, STD and TB Administration |
| DC Health Program Bureau | Prevention and Intervention Services Bureau |
| Program Contact: | Stacey Cooper 202/671-5093 (desk) 202/997-4945 Stacey, Cooper@dc.gov |
| Program Description: | DC Health will support harm reduction and health equity as principles that support positive health outcomes. HAHSTA is applying the philosophy of harm reduction and the Health Equity framework to promote health, wellness, and individual success. DC Health will fund one area: Service Area A: Transgender Health Initiatives |
| Eligible Applicants | 501(c)(3) Not- for profit organizations located and licensed to conduct business in the District of Columbia. |
| Anticipated # of Awards: | 1 |
| Anticipated Amount Available: | Up to \$225,000 |
| Floor Award Amount: | \$100,000 |
| Ceiling Award Amount: | \$225,000 |

Funding Authorization

| | |
|---------------------------|-----------------|
| Legislative Authorization | DC Appropriated |
|---------------------------|-----------------|

| | |
|--|--|
| Associated CFDA# | N/A |
| Associated Federal Award ID# | N/A |
| Cost Sharing / Match Required? | No |
| RFA Release Date: | Friday, July 24, 2020 |
| Pre-Application Meeting (Date) | Tuesday, July 28, 2020 |
| Pre-Application Meeting (Time) | 1:00pm-2:30pm |
| Pre-Application Meeting (Location/Conference Call Access) | <p>Zoom</p> <p>Join Zoom Meeting</p> <p>https://us02web.zoom.us/j/89238023755?pwd=T3JUSHB2QXRMaC9rRG1HTIB6QzBFZz09</p> <p>Meeting ID: 892 3802 3755</p> <p>Password: 300749</p> <p>One tap mobile</p> <p>+13017158592,89238023755# US (Germantown)</p> <p>+19294362866,89238023755# US (New York)</p> <p>Dial by your location</p> <p>+1 301 715 8592 US (Germantown)</p> <p>+1 929 436 2866 US (New York)</p> <p>+1 312 626 6799 US (Chicago)</p> <p>+1 669 900 6833 US (San Jose)</p> <p>+1 253 215 8782 US (Tacoma)</p> <p>+1 346 248 7799 US (Houston)</p> <p>Meeting ID: 892 3802 3755</p> <p>Find your local number:</p> <p>https://us02web.zoom.us/j/89238023755?pwd=T3JUSHB2QXRMaC9rRG1HTIB6QzBFZz09</p> |
| Letter of Intent Due: | Not applicable |
| Application Deadline: | Friday, August 21, 2020, 6:00 PM |
| Links to Additional Information about this Funding Opportunity | <p>DC Grants Clearinghouse</p> <p>http://opgs.dc.gov/page/opgs-district-grants-clearinghouse.</p> <p>DC Health EGMS https://dcdoh.force.com/GO_ApplicantLogin2</p> |

OVERVIEW

Purpose

The DC Department of Health (DC Health), HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) upholds health equity as a principle that advances positive health outcomes. HAHSTA promotes policies and programs that reflect and reinforce this principle. The CDC describes health equity as every person having the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

HAHSTA also affirms harm reduction as a fundamental approach for its policies and program activities. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug and other uses. The strategies respect the spectrum of needs of individuals and communities. It is non-judgmental and compassionate. It recognizes the realities of life experience, poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities. Harm reduction accepts that people's lives and uses of substances encompass a continuum of behaviors without applying "one-size fits all" requirements. It also does not minimize the real, severe, and tragic circumstances of substance use (Source: Harm Reduction Coalition). HAHSTA is applying the philosophy of harm reduction and the Health Equity framework to promote health, wellness and individual success.

