DEPARTMENT OF HEALTH

COMMUNITY HEALTH ADMINISTRATION

HEALTHY STEPS PROGRAM

REQUEST FOR APPLICATIONS

FO# CHA-HSP-5.31.24

SUBMISSION DEADLINE:

TUESDAY, JULY 9, 2024, BY 3:00 PM

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

DC DEPARTMENT OF HEALTH

Community Health Administration

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO# CHA-HSP-5.3.24

HEALTHYSTEPS PROGRAM

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

Funding Opportunity Title:	HealthySteps Program
Funding Opportunity Number:	CHA-HSP-5.31.24
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Family Health Bureau
Funding Opportunity Contact:	Dr. Ericka L. Peterson Division Chief Early Childhood Health Division Family Health Administration ECDH.DCHealth@dc.gov
Funding Opportunity Description:	DC Health is requesting proposals from qualified applicants to implement the evidence-based primary care program HealthySteps.
Eligible Applicants	Federally Qualified Health Centers, for-profit and nonprofit pediatric or family medical practices located in the District of Columbia whose population includes children ages 0-3 serving a population of at least 50% Medicaid-eligible families
Anticipated # of Awards:	Up to five (5) sites
Anticipated Amount Available:	$1,050,000
Annual Floor Award Amount:	$200,000

Annual Ceiling Award Amount:	$1,050,000
Legislative Authorization	FY25 Budget Support Act of 2024
Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing/Match Required?	No
RFA Release Date:	May 31, 2024
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	July 9, 2024
Application Deadline Time:	3:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://egrantsdchealth.my.site.com/sitesigninpage

Notes:

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

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RFA TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period (i.e., the total number of years for which funding has been approved). This includes DC Health Electronic Grants Management System (EGMS), for which the awardee will be required to register and maintain registration of the organization and all users.

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

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

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

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

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

Additional information about grants management policy and procedures may be obtained at the following site: https://oca.dc.gov/page/division-grants-management or click here: Citywide Grants Manual and Sourcebook.

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

CHECKLIST FOR APPLICATIONS

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

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

  - ☐ Certificate of Clean Hands dated within 60 days of the application deadline
  - ☐ Current business license or certificate of licensure or proof to transact business in local jurisdiction
  - ☐ Current certificate of insurance
  - ☐ Copy of cyber liability policy
  - ☐ IRS tax-exempt determination letter (for nonprofits only)
  - ☐ IRS 990 form from most recent tax year (for nonprofits only)
  - ☐ Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the executive director)
  - ☐ Assurances, certifications and disclosures
  - ☐ Proposal abstract
  - ☐ Project narrative
  - ☐ Budget table
  - ☐ Budget justification
  - ☐ Organization chart
  - ☐ Work plan
  - ☐ Risk self-assessment
  - ☐ Staffing Plan
  - ☐ Logic Model
- ☐ Documents requiring signature have been signed by an organization head or authorized representative of the applicant organization.
- ☐ The applicant needs a Unique Entity Identifier number (UEI#) and an active registration in the System for Award Management to be awarded funds.
- ☐ The project narrative is written on 8½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type *(11–point font for tables and figures)* with a one-inch margins.
- ☐ The application proposal format conforms to the “Proposal Components” (See section 5.2) listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan and other attachments are complete and comply with the forms and format provided in the RFA.
- ☐ Submit your application via EGMS by the application due date and time**. Late applications will not be accepted.**

1. GENERAL INFORMATION

1.1 Key Dates

- Notice of Funding Announcement Date: **May 17, 2024**
- Request for Application Release Date: **May 31, 2024**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- EGMS Registration deadline for new DC Health applicants: **June 25, 2024**
- Application Submission Deadline: **July 9, 2024**
- Anticipated Award Start Date: **October 1, 2024**

1.2 Overview

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

The Community Health Administration (CHA) works to prevent the leading causes of death, protect and promote the health of mothers and children and eliminate racial and ethnic health disparities in health. CHA focuses on nutrition and physical activity promotion; cancer and chronic disease prevention and control; access to quality primary health care services; and the health of families across the lifespan. CHA's approach targets the multiple factors that influence health through evidence-based programs, policies and systems change.

The Family Health Bureau works to protect, promote and improve the health of families through screening and surveillance, education, community-clinical linkages, family strengthening programs, preventive services, and positive youth development.

1.3 Purpose

The purpose of this funding opportunity is to improve medical, behavioral, and developmental outcomes for young children in the District's Wards 5, 7, and 8 through implementation of HealthySteps.

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program that aims to provide infants and toddlers with social-emotional and developmental support by strengthening family engagement with the Medical Home (https://www.healthysteps.org/).

