

Harm Reduction

Vending Machines



RFA# HAHSTA_HRVM_01.04.2021

Pre-application Meeting: January 14, 2021, 1 pm to 2:30 pm

Application Due Date: February 11, 2021, 6 pm

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.

District of Columbia Department of Health
RFA Terms and Conditions

V.01.2020

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 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.
- 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 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 into 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, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC HEALTH under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- 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://communityaffairs.dc.gov/content/community-grant-program>.

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. Copies will be made available at all pre-application conferences.

HEALTH, DEPARTMENT OF (DC Health)
HIV/AIDS, HEPATITIS, STD, and TB ADMINISTRATION (HAHSTA)
NOTICE OF FUNDING AVAILABILITY (NOFA)
RFA# HAHSTA_HRVM_01.04.2021
HARM REDUCTION VENDING MACHINES

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 Vending Machines
Funding Opportunity Number:	FO-HAHSTA-PG-00002-003
Program RFA ID#:	RFA HAHSTA_HDVM 01.04.2021
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 L. Cooper, MSW Deputy Chief Prevention Stacey.Cooper@dc.gov
Program Description:	DC Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) is seeking an eligible organization to pilot a program using vending machines to provide low barrier access to harm reduction and wellness materials. The organization, in partnership with HAHSTA, will implement and sustain a harm reduction initiative that increases access to proven effective harm reduction, opioid overdose reduction and wellness materials via vending machines, placed in three areas of the District in support of expanding harm reduction efforts.
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 \$150,000
Floor Award Amount:	\$100,000
Ceiling Award Amount:	\$150,000

Funding Authorization

Legislative Authorization	Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c) Consolidated Appropriation Act of 2016 (Pub. L. 114-113).
Associated CFDA#	93.940
Associated Federal Award ID#	NU63PS924632
Cost Sharing / Match Required?	No
RFA Release Date:	Monday, January 11, 2021
Pre-Application Meeting (Date)	Thursday, January 14, 2021
Pre-Application Meeting (Time)	10:00 a.m. – 11:30 a.m.
Pre-Application Meeting (Location/Conference Call Access)	Microsoft Teams meeting Join on your computer or mobile app Click here to join the meeting
Letter of Intent Due date:	Not required
Application Deadline Date:	Thursday, February 11, 2021
Application Deadline Time:	6:00 PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program DC Health EGMS https://dcdoh.force.com/GO__ApplicantLogin2

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Section 1: Overview

Purpose

The DC Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) supports harm reduction and health equity as principles that support positive health outcomes. As defined by the Harm Reduction Coalition: "Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs." HAHSTA intends to support policies and programs that reflect and reinforce these principles. Additionally, DC Health maintains health equity as a priority of its public health vision for the District of Columbia. 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 is applying the philosophy of harm reduction and the Health Equity framework to promote health, wellness and individual success.

Successful engagement of individuals who use drugs can lead to improved health outcomes, social equity, and reduction in trauma. HAHSTA recognizes that drug use is part of the District community and 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 who use drugs and is committed to the goal of improving the quality of life and success for persons who use drugs. It is expected that providers consider these conditions in designing their program approaches. These programs are intended to support critical priorities and innovative strategies that increase the pathways for opioid treatment, enhance access to syringe service programs and reduce stigma related to drug user health. The purpose of this Request for Applications (RFA) is to expand available support services and improve health outcomes for the drug user community through the provision and maintenance of three (3) medically-graded Harm Reduction vending machines containing wound/vein care kits, hygiene kits, feminine hygiene kits, HIV and other prevention materials and other harm reduction products.

HAHSTA is seeking an eligible organization to implement and sustain a harm reduction initiative that increases access to proven effective harm reduction, opioid overdose reduction and wellness materials via vending machines to be placed in three areas of the District. This pilot project will make the District the second jurisdiction in the continental United States to launch harm reduction vending machines via a pilot program which will use vending machines to provide low barrier access to harm reduction and wellness products. This project is designed as a partnership with HAHSTA to evaluate the effectiveness of vending machines in expanding harm reduction efforts. Initiating a new and innovative harm reduction approach of this scale will require the engagement of a dynamic partner, primed to work with HAHSTA, the focus population providers, and their constituents.