Successful engagement of individuals who are members of the transgender community can lead to improved health outcomes, social equity, and reduction in trauma. HAHSTA recognizes that harm reduction serves a critical role in a continuum of services for persons with this life experience. HAHSTA acknowledges that socio-economic conditions, trauma, social isolation, discrimination, stigma, and inequities are factors in the lives of persons within the transgender community. It is expected that providers incorporate those principles in their program approaches. HAHSTA values that the goal is improving the quality of life and success for members of the transgender community. This program is intended to support critical priorities and innovative strategies that reduce stigma related to transgender health. The purpose of this Request for Applications (RFA) is to improve health outcomes for the transgender community through a Transgender Health Initiative program.

Total Available Funding: Approximately \$225,000

SERVICE AREA: Transgender Health Initiative

Total Available \$225,000

The long-term goals of this funding announcement include:

- Ensuring equity and social justice are addressed within programming
- Providing a safe and confidential environment for transgender people.
- Increasing the number of transgender individuals accessing HIV, STD, hepatitis, and TB screening, primary medical care, Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), HIV medical care and treatment (including

linkage and retention to achieve viral load suppression), health insurance, and additional health services.

Available Funding: Approximately \$225,000 will be available for FY 2021 grant awards, with a possibility of three additional years based on performance and funding availability. Grants will be awarded through District Appropriated Funds. Grant awards under this authorization are projected to begin October 1, 2020 and end on September 30, 2021.

Additional Non-funded Resources and Opportunities

HAHSTA encourages applicants to consider adding complementary activities and resources to its harm reduction and prevention programs as appropriate. It is encouraged that the following add-on opportunities be utilized to develop a comprehensive harm reduction program that addresses key District goals for reducing transmission of HIV; such as, providing access to buprenorphine-based treatment, increasing the availability of syringes (including their safe removal), and increasing the number of individuals aware of their hepatitis and STD risk and status.

HIV testing technical assistance/test kit supports: The District is committed to providing free rapid HIV tests and 4th generation test kits to community partners. HAHSTA intends to make this technology available to broader segments of the population. HAHSTA offers test kits, training for providers, and technical assistance to funded as well as non-funded partners.

Applicants may also consider participating in test promotion rather than test provision. HAHSTA has developed a wide social marketing strategy to promote the participation in HIV screening at the provider as well as at the community level. Materials are readily available for providers to distribute within the community, preferably outside of their established client base, in order to enhance the impact of this social marketing campaign.

Naloxone provision: The District supports a Community Naloxone project that provides free naloxone kits to community partners, issues standing orders, and provides training on naloxone administration. Applicants may consider becoming a naloxone distribution partner as part of their programming.

Harm reduction technical assistance: The District supports training and technical assistance to strengthen the role and capacity of aspiring or established community-based organizations interested in integrating harm reduction activities within their portfolio. Applicants may consider participating in capacity-building activities to enhance their ability to engage people who inject drugs (PWID), people who use drugs (PWUD) and/or other drug-using populations.

PROGRAM ACTIVITY DESCRIPTION

Service Area: Transgender Health Initiative Program

**Approximately \$225,000 available, up to two (2) awards*

Program Period, October 1, 2020-September 30, 2021, with three additional years

HAHSTA intends the Transgender Health Initiative to promote health, wellness, and individual success. HAHSTA requires a comprehensive approach that offers pathways for economic

independence, self-advocacy, housing stability, life skills management, and other supports. HAHSTA aims to fund up to two providers to provide a comprehensive program with multiple components to address the transgender community's needs.

To be more effective, public health, health care, and prevention practitioners must understand the cultural context of the transgender community and possess the skills and desire to work in those contexts. Providers must have cultural competence in order to engage effectively with people of different cultures and backgrounds to produce positive change. Understanding the social determinants of health that affect the transgender community is a key component to reducing health disparities and achieving health equity. Applicants must describe the social determinants of health that transgender persons may face. They must also explain how they plan to find avenues to address these social determinants of health to ensure healthy outcomes.

Applicants must provide a detailed description for a programmatic approach that provides a comprehensive health and wellness program that addresses the needs of the transgender community. Additionally, the applicant must describe their capacity to utilize evidence-based models, such as Trauma-Informed Care, Resiliency Model, among others, to ensure wellness, self-care, and empowerment among peer staff, community health workers and members of the population of focus.