1.4 Source of Grant Funding

Funding is anticipated to be available using the FY25 Budget Support Act of 2024. **Funding is subject to change based on availability.**

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $1,050,000.00 is anticipated for five (5) awards for the first budget period. If requesting multiple sites, there shall be one current site that has been in operation for more than two years. Applicants shall submit a budget summary with a breakdown for each site requested.

1.5.2 Period of Performance and Funding Availability

The first budget period of this award is anticipated to begin on October 1, 2024, and to continue through September 30, 2025. After the first budget period, there will be up to four (4) additional 12-month budget periods for a total project period of October 1, 2024 – September 30, 2029. The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and grantee performance and compliance.

1.5.3 Eligible Organizations/Entities

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

- Federally Qualified Health Centers;
- For profit pediatric, or family medical practices
- Nonprofit pediatric, or family medical practices

Applicants must also be able to deliver or have the potential to deliver well-child visits in the pediatric or family medicine setting, have a patient population that includes children ages 0-3 and serves a population of at least 50% Medicaid-eligible families. Applicants must be located in the District of Columbia.

Option one: Considered for funding shall be organizations who have **implemented or are operating a HealthySteps site for two (2) or more years** meeting the above eligibility criteria and having documentation of providing services (health and social services) to the target populations.

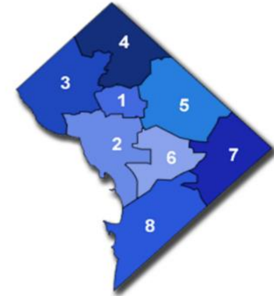
Option two: Funding consideration will be extended to organizations that may not have two or more years of experience implementing and operating a HealthySteps program but are able to demonstrate the capacity to implement a HealthySteps program with fidelity within a year of receiving funding. These organizations should meet the above eligibility criteria and have documentation of their ability to provide health and social services to the target populations

1.5.4 Non-Supplantation

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

2. BACKGROUND

2.1 DEMOGRAPHIC OVERVIEW



The District of Columbia (DC or the District) is a diverse and compact geographic area that covers 61 square miles with a population of 689,545 as of the 2020 US Census.[1,2] The District is organized into eight geopolitical wards, with the largest population in Ward 6 (108,202 residents) and the smallest population in Ward 7 (76,255 residents). Wards 1 and 2 have the largest proportion of adults ages 18-64 years (80% and 84%), Wards 7 and 8 have the largest proportion of youth ages 0-18 years (24% and 30%), and Wards 3 and 4 have the largest proportion of adults over age 65 years (18% and 15%).[3]

In terms of race and ethnicity, the District's population is highly diverse—approximately 41% Black/African American, 38% White, and 5% Asian, with Hispanic or Latino residents of any race making up 11% of the population.[4] However, the population is also highly segregated, with significant economic disparities observed by ward and race. For example, Wards 2 and 3 have the highest percentage of white residents and the lowest percentage of Black/African American residents, whereas Wards 7 and 8 have the highest percentage of Black/African American residents and the lowest percentage of White residents. While 2021 District-wide median household income was more than $91,000, median household income in Ward 3 was more than 3.6 times higher than in Ward 8; median household income among white District residents was approximately 1.7 times higher than among Hispanic/Latino residents and 3.1 times higher than among Black/African American residents.[5] In December 2021, District-wide unemployment was 5.8%; however, unemployment in Ward 8, the highest in the District, was more than 4 times higher than in Ward 3, the lowest in the District.[6]

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[1] Government of the District of Columbia, Office of Planning. *District of Columbia Population Change by Ward: 2010 to 2020.* Published August 13, 2021.
https://planning.dc.gov/sites/default/files/dc/sites/op/publication/attachments/Map%20-%20Population%20Change%20by%20Ward%202010-2020.pdf

[2] NOTE: In April 2020, the District decennial census data was collected. Some preliminary data analysis has been completed and disseminated; however, it is important to note that DC census takers continue to evaluate the 2020 census data and address data concerns surrounding undercounting of residents of color, discrepancies with the Census' American Community Survey (ACS) data, and the impact of the COVID-19 pandemic on data collection. https://planning.dc.gov/node/1553646

[3] United States Census Bureau. American Community Survey 1-year estimates. Census Reporter Profile: District of Columbia. https://censusreporter.org/profiles/04000US11-district-of-columbia/. Published 2019

[4] United States Census Bureau. QuickFacts: District of Columbia. https://www.census.gov/quickfacts/fact/dashboard/DC/POP010220

[4] DC Open Data. DC Health Planning Neighborhoods. https://opendata.dc.gov/datasets/DCGIS::dc-health-planning-neighborhoods/about. Updated December 8, 2021.