Summary/Description of Project

DC Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) is requesting applications from eligible organizations to partner in launching a pilot program to increase low-

barrier access to harm reduction, opioid overdose reduction and wellness materials and services. The vending machines will be placed in conspicuous locations throughout the city to increase access to HIV and STI testing, harm reduction materials, wellness products, and linkages to substance use treatment for individuals who may not otherwise engage in services. The selected provider will also be tasked with the development and oversight of infrastructure and programmatic capacity at each vending site, including community engagement, client enrollment, data sharing, and overall machine maintenance. The selected organization will be considered successful when the applicant has developed a full program that includes vending machines, administrative and enrollment processes have been set, harm reduction and wellness products are being issued, and plans have been developed for continued community engagement and maintenance at all three pilot sites.

Eligible Organizations/ Entities

HAHSTA encourages applications from organizations that promote the health and dignity of individuals and communities impacted by substance use and those that wish to incorporate this mission into their core activities. Applicants should be familiar with delivering program activities in a culturally appropriate and humble manner. Applicants must demonstrate their understanding of harm reduction principles and practice, their knowledge of syringe service program best practices and an understanding of HAHSTA policies and procedures for delivery of services. Existing providers and new providers without a previous portfolio in harm reduction and/or drug user health are both eligible to receive funding, but prior expertise with the focus population or formal partnership with an experienced agency will be prioritized. ALL organizations must be not-for-profit, public and private organizations located and licensed to conduct business within the District of Columbia.

Total Available Funding: Approximately \$150,000.00 for the first year and \$100,000.00 for each additional 12-month year/budget period, contingent upon available funding and performance.

SERVICE CATEGORY: Harm Reduction Vending Machines

***Total Available-* Approximately \$150,000.00 for the first year and \$100,000.00 for 2 additional years (budget periods).**

The long-term goals of this funding announcement, in partnership with HAHSTA, include:

- Launch and evaluate effectiveness of the Harm Reduction Vending Machine pilot in providing low barrier access to harm reduction and wellness materials.
- Increasing the number of District residents who have access to harm reduction services and products
- Improving access to harm reduction programs
- Increasing community awareness of harm reduction as a tool to address the opioid epidemic
- Strengthening the partnership between DC Health and local organizations to develop population-focused harm reduction activities

- Ensuring equity and social justice issues are addressed within programming
- Increasing access to other services to support persons who use drugs, including primary health care, addiction treatment services, and screening and linkage to care for Hepatitis B and C.
- Reducing the number of non-fatal and fatal overdoses
- Increasing access and participation in wellness services
- Reducing indicators of stress

Available Funding

Approximately \$150,000.00 (\$100,000.00 base with an additional **one-time** \$50,000.00 for associated start-up costs, i.e., physical vending machines, security features, branding costs), will be available for the FY 2021 grant award, with two budget periods contingent upon availability of funds and performance. The grant will be awarded using funding authorized for grant award #NU63PS924632, Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended, and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113). The first budget period is projected to begin March 1, 2021 and end on September 30, 2021. The proposed project period is March 1, 2021 to September 30, 2024.

Supplementary Harm Reduction Activities

HAHSTA encourages applicants to consider additional activities and resources to bolster 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, increasing the number of 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. Applicants should consider how to leverage the harm reduction vending machines to support these additional activities, noting that HAHSTA is able to provide Narcan, HIV Tests, and condoms to participating agencies directly, so those materials do not need to be included in a project budget.

HIV testing technical assistance/test kit supports: The District is committed to providing free oral rapid HIV tests and 4th generation test kits to community partners to make this non-invasive 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.

