



DEPARTMENT OF HEALTH  
COMMUNITY HEALTH ADMINISTRATION

**Early Childhood Home Visiting and Place-Based Program**

**REQUEST FOR APPLICATIONS**

**FO# CHA-PG-00002-0006**

**RFA# CHA\_ECHVPB\_10.28.2022**

**SUBMISSION DEADLINE:**

**WEDNESDAY, NOVEMBER 30, 2022, BY 6:00 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-PG-00002-006**  
**RFA# CHA\_ECHVPB\_10.20.2022**  
**Early Childhood Home Visiting and Place-Based 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:	Early Childhood Home Visiting and Place-Based Program
Funding Opportunity Number:	FO-CHA-PG-00002-006
Program RFA ID#:	CHA_ECHVPB_10.28.2022
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Family Health Bureau
Program Contact:	Early Childhood Health Division Family Health Bureau Community Health Administration ECHD.DCHealth@dc.gov
Program Description:	The Government of the District of Columbia, DC Health, Community Health Administration (CHA) is requesting proposals from qualified applicants to provide an early childhood health program to District residents. Applicants must choose either the home visiting or place-based option.
Eligible Applicants	Not-for-profit, faith-based, public, and private organizations
Anticipated # of Awards:	2
Anticipated Amount Available:	\$460,000
Annual Floor Award Amount:	Early Childhood Place: Based Initiative: \$300,000 Home Visiting Services: \$150,000
Annual Ceiling Award Amount:	Early Childhood Place: Based Initiative: \$310,000 Home Visiting Services: \$150,000
Legislative Authorization	FY23 Budget Support Act of 2022

Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing/Match Required?	No
RFA Release Date:	October 28, 2022
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	November 30, 2022
Application Deadline Time:	6:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse <a href="https://communityaffairs.dc.gov/content/community-grant-program#4">https://communityaffairs.dc.gov/content/community-grant-program#4</a>  DC Health EGMS <a href="https://dcDCHealth.force.com/GO_ApplicantLogin2">https://dcDCHealth.force.com/GO_ApplicantLogin2</a>

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 the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.
- F. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- G. DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- H. DC Health may conduct pre-award 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](http://www.sam.gov) prior to award.

- K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period (i.e., the total number of years for which funding has been approved). This includes DC Health Electronic Grants Management System (EGMS), for which the awardee will be required to register and maintain registration of the organization and all users.
- L. DC Health may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the Project Period and define any segments of the Project Period (e.g., initial partial year, or a 12-month budget period). The NOGA shall outline conditions of award or restrictions.
- N. Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- O. DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including 2 CFR 200 and Department of Health and Services (HHS) published 45 CFR Part 75, payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding agency; and compliance conditions that must be met by the awardee.
- P. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: <https://oca.dc.gov/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](mailto:doh.grants@dc.gov). Your request for this document will not be shared with DC Health program staff or reviewers.

# CHECKLIST FOR APPLICATIONS

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- 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
- 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 applicant needs a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
  - 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

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## 1.1 KEY DATES

- Notice of Funding Announcement Date: **October 14, 2022**
- Request for Application Release Date: **October 28, 2022**
- Pre-Application Meeting Date: visit <https://OGMDCHHealth.eventbrite.com>
- Application Submission Deadline: **November 30, 2022**
- Anticipated Award Start Date: **February 1, 2023**

## 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.

## 1.3 PURPOSE

The purpose of this funding is to ensure that children and families have access to a continuum of comprehensive, high-quality early childhood programs and services that promote child well-being and school readiness and ensure that all children are healthy, ready to learn and have safe passage through the early years. DC Health promotes both home visiting and place-based programs as a primary strategy in achieving these goals.

## 1.4 SOURCE OF GRANT FUNDING

Funding is anticipated to be available using FY23 Budget Support Act of 2022, local funding.

## 1.5 AWARD INFORMATION

### 1.5.1 AMOUNT OF FUNDING AVAILABLE

The total funding amount of \$460,000 is anticipated for two (2) awards for the first budget period.

- Option 1: Home visiting funding amount \$150,000
- Option 2: Place-based funding amount \$310,000

### 1.5.2 PERIOD OF PERFORMANCE AND FUNDING AVAILABILITY

The anticipated performance and funding period is February 1, 2023 – September 30, 2027. The first nine-month budget period of February 1, 2023 – September 30, 2023 may be followed by up to four

12-month continuation years. The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and the recipients' performance.

### 1.5.3 ELIGIBLE ORGANIZATIONS/ENTITIES

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

- Non-profit organizations
- Private organizations
- Public organizations
- Faith-based organizations

Organizations considered for funding must meet the above eligibility criteria and have documentation of providing services (health and social services) for the early childhood population and/or their families in the District of Columbia.