[5] DC Health Matters. *2021 Demographics.*
https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=130951§ionId=936#sectionPiece_72

[6] DC Department of Employment Services. *Labor Force, Employment, Unemployment, and Unemployment Rate by Ward.*
https://does.dc.gov/sites/default/files/dc/sites/does/page_content/attachments/DC%20Ward%20Data%20Dec21-Nov21-Dec20.pdf

Table 1: Selected Characteristics of DC Residents, by Ward.

	White, Non-Hispanic (2020)	Black/ African American, Non-Hispanic (2020)	Hispanic/ Latino, any race (2020)	Median Household Income (2021)	Unemployment Rate (Dec. 2021)
Ward 1	46.9%	21.5%	20.2%	$110,339	3.7%
Ward 2	64.3%	8.2%	10.9%	$112,244	3.1%
Ward 3	69.2%	7.0%	9.7%	$143,339	2.9%
Ward 4	26.9%	43.3%	22.0%	$94,163	4.9%
Ward 5	23.6%	56.5%	11.6%	$91,189	6.5%
Ward 6	55.3%	26.1%	7.3%	$113,922	4.4%
Ward 7	3.6%	87.5%	4.7%	$42,201	9.0%
Ward 8	4.5%	87.8%	3.3%	$39,473	12.1%
District-wide	38.0%	40.9%	11.3%	$91,414	5.8%

Health of District Residents

While the overall health of District residents has improved during the past decade, health disparities and inequities are evident by race, income, and geography across the District of Columbia.[7] Infant mortality, which is the death of a baby before his or her first birthday, is an important indicator of the health and well-being of a population. Infant mortality in the District has declined, with the rate per 1,000 live births falling from 13.6 in 2005 to 4.5 in 2020 with an upward tick to 6.8 in 2021.[8] While all groups saw a decrease, the infant mortality rate was significantly higher for infants of non-Hispanic Black mothers (9.4 per 1,000 live births) compared to infants of Hispanic mothers (3.5 per 1,000 live births) and infants of non-Hispanic White mothers (1.9 per 1,000 live births). [9] Differential health outcomes also persist across the life course, as evidenced by self-reported fair or poor health by race and gender. While 3.9% of White residents fall into this category, nearly 1 in 5 Black residents (19.5%) report fair/poor health, which is over twice that of all other races, at 9.1%.[10]

Child Health

[7] Health Equity Report: District of Columbia 2018. https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw

[8] https://www.marchofdimes.org/peristats/state-summaries/district-of-columbia?lev=1&obj=3®=99&slev=4&sreg=11&stop=55&top=3

[9] *2023 March of Dimes Report Card for District of Columbia*. (n.d.). March of Dimes | PeriStats. https://www.marchofdimes.org/peristats/reports/district-of-columbia/report-card

[10] DC Health, BRFSS Surveillance System

About 18% of the District's population is comprised of children under 18 years of age, with the majority of children under the age of six (43%). Most children are Black/African American (58.5%) followed by White (26.5%) and Hispanic/Latino (15.9%). The median income for families with children is $78,633; however, 25% of families live below poverty level and about 39% use public assistance (i.e., SSI, cash public assistance, or Food Stamp/SNAP benefits). Within households, most children live with their biological parent (83.5%), followed by their grandparent (11.6%). A strong predictor of positive health outcomes is one's health at birth. Poverty during a child's life under the age of five can increase the risk of experiencing lower socioeconomic status later in adulthood and contribute to a cycle of poverty among future generations. Neighborhoods in Wards 7 and 8 (Lincoln Heights, Stadium-Armory and Douglass, St. Elizabeth's, respectively), and some neighborhoods in Wards 2 and 5, have the highest concentrations of children under five living in poverty.[11]

2.2 Program Information

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program that aims to provide infants and toddlers with social-emotional and developmental support by strengthening family engagement with the Medical Home. An essential element to the program is the addition of a HealthySteps Specialist (HSS) to the primary care team. The HHS, a child development expert, joins the pediatric primary care team to ensure universal screening and provide successful interventions, referrals, and follow-up to the whole family. The HealthySteps Specialist offers screening and support for common and complex concerns that physicians often lack time to address, including feeding, behavior, sleep, attachment, depression, social needs, and adapting to life with a baby or young child. Specialists are trained to provide families with parenting guidance, support between visits, referrals, and care coordination, all specific to the families' needs. The lives of children and families can improve through strong relations between the HealthySteps Specialist, families, and health providers.