Condom Distribution Recruitment: condom use is a critical tool in preventing the transmission of HIV, as well as STIs and hepatitis. Applicants could include recruitment of non-traditional sites such as hair salons, barber shops, grocery stores, bars and restaurants within their geographic location to distribute free condoms from HAHSTA.

Section 2: Program Activity Description

Service Category: Harm Reduction Vending Machines

**** Approximately \$150,000.00 for the first year and \$100,000.00 for each additional budget period. Budget period one is projected to be from March 1, 2021-September 30, 2021 with two (2) additional 12- month budget periods.***

Building on more than 20 years of data demonstrating the effectiveness of traditional syringe service programs (SSPs), this pilot program will test an innovative approach in which vending machines are used as satellite SSP sites. Clients who access these machines get more than just access to harm reduction materials, they are provided with a disposal site, referrals to substance use or mental health services, access to hygiene kits, and HIV/hepatitis testing. Clients are also provided with a link to treatment and vaccinations, tools to prevent overdose or infectious disease (such as condoms, hygiene kits, family planning supports, personal protective equipment (masks, shields, etc.), and naloxone to reduce overdose deaths, as well as treatment and education. Ultimately these machines, will extend a diverse network of care with on-demand access points designed to meet the needs of the most vulnerable.

The purpose of this program area is to fund one (1) provider to manage and oversee a pilot of three (3) Harm Reduction Vending Machines that expand access to harm reduction support for persons who use drugs who traditionally are not engaged through other interventions. Applicants must provide detailed descriptions for programmatic approaches that promote access to a full range of complementary services. HAHSTA's strategy for implementing harm reduction programs remains centered on utilizing existing health and social services providers that serve persons who use drugs to integrate SSP or like services into their portfolio. Ideally, the vending machines will be closely associated with or in partnership with an established program that has a history of providing comprehensive services to people who use drugs or situated in geographic areas known for active use and that are safely accessible to the population in need.

The applicant must describe its ability to deliver core activities in its program description:

Primary Vending Machine Pilot Activities

- Partner with DC Health in the design and placement of physical vending machines, data management system, insurance and warranties.
- Partner with DC Health to design and implement programmatic parameters including, but not limited to, client eligibility requirements, vending machine locations, vending machine security features, vending machine contents, training (program staff and client), and client access restriction
- Develop a community engagement process that consistently incorporates community sentiment into programming and provides education and awareness on harm reduction.
- Outline data sharing agreements and processes.
- Continuous assessment of harm reduction product utilization.

- Design a continuous quality improvement process to evaluate effectiveness of pilot in providing low barrier access to harm reduction and wellness materials.

***Note:** HAHSTA will provide Narcan, HIV Test Kits, and condoms directly, they need not be included in project budgets.

Complementary Vending Machine Pilot Activities

- Delivery of comprehensive harm reduction services to the persons who use drugs
- Improvement of relationships with law enforcement and community residents (i.e., focus groups, key informant interviews, community listening sessions, education sessions, etc.)
- Delivery of complementary services and products, such as linkage to HIV Counseling and Testing, linkage to viral hepatitis vaccination and screening, linkage to substance abuse detox and treatment, linkage to primary medical care, linkages to medication assisted therapy (MAT) programs, linkage to overdose prevention services, linkages to and/or direct access to wound care and overdose prevention/treatment (i.e., Naloxone).
- Delivery of information and products that promote wound and vein care to ensure safer injections.
- Development of innovative programming that expands SSP delivery (i.e., virtual and telephonic outreach, hotlines, etc.)
- Branding of initiative and subsequent promotional and marketing products.

The 2019 *Annual Epidemiology & Surveillance Report* reported the number of newly diagnosed HIV cases attributable to injection drug use decreased to 282 cases in 2019, a decline of 61% from 721 cases in 2011 and 79% from 1,374 cases in 2007. In 2017, HAHSTA funded four syringe exchange programs that distributed approximately 600,000 syringes to injection drug users and collected over 94% from their enrolled clients.