The core components of the Transgender Health Initiative are below:

1. Pathway to Success
 - a. Navigation to workforce development, vocational rehabilitation, and employment services
 - b. Life skills management
 - c. Job orientation, readiness, and preparation
 - d. Navigation to housing services
 - e. Navigation to obtaining identification
 - f. Navigation to behavioral health services
 - g. Navigation to income and financial assistance programs and services
 - h. Navigation to relevant public benefit programs
 - i. Navigation to health insurance
 - j. Navigation to legal assistance
2. Safe and Confidential Space
 - a. Day drop-in center: access to locker facilities, shower, restrooms, clothing bank, computers, food, and social engagement activities
 - b. Youth and young adult focused activities
 - c. Education on personal safety and violence prevention
 - d. Support for managing stigma
 - e. Navigation to other providers of transgender services
3. Peer Model
 - a. Training and support
 - b. Stipend, if applicable
 - c. Plan for center and community engagement
4. Health Services

- a. HIV testing and linkage to care
 - b. Pre- Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) education, linkage to PrEP services and support for individuals on PrEP
 - c. Linkage to medication assisted therapy (MAT) programs
 - d. STD screening
 - e. Navigation to primary medical care
 - f. Health literacy
 - g. Sexual health education
 - h. Syringe access services
 - i. Condom distribution
 - j. Linkage to hepatitis screening and education
 - k. Linkage to hepatitis vaccination
5. Increasing Visibility
- a. Encourage increased visibility and raise awareness about transgender health needs
 - b. Recognize intersectionality
 - c. Acknowledge stigma and encourage support for transgender rights
 - d. Provide education about transgender concerns/needs
6. Capacity Building
- a. Cultural competency training for clinical and non-clinical community providers

Program Required Elements and Specific Evaluation Criteria for Category A: Transgender Health Initiative

Focus Population: Applicants must include a full description of their focus population, the cultural competency required to serve the population, and recruitment activities to engage individuals. Applicants must demonstrate an understanding of the barriers to service utilization for transgender people and give a thorough plan for increasing the potential for successful linkage. Using a client advocacy, navigation or a short-term case management approach are acceptable ways of addressing supported linkages for greater success. This section should also include the number of individuals to be served. **(15 points)**

Social Determinants: Applicants must address the social determinants of health that may affect the health and well-being of transgender individuals. Factors related to health outcomes may include, but are not limited to housing status, education level, access to health care, health literacy, and access to food. Applicants must describe how the proposed program will improve the conditions of daily life for transgender people and how these factors can lead to improved health outcomes. **(10 points)**

Core Components: Applicants must describe their organization’s capacity to address each of the core components listed above. Applicants must provide a detailed plan that includes provisions for each activity. **(25 points)**

Peer Engagement: Applicants must describe how they will integrate a peer-based model into their program. Applicants must detail how peers will be recruited, retained, and contribute to program activities, including number of peers, responsibilities, and how compensated. Applicants must

describe how members of the peer community will be Applicants must also describe their ability to recruit and retain peers. **(10 points)**

Evidence-Based Models: Applicant must detail the use of evidence-based models, such as Trauma-Informed Care, Resiliency Model, among others, to ensure wellness, self-care, and empowerment among program participants. The applicant must describe how they will train staff on the selected model and how they will evaluate the use of the models. **(5 points)**

Centering Voices: Applicants must describe how they will engage the transgender community (i.e., staff persons, clients, etc.) in program planning, focus and activities. Providers should consider how they will engage and center the community to elicit their participation and empower them to be active participants in supporting their own community. Applicants should provide details on how they will recruit and engage persons who are transgender in dialogues about health, needs and concerns. The applicant should describe how community members will be engaged to develop an advocacy goal for the program. **(10 points)**

Past Performance: Applicants must describe their past experience in working with transgender people and their ability to access, recruit, engage and retain program participants. Past performance as a HAHSTA sub-grantee will be considered as a factor during the review process. HAHSTA staff will review the applicant's experience as a previously funded provider and use those findings to determine the applicant's capacity to deliver the service area. **(5 points)**