A 15-site national evaluation of HealthySteps showed significant positive outcomes as follows:

- Children were more likely to receive a well-child visit on time.
- Children were eight times more likely to receive a developmental assessment at 30-33 months.
- Children were 40% more likely to have nonmedical referrals, including for behavior, speech, hearing, child abuse or neglect, and early intervention.
- Mothers were more likely to breastfeed longer than six (6) months.
- Mothers were 24% less likely to practice unsafe sleep practices for infants.
- Mothers were more likely to discuss depressive symptoms and to receive mental health referrals.
- Parents were 22% less likely to rely on harsh punishment for their children.

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[11] District of Columbia Department of Health Five-Year Maternal Needs Assessment Summary 2021-2025. September 2020.

The HSS position requires a minimum of a bachelor's degree with preferred mental health training and experience, and experience in early childhood development. Most HSS are social workers, including licensed clinical social workers, psychologists, child development specialists, or nurses with backgrounds in these fields, or a closely related field. The HSS delivers many program components and serves as a link between members of the clinical team, the child, the family, and the community. HealthySteps offers a wide array of developmental, behavioral, social, and emotional screenings, support, and the accompanying guidance and referrals for families who need them.

3. PURPOSE

DC Health Community Health Administration (CHA) is requesting proposals from qualified applicants to provide data driven and outcome-oriented approaches to improve medical, behavioral, and developmental outcomes for young children and their families in Wards 5, 7, and 8. The applicant shall provide a justification for any proposed wards or clusters in addition to the required primary population of Wards, 5, 7 and 8 residents.

3.1 Approach

Applicant describes an intervention approach that focuses on creating opportunities for and addressing needs of both vulnerable children and their parents together.[12]

The applicant must be a current certified affiliate or obtain affiliation within 90 days from being awarded from the model developer, to implement HealthySteps. All staff must be trained by the model developer to implement the model to fidelity and submit affiliation and staff training certification to DC Health six (6) months after awarded. During the period of performance, the applicant must maintain their affiliation status and implement the model to fidelity.

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 Target Population

Grantees shall provide services to a population of at least 50% Medicaid-eligible families and demonstrate the capacity to provide HealthySteps to 250 patients annually.

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[12] Source: http://ascend.aspeninstitute.org/pages/the-two-generation-approach#sthash.4p7oM9SJ.dpuf

4.2 Location of Services

Grantees must be located within the District of Columbia. Services must be delivered within a primary care setting in Wards 5, 7, and/or 8. The applicant shall provide a justification for any proposed wards or clusters in addition to the required primary population of Wards 5, 7 and 8.

4.3 Program Strategies

In alignment with the Framework for Improving Community Health the grantee shall employ strategies and implement activities in the service areas outlined in this section. Applicants shall demonstrate how the proposed project plan will impact each of these areas and demonstrate their organizational capacity to achieve desired outcomes. More outcomes may be required during the duration of the grant award.

Service Area 1: HealthySteps Program

Key Performance Indicators[13]*:* Applicants should reference the HealthySteps Fidelity Requirements-Service Delivery. Applicants are expected to achieve a minimum of 50% of each of the requirements below; however, 75% is preferred.

1. Child Developmental, Social-Emotional and Behavioral Screening
   - Percentage of children age 0–3 who receive at least one developmental screening each year
   - Percentage of children age 0–3 who receive at least one social-emotional/ behavioral screening each year
   - Percentage of children screened for autism at least once by their 24-month visit
2. Screening for Family Needs
   - Percentage of children age 0–3 whose mothers were screened at least once for maternal depression by their child's 6-month visit
   - Percentage of children age 0–3 who have at least one family member screened for at least one of the following key family needs each year:
     - Food insecurity
     - Housing instability or homelessness
     - Utility needs
     - Transportation needs
     - Interpersonal safety (intimate partner violence, interpersonal violence, community violence, etc.)
     - Substance misuse (alcohol and other drugs)
     - Tobacco use
     - Income/Employment needs

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[13] HealthySteps Fidelity Requirements

3. Family Support Line

- The HS Specialist (or other designated practice staff) is able to respond to Family Support Line inquiries from families with children age 0–3 within the timeframe specified by institutional guidelines (or within three (3) business days if no guidelines exist) at least 50% of the time (based on estimate)

4. Child Development & Behavior Consults

- Percentage of children ages 0-3 identified as needing Tier 2 services who received a Consult with the HS Specialist within 3 months of the identification of need

5. Ongoing, Preventive Team-Based Well-Child Visits

- Percentage of children ages 0-3 receiving Tier 3 services who received at least two ongoing, preventive Team-Based Well-Child Visits including a Healthy Steps Specialist during the year