According to the U.S. Centers for Disease Control and Prevention (CDC), the number of drug overdose deaths decreased by 4% from 2017 to 2018, but the number of drug overdose deaths was still four times higher in 2018 than in 1999.¹ Nearly 70% of the 67,367 deaths in 2018 involved an opioid. the rate of drug overdose deaths in 2016.was five times higher than in 1999. The District's Office of the Chief Medical Examiner (OCME) tallied 83 opioid deaths in 2014; 114 in 2015; 231 in 2016; and 279 in 2017. Despite observing a decrease in fatal opioid overdoses in 2018, the number of opioid overdoses increased by 32% (n=281) in 2019. Overall, the number of opioid overdoses increased by 32% in 2019; there has been a total of 140 opioid overdoses in 2020 at the end of April. Approximately 77% of all overdoses due to opioid drug use happen among adults between the ages of 40 and 69; deaths due to opioid uses were most prevalent among people ages 50-59 (n=36%). Additionally, 889 or 84% of all deaths due to opioid use were among Blacks and nearly three-fourths of all deaths were among men.

In 2019, HAHSTA maintained its Community Naloxone project. HAHSTA continued to see an increase in demands for naloxone kits from multiple governmental and community-based providers. Through these partners, 47,343 naloxone kits were distributed to the District residents. Partner agencies reported a total of 1,382 reversal attempts; and of that number, 1,178 were successful reversals (85%).

Applicants must clearly demonstrate how they will work in partnership with HAHSTA and other community partners to procure and launch each harm reduction vending pilot site. The applicant shall participate in periodic planning meetings before, after, and during the programmatic cycle to keep HAHSTA abreast of all progress, challenges, or proposed changes.

Additionally, applicants should describe how their existing services provide an adequate platform for engaging persons who use drugs and detail how that engagement will occur. Applicants must describe plans for staff training and retention. Applicants must demonstrate how they will utilize evidence-based interventions (i.e., Trauma-Informed Approaches, the Resiliency Model, etc.) to support wellness, self-efficacy and empowerment among people who inject drugs. Applicants must describe how their current and proposed services relate to the establishment of a continuum of care for clients. Basically, applicants must demonstrate how their current program portfolio enhances and expands service delivery for people who inject drugs.

A key component for measuring the quality of the applicant's program plan will be their ability to demonstrate a clear understanding that engaging clients in complementary harm reduction services is critical to conducting an effective program. People who inject drugs may be at various stages in their substance use history, so it is of utmost importance to ensure that programs offer an array of support services that may lead to positive health outcomes. Providers should consider how the establishment of relationships with medication assisted therapy (MAT) providers and other community partners may benefit members of the population of focus. HAHSTA is interested in providers that develop approaches to start MAT induction. The plan for linkage to services must be detailed and include steps that enhance the potential for positive health outcomes for clients. The plan may also include how vein/wound care information may be disseminated and how peers will be recruited and utilized.

Applicants must provide a scope of work, identify a comprehensive program approach for launching each pilot vending site, including a process for the service units to be selected, delivered, and maintained. Applicants must complete a pro-rated 12-month budget and service plan that clearly outlines a plan for services for people who inject drugs. Applicants must establish, document, and maintain formal linkages internally and/or externally for provision of comprehensive services to clients, including HIV counseling and testing, HIV medical care linkages, hepatitis risk and prevention education, hepatitis screening, hepatitis vaccination, overdose prevention/treatment, case management, primary medical care services, residential and outpatient substance abuse treatment programs, MAT programs, mental health services, and other support services. Applicants should prioritize community integration in all aspects of the initiative. Community engagement and partnership are paramount to the success of new and innovative approaches, especially for harm reduction programs, which can be significantly impeded without community buy-in.

Section 3: Program Required Elements and Specific Evaluation Criteria, Harm Reduction Vending Machine Initiative

Core Components: Applicants must describe their organization’s capacity to address each of the core components listed below. Applicants must provide a detailed plan that includes provisions for each activity. There is a total of **100 points** available, including the pre-decisional site visit (PDSV, worth 45 of the total 100 points).