Public Awareness: Applicants must describe how they will address stigma associated with transgender persons accessing HIV and hepatitis treatment services. Applicants must describe how they will address stigma related to physical appearance (i.e., transitioning individuals). Applicants must include a plan that details the steps that will be taken to address fear of rejection and/or stigma as a barrier to participants accessing services. **(10 points)**

Partnerships: Applicants must describe their ability to develop partnerships with other community partners for services not provided directly. Evidence of partnerships must include Memorandums of Agreement, sub-contractual agreements, and/or letters of support. **(5 points)**

DEFINITIONS:

Community Resilience Model: is a tremendous resource for individuals coping with chronic stressors such as physical pain and recovery from addiction.

Cultural Humility: Another way to understand and develop a process-oriented approach to competency grounded in the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person].

Medication-Assisted Therapy (MAT): Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders. (Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/medication-assisted-treatment>).

Naloxone: Naloxone blocks or reverses the effects of opioids, including extreme drowsiness, slowed breathing, or loss of consciousness.

Naloxone is used to treat an opioid overdose in an emergency situation. This medicine should not be used in place of emergency medical care for an overdose. (<https://www.drugs.com/naloxone.html>)

Syringe Services Program: community-based prevention programs that can provide a range of services and protect the public by facilitating the safe disposal of used needles and syringes.

Trauma-Informed Approaches: an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

APPLICATION ELEMENTS***

I. Business Documents

II. Program Activity Plan (up to 5 pages)

- a. Program Activity Narrative, including evaluation plan
- b. Work Plan (Required Template, not included in 5-page limit)
- c. Budget (Required Template, not included in 5-page limit)

III. APPLICATION PREPARATION & SUBMISSION

A. Application Package

Only one (1) application per organization will be accepted.

Attachments

- 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.
- ~~DC HEALTH Application Profile (Attachment B)~~
- Program Activity Narrative (5-page limit)
- Work plan (Attachment B ~~E~~)
- Budget Format and Guidance ~~Budget and Budget Justification~~ (Attachment C ~~D~~)
- Assurances Certifications and Disclosures (Attachment D ~~E~~). Scan and upload **one SIGNED copy (Attachment D ~~E~~)** by the Agency Head or authorized official.)

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

- i. A current business license, registration, or certificate to transact business in the District of Columbia.

- ii. 501(c)(3) certification (for non-profit organizations)
- iii. City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands) Clean Hands Compliance Status letter must be no more than three (3) months old from due date of application.
- iv. Official list of Board of Directors for the current year and the position that each member holds on letterhead and signed by the authorized executive of the applicant organization, not the CEO.

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

B. Application Submission

All District of Columbia Department of Health application submissions must be done electronically via Department of Health’s Enterprise Grants Management System (EGMS), DC HEALTH’s web-based system for grantmaking 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 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.

▪ Register in EGMS

1. **Access EGMS:** The user must access the login page by entering the following URL in to a web browser: <https://dcDCHEALTH.force.com/GOApplicantLogin2>. Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.
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 **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).

4. 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.
5. 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 doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: Jennifer Prats (202) 306-9684 and Clara McLaughlin (202) 442-9237. Here are the most common registration issues:

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

Uploading the application

All applications submitted in EGMS as three separate attachments. Documents to include in each is below. All of these must be aligned with what has been requested in other sections of the RFA.