6. Care Coordination & Systems Navigation

- Percentage of children ages 0–3 receiving Tier 3 services who were referred to early intervention services for which a referral status was updated within 45 days of referral
- Percentage of mothers with children ages 0-3 receiving Tier 3 services who were referred to maternal depression services for which a referral status was updated within 45 days of referral

7. Positive Parenting Guidance & Information

- During ongoing, preventive Team-Based Well-Child Visits, the HS Specialist provides evidence-based positive parenting guidance and information to Tier 3 families

8. Early Learning Resources

- During ongoing, preventive Team-Based Well-Child Visits, the HS Specialist provides evidence-based early learning resources to Tier 3 families

In addition to the HealthySteps fidelity requirements, organizations are also required to report and meet the following requirements in alignment the DC Health Community Health Administration (CHA) Framework[14] and the Birth-to-Three for All DC Amendment Act of 2018:

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[14] Chrome extension://efaidnbmnnnibpcajpcglclefindmkaj/https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Framework%20for%20Improving%20Community%20Health_r10.pdf

a. Reduce the percent of primary caregivers enrolled in home visiting who report using tobacco or cigarettes at enrollment and are referred to tobacco cessation counseling or services within 3 months of enrollment to less than 12.5%.
b. Reduce the percent of marijuana use during pregnancy to less than 2.5%.
c. 80% of enrolled children will be up-to-date on age appropriate immunization.
d. 85% percent of infants (among mothers who enrolled) will be breastfed for any amount by 8 weeks of age.
e. 80% of infants and toddlers will be up-to-date on their lead screenings.
f. Promote and refer 100% of eligible families to developmental health, behavioral health, and community-based social services providers, such as *Strong Start, Help Me Grow DC (HMG) program, Home Visiting programs, Women Infant and Children (WIC) program*. Reported data shall include the following:
    1. Number of families referred for services to each provider
    2. Number of infants and toddlers place in a home visiting program
    3. Number of infants and toddlers that were not placed in a home visiting program due to a lack of available slots
    4. Number of patients referred to lactation support services
    5. Number of breastfeeding patients served
    6. Breastfeeding initiation and duration rates
g. Other qualitative outcome and performance mechanisms chosen by the applicant to measure healthy early childhood development

<u>*Screening:*</u>

The applicants shall screen families for risk and refer families and children to the appropriate services if necessary. The applicants shall ensure that HealthySteps staff are appropriately trained to administer, score, and interpret screening tools and communicate assessment results to families. A successful applicant must collect the following data using the developmental screening tools indicated:

a. Number of patients served
b. Number of families served
c. Number of families referred to follow up services based on screening result.
d. Breakdown of referral service type
e. Proportion of **Ages & Stages Questionnaires (ASQ-3)** completed- *Developmental screener given to parents to see how a child's development compares with other children of the same age*
f. Proportion of **Ages & Stages Social and Emotional (ASQ:SE-2)** surveys completed- *Parent-completed tool with a deep, exclusive focus on children's social and emotional development, used for early identification of social-emotional problems*
g. Proportion of **Surveys of the Well-being of Young Children (SWYC)** completed - *Developmental-behavioral screening instrument for children under 5 ½ years of age. It was designed to be completed by parents or other caregivers in the context of pediatric primary care visits, but can also be used*

in other settings, such as early childcare and education, home visiting, and preschools

h. Proportion of **Patient Health Questionnaires-9 (PHQ-9)** completed- *Self-test that measures depressive feelings and behaviors during the past week to determine a person's depression quotient*
i. Proportion of **Adult Adolescent Parenting Inventories** completed- *Widely used tool to identify adolescents and adults at risk for inadequate parenting behaviors*
j. Proportion of **Abusive Behavior Inventories** completed - *self-report, 30-item screening tool that seeks to understand the extent of intimate partner violence occurring within a relationship*
k. Proportion of **Protective Factors (PFS-2)** completed- *19-item measure designed for use with parents and caregivers participating in child maltreatment prevention services, such as home visiting, parent education, and family support*

B. Evaluation: See performance requirements sections for additional information.

The purpose of the evaluation is to demonstrate improvements in participant outcomes, specifically maternal and child health outcomes. Applicants must participate in all data collection, data monitoring, and evaluation activities required by DC health and its agents (e.g., external evaluation contractor) during the grant award. In coordination with DC Health and its agents, applicants shall submit an annual report to the Mayor, Council, Quality Improvement Network Interagency Steering Committee, Interagency Coordinating Council, and OSSE evaluating the information submitted.

C. Centralized Intake:

Applicants shall participate in DC Health's HMG Centralized Intake Process. A key component of HMG is to provide a centralized access point to assists families and professionals in connecting children to the grid of community resources that help them thrive.