Focus Population: Applicants must include a full description of the focus population and how they will be made aware of vending machines availability, the cultural competency and humility required to serve the population, and recruitment activities to engage individuals. Applicants must demonstrate an understanding of issues particularly affecting the PWUD/PWID population, including the barriers to service utilization for PWUDs and give a thorough plan for mitigating them. 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. **(5 points)**

Procurement Capacity: Applicants must describe their capacity to initiate, execute and maintain contracts with external partners to purchase vending machines and harm reduction supplies (i.e., hygiene kits, feminine hygiene products, family planning materials, Sharps disposals, etc.). The applicant must detail how they will initiate the relationship with the external vendor (i.e., Vendnovation, IDS Systems, etc.) and the timeline for executing the contract. **(10 points)**

Social Determinants: Applicants must address the social determinants of health that may affect the health and well-being of the PWUD/PWID population. 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 the population of focus and how these factors can lead to improved health outcomes. **(10 points)**

Engaging Persons with Life Experience: Applicants must describe how they will consistently engage consumers in program planning, focus and activities. Providers should consider how they will “center the voices of people who use” to ensure that consumers are engaged in a meaningful way to elicit their participation and empower active participation in supporting their own community. Applicants should provide details on how they will recruit and engage persons who use drugs in dialogues about user health, needs and concerns. Efforts to foster an ongoing dialogue and a meaningful engagement for informal leaders within the respective community of focus can inform the vending machine design and what products it contains. The applicant should describe how persons with lived experience will be engaged to support continuous quality improvement. **(10 points)**

Community Engagement and Partnerships: Applicant must describe community integration as a critical component of their program plan; demonstrating how community sentiment will be used to inform program planning and activities. Applicant should provide details about who they will engage to garner support for the placement of the SSP vending machines, their ability to improve community relationships by accessing community leaders (i.e., ANC commissioners, block

captains, police officers, neighborhood watch, etc.), providing education about harm reduction activities, and resolving issues related to harm reduction services delivered within various communities. The applicant should engage law enforcement in order to ensure support and ongoing awareness raising to the benefits of syringe services to the community at large. The applicant must also describe how they will work other funded harm reduction providers as a part of a coordinated network of care for PWUDs/PWDIs.

The applicant must also address their willingness to work with HAHSTA and other funded providers to ensure the delivery of quality services and ensure adequate coverage across the District without overlapping the geographic locations. Applicants must describe their ability to develop supplementary 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.

(20 points)

Pre-Decisional Site Visit (PDSV)

A pre-decisional site visit will be conducted. During the PDSV, HAHSTA internal reviewers will meet with appropriate applicants' project management and staff. The site visit (1) facilitates a technical review of the application and discussion of the proposed program; (2) further assesses an applicant's capacity to implement the proposed program; and (3) 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 following areas:

a. Organizational Infrastructure:

The extent to which the applicant provides proof of adequate human resources and funding to support the proposed service category (9 points).

b. Program Management:

The extent to which the applicant provides proof of their ability to implement and monitor programs according to professional and legislative requirements according to best practices, benchmarks, and timelines (9 points).

c. Data Collection and Reporting:

The extent to which the applicant provides proof of their capacity to develop a data system that can fulfill the data reporting requirements of the grant to include the reporting of several data elements (9 points).

d. Cultural Competence:

The extent to which the applicant organization demonstrates capacity to deliver culturally appropriate programming that considers the attitudes, beliefs, norms and values of organizational staff and population of focus (9 points).

e. Organizational Sustainability:

The extent to which the applicant provides proof that they have the capacity to ensure the continuance of programs and endurance and growth of the organization (9 points)

The PDSV is worth 45 of 100 points. 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.