Attachments

1 - Business Documents A current business license, registration, or certificate to transact business in the relevant jurisdiction, 501 (c) 3 certification (for non-profit organizations), City Wide Clean Hands Status Letter, Official signed Board of Director’s letter, Medicaid certifications, Assurances Certifications Disclosures (signed)

2 - Program Activity Plan Table of Contents (Program Activity Narrative, Work Plan, Budget format and Guidance/**Categorical Budget and Budget Narrative**),

3 Other -

DEADLINE IS FIRM: August 21, 2020 6:00 PM

1. Pre-application Conference

A Pre-Application Conference will be held virtually on July 28, 2020 from 1:00 p.m. to 2:30 p.m. The meeting will provide an overview of HAHSTA's RFA requirements and address specific questions about the RFA. The meeting link is listed below:

Join Zoom Meeting

<https://us02web.zoom.us/j/89238023755?pwd=T3JUSHB2QXRMaC9rRG1HTlB6QzBFZz09>

Meeting ID: 892 3802 3755

Password: 300749

One tap mobile

+13017158592,,89238023755# US (Germantown)

+19294362866,,89238023755# US (New York)

Dial by your location

+1 301 715 8592 US (Germantown)

+1 929 436 2866 US (New York)

+1 312 626 6799 US (Chicago)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 892 3802 3755

Find your local number: <https://us02web.zoom.us/j/89238023755?pwd=T3JUSHB2QXRMaC9rRG1HTlB6QzBFZz09>

2. Letter of Intent (LOI)

A LOI is not required but is highly recommended. This information will assist HAHSTA in planning for the review process. Please email only one LOI per application to HAHSTA, using the template in Attachment A, no later than 4:30 p.m. on July 30, 2020. The letter of intent should be emailed to Stacey.Cooper@dc.gov.

3. Assurances

HAHSTA requires all applicants to submit various Certifications, Licenses, and Assurances. The Assurances can be found in EGMS. This is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package.

HAHSTA classifies assurances packages as two types: those "required to submit applications" and those "required to sign grant agreements." Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit

assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

A. Assurances required to submit applications (Pre-Award):

- Current Certification of Clean Hands from Office of Tax & Revenue (OTR)
- 501(c) 3 certification
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board (cannot be Executive Director).
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

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

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

APPLICATION EVALUATION CRITERIA

HAHSTA Assurance Packet

Required, not scored. [1 packet in good standing required from each organization]

Executive Summary (Required Template)

Required, not scored

Template includes Summary Budget

Program Activity Plan*

75% of the total score

Overall, the program activity plan will be scored on the feasibility of being fully and successfully implemented. Approach includes overcoming barriers to reaching participants effectively over time and include a reasonable plan to assess performance and effect. Proven capacity to deliver same or related services strengthens the feasibility of successful performance. ***Plan should explicitly include organizational and/or client level targets.***

Each Program Activities Details section highlights specific required elements that should be included in your plan and specific evaluation criteria that will be applied in scoring. All standard elements will be reviewed as part of evaluation criteria. This summary provides a thorough description to routine best practices and required elements for strong programs, on which the technical evaluation of your application will be based. It also highlights details to evaluating descriptions of these programs.

- a. Program Activity Narrative, including Evaluation Plan (100 points for performance and evaluation plan component)
- b. Work Plan (Required Template Attachment D) – Not scored
- c. Budget (Required Template Attachment E) - Not scored

Pre-Decisional Site Visit (PDSV)

25% of the total score

A pre-decisional site visit (PDSV) will be conducted as part of the evaluation process. HAHSTA Internal Reviewers will meet with appropriate project management and staff. The PDSV facilitates a technical review of the application and discussion of the proposed program; further assesses an applicant’s capacity to implement the proposed program; and identifies unique programmatic conditions that may require further training, technical assistance, or other resources. Final funding determinations will be based on the Program Activity Plan.

The site visit will be an agency assessment in the follow areas:

- a. Organizational Infrastructure
- b. Program Management
- c. Data Collection and Reporting
- d. Cultural Competence
- e. Organizational Sustainability

The site visit shall include a tour of the organization to include the facility where proposed services will be offered. HAHSTA anticipates that site visits will occur between September 10, 2020 and September 14, 2020. Applicants will be informed at least one week before the selected site visit date.

The PDSV is worth 25% of the total overall score. The findings from the visit will comprise 25% of the total score. The PDSV will determine the applicant’s capacity to deliver the proposed activity. The overall application package, including the proposal and PDSV will be worth 100 points with the PDSV being worth 25% of the total.