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5. APPLICATION REQUIREMENTS

5.1 ELIGIBILITY DOCUMENTS

CERTIFICATE OF CLEAN HANDS

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

CURRENT BUSINESS LICENSE

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

CURRENT CERTIFICATE OF INSURANCE

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

COPY OF CYBER LIABILITY POLICY

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

IRS TAX-EXEMPT DETERMINATION LETTER

This applies to nonprofits only.

IRS 990 FORM

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

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

This CANNOT be signed by the executive director.

ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

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

5.2 PROPOSAL COMPONENTS

PROJECT ABSTRACT

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

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

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

PROJECT NARRATIVE (10-page maximum)

The narrative section should describe the applicant's approach to the project area that the application will address and describe the proposed project's purpose. It should also describe the target community, or communities, in which the project will be located and the population to be served, including population size, and other demographic characteristics. Where feasible and appropriate, use local data to describe the health status of the intervention population, including health disparities that characterize the population.

The narrative should include the following sections:

OVERVIEW

This section should briefly describe the purpose of the proposed project and how the application aligns with the RFA. It should also summarize the overarching problem to be addressed and the contributing factors. Applicant must clearly identify the goal(s) of this project.

PROJECT OR POPULATION NEED

This section should help reviewers understand the needs of the population intended to be served by the proposed project.

- Provide an overview of constituent population as relevant to the project.
- Describe how the target population was identified for this proposal.
- Define the reach, boundaries, zip codes and/or geography of the target population.
- Describe the specific problem(s) and contributing factors to be addressed within the target population.
- Describe the ability to reach the priority population and how they will be served through this project.

PROJECT DESCRIPTION

This section should provide a clear and concise description of strategies and activities they will use to achieve the project outcomes and should detail how the program will be implemented. Applicants must base their strategies and activities on those described in Sections 3.1 Approach, 4.3 Scope of Services, and 4.4 Program Strategies, above. Describe activities for each strategy, how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes.

- Identify and describe the at-risk community that will be served through this project.
- Describe the applicant's strategies for implementing HealthySteps and how strategies will be operationalized to achieve program goals, objectives and outcomes.

- Describe how the proposed project meets the requirements in the Scope of Service Section (please see Performance Requirements Section for more details).
- Describe how participants will be recruited, enrolled, and retained in the program.
- Outline and give rationale for estimated reach of program by end of year 1, as well as subsequent years.
- Describe how HealthySteps will enhance utilization of other existing clinic initiatives.
- Describe plans to expand program to additional clinic sites following the projected funding period.
- Indicate plans for sustainability of the initiative beyond the projected funding period.

PARTNERSHIPS

This section should describe plans to involve other key partners in the applicant's work.

- Describe the applicant's experience working collaboratively with government agencies, including public health, behavioral health, education and health care financing, to implement health and/or public health programs.
- Describe the applicant's experience working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.
- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to support the implementation, and evaluation, if applicable, of the applicant's program.
- As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application. Describe how community members and parents are active stakeholders in this process.
- Applicant should provide letters of commitment or support from other agencies and organizations pertinent to the success of the proposed project.

PERFORMANCE MONITORING

This section should describe applicant's plan for collecting and reporting data. Applicants must propose an implementation evaluation that will include appropriate evaluation methods to monitor ongoing processes and the progress towards the goals and objectives of the project, including a description of data collection, sampling strategies (if appropriate), timeline, Institutional Review Board (IRB) review, and data analysis. If awarded, the applicant must submit an evaluation plan within 90 days after the receipt of the award. In option years 3 – 5, awardees will be required to submit and implement outcome and impact evaluations.

- The evaluation methodology should be specific and related to the stated goals, objectives, and priorities of the project. Additionally, the evaluation should be linked to the projects logic model.

- Evaluations should be designed to show the difference in medical, developmental, social-emotional, social need, and other services and outcomes from those who are a part of HealthySteps compared to those who are not part of the program.
- Describe how data will be collected and managed (e.g., assign skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
- Describe the process for tracking outcomes for referrals and linkages for health services, social services and other community providers.
- Describe the approach to collaborate and share participant-level data and work with DC Health, evaluation staff or its agents? Please describe your plan in detail.
- The applicant must describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Budgets for evaluation activities should be: (1) appropriate for the evaluation design and question(s); (2) adequate to ensure quality and rigor, and; (3) in line with available program and organizational resources. The recommended maximum funding ceiling of 10% of the total requested budget for evaluation activities. The applicant should provide appropriate support for their evaluation budget in the budget justification.