Section 4: 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 pages 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

- ☐ Letter of Intent (Attachment A)
- ☐ Work plan (Attachment B)
- ☐ Budget Format and Guidance (Attachment C)
- ☐ Applicant/Grantee Assurances, Certifications and Disclosures (Attachment D). Scan and upload **one SIGNED copy** by the Agency Head or authorized official.)

Mandatory Certification Documents (**Scan and upload ONE PDF** file containing all of 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 DC Health application submissions must be done electronically via DC 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://dcdoh.force.com/GO_ApplicantLogin2 . 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 DCHealth.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER AGENCY NAME.** 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 DCHealth.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. 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 are 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)(attachment D)

2 - Program Activity Plan

Table of Contents, Program Activity Narrative, Work Plan (Attachment B), Categorical Budget and Budget Narrative (Attachment C).

3 - Other

DEADLINE IS FIRM: February 11, 2021 6:00 PM

1. Pre-application Conference

A Pre-Application Conference will be held virtually on January 14, 2021 from 10:00 a.m. to 11:30 a.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:

Microsoft Teams https://teams.microsoft.com/#/scheduling-form/?eventId=AAMkAGE5YzU2YWVklWZkZGEtNGRmZC1hOTdlLWNIOGEzZGQ0ODUyZABGAAAAAACyfTEtIKanTLXSsFccRE4nBwCTqWB--UpXRbRv36YGA-gwAAAAAAENAACTqWB--UpXRbRv36YGA-gwAAFcqKz0AAA%3D&conversationId=19:meeting_MmZhYmMwODUtOTU1Zi00MDZILWI3NTgtMDkzYjNhNjFIODA3@thread.v2&opener=1&providerType=0&navCtx=event-card-click&calendarType=User

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 January 15, 2021. 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]. All applicants that receive funds under this RFA must show proof of all insurance coverage required by the Office of Risk Management (ORM) prior to receiving funds.

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

- Current Certification of Clean Hands from Office of Tax & Revenue (OTR)
- 501(c) 3 certifications (not older than 3 months prior to February 4, 2021)
- 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
- Copy of Cyber Policy
- Certificate of Insurance

Pre-Decisional Site Visit (PDSV)

45 points

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 following areas:

a. Organizational Infrastructure:

The extent to which the applicant provides proof of adequate human resources and funding to support the proposed service category (9 points).

b. Program Management:

The extent to which the applicant provides proof of their ability to implement and monitor programs according to professional and legislative requirements according to best practices, benchmarks, and timelines (9 points).

c. Data Collection and Reporting:

The extent to which the applicant provides proof of their capacity to develop a data system that can fulfill the data reporting requirements of the grant to include the reporting of several data elements (9 points).

d. Cultural Competence:

The extent to which the applicant provides proof that they have the capacity to develop a data system capable of fulfilling the data reporting requirements of the grant to include the reporting of several data elements (9 points).

e. Organizational Sustainability:

The extent to which the applicant provides proof that they have the capacity to ensure the continuance of programs and endurance and growth of the organization (9 points)

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 February 22, 2021 and February 26, 2021. Applicants will be informed at least one week before the selected site visit date.

The PDSV is worth 45 of 100 points. 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.

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.

POSTAWARD ACTIVITIES

Successful applicants will receive a letter confirming their award. It will also outline the next steps as a sub-grantee with the DC 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 remaining years are contingent 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 January 19, 2021. 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, DC 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 2021 Harm Reduction Vending Machine 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 January 15, 2021.

The purpose of this letter is to inform you that our organization is interested in applying for funding under **Service Category: Harm Reduction Vending Machine.**

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: Harm Reduction: Vending Machines

Attachment B: Work Plan

Agency:	Program Period:		
Grant #:	Submission Date:		
Target Population /Service:	Submitted by:		
Total Budget \$	Telephone #		
<u>GOAL 1:</u>			
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>
<ul style="list-style-type: none"> • • 			

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	-

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.

Applicant/Grantee Representations

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

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

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

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the DC 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: INSERT AGENCY NAME

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

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