Review Process and Funding Decisions

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 if the applications did not meet the eligibility requirements.

External Review Panel

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

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

Internal Review Panel

DC Health program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment as required in the RFA.

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.

Grants will be awarded using District of Columbia appropriated funds as authorized in the FY21 budget.

POSTAWARD ACTIVITIES

Successful applicants will receive a letter confirming their award. It will also outline the next steps as a sub-grantee with the Department of Health.

Grantees must submit monthly data reports and quarterly progress and outcome reports through the Enterprise Grants Management System (EGMS). If funded, reporting forms will be provided during the grant-signing meeting with HAHSTA.

Continuation of funding for the option years are dependent upon the availability of funds for the stated purposes, fiscal and program performance under the Year 1 grant agreement.

BUDGET DEVELOPMENT AND DESCRIPTION

Applicants need to provide a detailed line-item budget and budget justification that includes the type and number of staff needed to successfully put into place proposed activities. Applicants must follow the model of the sample budget included Attachment E.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities (give this in a percentage, e.g., 50% of time spent on evaluation).

The applicant should list each cost separately when possible, give as much detail as possible to support each budget item, and demonstrate how the operating costs will support the activities and objectives it proposes.

The applicant shall use a portion of their proposed budget for evaluation activities.

Indirect Costs

If applicants have a Federally Negotiated Indirect Cost Agreement, they will be required to submit a copy of that agreement in lieu of providing detail of costs associated with this line. Applicants may charge indirect at a rate not to exceed 10% of the total projected direct costs.

If applicants do not have a Federally Negotiated Indirect Cost Agreement, they will be required to provide detail of what costs are captured in the indirect cost line not to exceed 10% of the total projected direct cost.

HAHSTA CONTACTS

Applicants are encouraged to e-mail or fax their questions to the contact person(s) listed below on or before July 30, 2020. Questions submitted after the deadline date will not receive responses. Please allow ample time for questions to be received prior to the deadline date.

Contact Person: Stacey L. Cooper, MSW
Deputy Division Chief, Prevention
Government of the District of Columbia, Department of Health
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
899 North Capitol Street, NE 4th Floor
Washington, D.C. 20002
E-Mail: Stacey.Cooper@dc.gov
Phone: 202.671.4900
Cell phone: 202-997-4945
Fax: 202.671.4860
Direct Budget Questions to Janice Walker
E-mail: Janice.Walker@dc.gov

List of Attachments

Attachment A: Letter of Intent

Attachment B: Work Plan

Attachment C: Budget Format and Guidance

Attachment D: Applicant/Grantee Assurances, Certifications & Disclosures

Attachment A: Letter of Intent

Letter of Intent to apply for the 2020 Harm Reduction: Transgender Health Initiatives program from HAHSTA. Although a letter of intent is not required, this information will assist HAHSTA in planning for the review process.

Please email letter of intent to Stacey Cooper at Stacey.Cooper@dc.gov by July 30, 2020.

The purpose of this letter is to inform you that our organization is interested in applying for funding under **Service Area: Transgender Health Initiatives**.

Name of Organization _____

Mailing Address _____

City _____ **State** _____ **Zip** _____ **Ward** _____

Contact Name _____

E-mail _____

Phone: _____ **Ext:** _____ **Fax:** _____

Category Applying Under

(If you wish to apply to provide services to more than one service area you must note them on this letter of intent and submit no more than one application per organization.)