ORGANIZATIONAL CAPACITY

This section should provide information on the applicant's current mission and structure and scope of current activities; describe how these all contribute to the organization's ability to conduct the program requirements and meet program expectations.

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

BUDGET TABLE

The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse. An attachment is provided for application preparation purposes, but the budget data must be inputted into EGMS. The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes. Budget should reflect the budget period, as outlined below (Key Budget Requirements).

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

Key Budget Requirements

The budget should reflect a 12-month period, as follows:

- October 1, 2024 – September 30, 2025:

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

Budget Justification

The application should include a budget justification (see attachment). The budget justification is a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget justification MUST be concise. Do NOT use the justification to expand the proposed project narrative. **If the applicant expects to oversee multiple HealthySteps sites a budget breakdown and justification will have to be provided for each location.**

Include the following in the budget justification narrative:

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

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

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

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

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

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

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

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

ORGANIZATIONAL CHART

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

STAFFING PLAN

The applicant should submit a staffing plan that describes staff qualifications and responsibilities, including type and number of FTEs *(no template provided)*. CVs, resumes, position descriptions, and organizational charts may be submitted as attachments. The plan should include a projected timeline for recruitment and describe a strategy to hire those who reside in Wards 5, 7, and 8. The applicant should provide justification for additional Wards beyond primary Wards 5, 7, and 8.

WORK PLAN

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

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

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

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

RISK SELF-ASSESSMENT

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

LOGIC MODEL

A one-page logic model is required. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.)
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or community).

6. EVALUATION CRITERIA

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

CRITERION 1: NEED

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

- The extent to which the applicant describes the purpose of the project and the contributing factors to the problem. (5 points)
- The extent to which the applicant describes the health disparities of the community selected by the recipient related to children's developmental health (i.e., prevention, promotion, screening, referral and follow-up), family well-being (i.e., maternal depression screening), and other factors that affect development (i.e. exposure to violence, parental educational attainment, household income). (5 points)

CRITERION 2: IMPLEMENTATION

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

- The extent to which the applicant describes number and proportion of patients seen who reside in selected community. Applicant demonstrates clear understanding of HealthySteps and how it best fits the needs of the population. (2 points)
- The extent to which the applicant describes how proposed strategies will lead to increased screenings for developmental, social/emotional and behavioral conditions in children as well as family support indicators. (3 points)
- The extent to which the applicant demonstrates approaches that focus on creating opportunities for and addressing needs of both vulnerable children and their parents together. (5 points)
- The extent to which the applicant identifies the specific screening tools that will be used and what strategies will be used to demonstrate increased rates of proposed metrics. (5 points)
- The extent to which the applicant's work plan represents a logical and realistic plan clearly outlining goals and objectives for the project, describing how proposed goals and objectives are SMARTIE (Specific, Measurable, Achievable, Relevant, Time Bound, Inclusive, and Equitable). (5 points)
- The extent to which the applicant demonstrates that the proposed plan provides a foundation for sustainability of efforts beyond the projected funding period with the possibility of expansion to other clinical sites in future years. (5 points)
- The extent that the applicant has provided a detailed plan for capturing and submitting person-level identified data on all families enrolled in the HealthySteps program to DC Health. The applicant has specified the methods for sharing this data, including platforms such as Box, Electronic Health Records (EHR), Excel, or an alternate method. Additionally, the program has outlined pre-determined procedures for monthly data access and sharing with DC Health. (5 points)

Criterion 3: Evaluative Measures

(20 POINTS) – Corresponds to Sections: Performance Monitoring

- The extent to which the applicant provides a logic model with clear, concise and achievable inputs, activities, outputs, and outcomes of the project. (2 points)
- The extent to which the applicant demonstrates the ability to successfully analyze data to assess program effectiveness. (3 points)
- The extent to which the applicant describes how data will be collected and managed (e.g., assign skilled staff, data management software) to accurately report on proposed program process and outcome measures. (5 points)
- The extent to which the applicant describes how a comparison group will be identified for purposes of evaluating the degree of improvement in metrics of those enrolled in HealthySteps. (5 points)
- The extent to which the applicant describes the appropriate evaluation methods to monitor ongoing progress towards the goals and objectives of the project; specifically, this includes the items below. (5 points)

- Increased screenings for developmental, social/emotional and behavioral conditions in children
- Family support indicators such as maternal depression
- Increased rates of vaccinations
- Lead screening
- Anemia screenings
- Well child visits
- An increase in non-medical referrals and linkages to programs that address social needs (housing stability, food insecurity, utility needs, transportation, interpersonal safety, substance misuse and tobacco use)

Criterion 4: Capacity

(40 points) – Corresponds to Sections: Partnerships, Organizational Capacity

- The Applicant demonstrates the qualifications of the project personnel (by training and/or experience) to implement and carry out the project. This includes consideration of hiring personnel from areas within the target population (Wards 5, 7, and 8). (10 points)
- The organization demonstrated the experience of project personnel with early childhood systems development and leadership; children's developmental health, family well-being, and place-based community involvement. (5 points)
- The organization's participation with other health and non-health partners in the project (e.g., Healthy Start, Home Visiting, WIC, housing agencies, public-private early childhood partnerships, and businesses) that support children's developmental health and family well-being. (5 points)
- The extent to which the applicant demonstrates an ability to service at least 50% Medicaid-eligible families and demonstrates the capacity to provide HealthySteps to 250 patients annually. (10 points)
- Documentation of the applicant's ability to provide health and social services to the target populations has been provided. If the applicant does not currently implement the HealthySteps program, does the applicant demonstrate the capacity to implement the proposed HealthySteps program with fidelity (i.e. implement all eight (8) core components) within a year of receiving funding? (10 points)

7. REVIEW AND SCORING OF APPLICATION

7.1 Eligibility and Completeness Review

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

7.2 External Review

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

7.3 Internal Review

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

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

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

8. POST AWARD ASSURANCES & CERTIFICATIONS

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

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

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

9. APPLICATION SUBMISSION

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

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

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

9.1 Register in EGMS

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

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

EGMS User Registration Assistance:

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

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

9.2 Uploading the Application

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

- ***Eligibility Documents***
  - Certificate of Clean Hands dated within 60 days of the application deadline
  - Current business license or certificate of licensure or proof to transact business in local jurisdiction
  - Current Certificate of Insurance
  - Copy of Cyber Liability Policy
  - IRS Tax-Exempt Determination Letter (for nonprofits only)
  - IRS 990 Form from most recent tax year (for nonprofits only)
  - Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the Executive Director)
  - Assurances Certifications Disclosures

- ***Proposal Documents***
  - Proposal Abstract
  - Project Narrative (10-page maximum)
  - Budget Table
  - Budget Justification
  - Organization Chart
  - Work Plan
  - Risk self-assessment
  - Staffing Plan
  - Logic Model

9.3 Deadline

Submit your application via EGMS by 3:00 p.m., on the deadline date of July 9, 2024. Applications will **not** be accepted after the deadline.

10. PRE-APPLICATION MEETING

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

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

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

Note that questions will only be accepted in writing. Answers to all questions submitted will be published on a Frequently Asked Questions (FAQ) document onto the District Grants Clearinghouse every three business days. Questions will not be accepted after July 2, 2024.

11. GRANTEE REQUIREMENTS

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

11.1 Grant Terms & Conditions

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

11.2 Grant Uses

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

11.3 Conditions of Award

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

1. Revise and resubmit a work plan and budget with justification in accordance with the approved scope of work and assignments prescribed by a DC Health Notice of Intent to Fund and any pre-award negotiations with assigned DC Health project and grants management personnel.
2. Meet pre-award requirements, including submission and approval of required assurances and certification documents, documentation of non-disbarment or suspension (current or pending) of eligibility to receive local or federal funds.

3. Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Department of Health and accepted by the grantee organization. The NOGA shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
4. Utilize performance monitoring and reporting tools developed and approved by DC Health.

11.4 Indirect Cost

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

For locally-funded grants, DC Law 23-185, the Nonprofit Fair Compensation Act of 2020 (D.C. Official Code sec. 2-222.01 et seq.) allows any grantee to apply a federal Negotiated Indirect Cost Rate Agreement (NICRA) to the grant funds and approved budget, negotiate a new percentage indirect cost rate with the District grantmaking agency, use a previously negotiated rate within the last two years from another District government agency, or use an independent certified public accountant's calculated rate using OMB guidelines. If a grantee does not have an indirect rate from one of the four aforementioned approaches, the grantee may apply a de minimis indirect rate of 10% of total direct costs.

11.6 Vendor Registration in DIFS

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

11.7 Insurance

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

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

11.8 Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to 2

CFR 200, subpart F rules must have available and submit as requested the most recent audit reports, as requested by DC Health personnel.

11.9 Nondiscrimination in the Delivery of Services

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

11.10 Quality Assurance

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

Funding is contingent upon the Grantee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and evaluation plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and subject to review at any time during the budget period.

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

12. ATTACHMENTS

Attachment: Assurances and Certifications

Attachment: Budget Table

Attachment: Budget Justification

Attachment: Work Plan

Attachment: Risk Self-assessment

Appendix A: Minimum Insurance Requirements

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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