_____ **Service Area: Transgender Health Initiatives**

ATTACHMENT B: WORK PLAN

| | | | |
|--|-------------------------|---------------------------|------------------------------|
| Agency: | Program Period: | | |
| Grant #: | Submission Date: | | |
| Target Population /Service: | Submitted by: | | |
| <i>Total Budget \$</i> | Telephone # | | |
| GOAL 1: | | | |
| Measurable Objectives/Activities: | | | |
| Process Objective #1: <i>[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]</i> | | | |
| <u>Key activities needed to meet this objective:</u> | <u>Start Date/s:</u> | <u>Completion Date/s:</u> | <u>Key Personnel (Title)</u> |
| SAMPLE | | | |
| Process Objective #2: | | | |
| <u>Key activities needed to meet this objective:</u> | <u>Start Dates:</u> | <u>Completion Dates:</u> | <u>Key Personnel (Title)</u> |
| • • • • | | | |
| Process Objective #3: | | | |
| <u>Key activities needed to meet this objective:</u> | <u>Start Dates:</u> | <u>Completion Dates:</u> | <u>Key Personnel (Title)</u> |
| • • • • | | | |

[Z:\Workplan Template.doc](#) (link to work plan template)

Please duplicate this page as needed for each Program Goal. Ensure that there are goals and objectives linked to each of the interventions covered under this grant.

ATTACHMENT C: Budget Format and Guidance

Provider Name

Service Area Name _____

Service Area Budget Summary

| | Proposed | Budget |
|--|------------|----------|
| | | |
| Salaries & Wages Subtotal | | |
| | | |
| Fringe Benefits Subtotal | | |
| | | |
| Consultants & Experts Subtotal | | |
| | | |
| Occupancy Subtotal | | |
| | | |
| Travel & Transportation Subtotal | | |
| | | |
| Supplies & Minor Equipment Subtotal | | |
| | | |
| Capital Equipment Subtotal | | |
| | | |
| Client Costs Subtotal | | |
| | | |
| Communications Subtotal | | |
| | | |
| Other Direct Costs Subtotal | | |
| | | |
| Administrative Cost Subtotal | 10% | |
| | | |
| Advance Subtotal | | |
| | | |
| TOTAL | | - |

Personnel Schedule

| Position Title | Site | Option No. 1 | | Option No. 2 | | Monthly Salary or Wage | No. of Mo. | Budget Amount |
|-------------------|------|---------------|-----|--------------|-----------------|------------------------|------------|---------------|
| | | Annual Salary | FTE | Hourly Wage | Hours per Month | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL | | | | | | | | |

Consultant/Contractual

| Item | Unit | Unit Cost | Number | Budget |
|--------------|------|-----------|--------|--------|
| | | | | |
| | | | | - |
| TOTAL | | | | - |

Occupancy Schedule

| Facility | Site | Unit | Unit Cost | Number | Budget |
|--------------------------------|------|------|-----------|--------|--------|
| | | | | | |
| Rent | | | | | - |
| | | | | | |
| Utilities (Gas/Electric/Water) | | | | | - |
| | | | | | |
| TOTAL | | | | | - |

Travel / Transportation Schedule

| Item | Unit | Unit Cost | Number | Budget |
|--------------|------|-----------|--------|--------|
| | | | | |
| | | | | - |
| | | | | |
| TOTAL | | | | - |

Supplies

| Item | Site | Unit | Unit Cost | Number | Budget |
|--------------|------|------|-----------|--------|--------|
| | | | | | |
| | | | | | - |
| | | | | | |
| TOTAL | | | | | - |

Capital Equipment Schedule

| Item | Site | Unit | Unit Cost | Number | Budget |
|--------------|------|------|-----------|--------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

Client Cost Schedule

| Item | Site | Unit | Unit Cost | Number | Budget |
|--------------|------|------|-----------|--------|--------|
| | | | | | |
| | | | | | - |
| | | | | | |
| TOTAL | | | | | - |

Communications Schedule

| Item | Site | Unit | Unit Cost | Number | Budget |
|--------------|------|------|-----------|--------|--------|
| | | | | | - |
| | | | | | - |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | - |

Other Direct Costs Schedule

| Item | Unit | Unit Cost | Number | Budget |
|--------------|------|-----------|--------|--------|
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

Indirect Costs

| | | | | | | | |
|--------------|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| TOTAL | | | | | | | |

Attachment D: 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:

**Government of the District of Columbia
Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)**

**899 North Capitol Street, NE
Fourth Floor
Washington, DC 20002**