### 1.5.4 NON-SUPPLANTATION

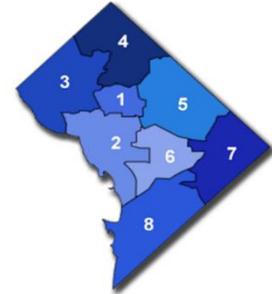
Recipients may supplement, but not supplant funds from other sources for initiatives that are the same or similar to the initiatives being proposed in this award.

## 2. BACKGROUND

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### 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.<sup>1,2</sup> 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 (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 (18% and 15%).<sup>3</sup>



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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

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<sup>1</sup> 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>

<sup>2</sup> 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>

<sup>3</sup> 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

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

<sup>5</sup> DC Open Data. DC Health Planning Neighborhoods. <https://opendata.dc.gov/datasets/DCGIS::dc-health-planning-neighborhoods/about>. Updated December 8, 2021.

<sup>6</sup> DC Health Matters. *2021 Demographics*.

[https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=130951&sectionId=936#sectionPiece\\_72](https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=130951&sectionId=936#sectionPiece_72)

<sup>6</sup> 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](https://does.dc.gov/sites/default/files/dc/sites/does/page_content/attachments/DC%20Ward%20Data%20Dec21-Nov21-Dec20.pdf)

## Health of District Residents

Data presented throughout the body of the Health Equity Report for the District of Columbia<sup>7</sup> show that 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. 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 overall, from 13.6 in 2005 to 7.1 in 2016. While all groups saw a decrease, the rate for babies born to Black mothers remains well above the District average, and is still three times that of their White peers.<sup>8</sup> 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%.<sup>9</sup>

## Child Health

About 18% of the District's population is comprised of children under 18 years of age, with the majority of children under 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, yet 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<sup>10</sup>.

## Home Visiting

In 2019, 14 organizations within the District of Columbia implemented 18 home visiting programs. Of these home visiting programs, 16 reported the capacity to serve 1,347 children and families across all eight Wards; Essentially, more than half of the programs reported that the

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<sup>7</sup> Health Equity Report: District of Columbia 2018. <https://app.box.com/s/yspij8v81cxqyeb17gj3uifjumb7ufsw>

<sup>8</sup> DOH Center for Policy, Planning and Evaluation. (2017). Infant mortality rates by maternal race and ethnicity, District of Columbia, 2005–2016. District of Columbia Department of Health. [Unpublished internal data source]

<sup>9</sup> DC Health, BRFSS Surveillance System

<sup>10</sup> District of Columbia Department of Health Five-Year Maternal Needs Assessment Summary 2021-2025. September 2020.

majority of their families resided in Ward 8. In the 2020 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Needs Assessment, an estimated 1,781 families living in Wards 7 and 8 were likely to be eligible for home visiting services. With the addition of Ward 5, an estimated 2,592 families are eligible for home visiting services in the District<sup>11</sup>.

**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)
<b>Ward 1</b>	46.9%	21.5%	20.2%	\$110,339	3.7%
<b>Ward 2</b>	64.3%	8.2%	10.9%	\$112,244	3.1%
<b>Ward 3</b>	69.2%	7.0%	9.7%	\$143,339	2.9%
<b>Ward 4</b>	26.9%	43.3%	22.0%	\$94,163	4.9%
<b>Ward 5</b>	23.6%	56.5%	11.6%	\$91,189	6.5%
<b>Ward 6</b>	55.3%	26.1%	7.3%	\$113,922	4.4%
<b>Ward 7</b>	3.6%	87.5%	4.7%	\$42,201	9.0%
<b>Ward 8</b>	4.5%	87.8%	3.3%	\$39,473	12.1%
<b>District-wide</b>	38.0%	40.9%	11.3%	\$91,414	5.8%

## 2.2 PROGRAM INFORMATION

This funding offered in this opportunity is for two different approaches. Applicant must choose **one** of the two options below and support that one approach through their application documents.

### Option One: Local Home Visiting

The applicant should implement either an evidence-based, promising practice or strengths-based home visiting model.

#### **Evidence-Based Home Visiting model:**

Evidence-based home visiting models address physiological, social, psychological, economic, family and other factors that influence children's health and development. The applicant must be a current certified affiliate, or obtain affiliation prior to the award date, from the model developer to implement the selected evidence-based home visiting model. 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. During the period of performance, the applicant must maintain their affiliation status and implement the model to fidelity.

*Fidelity to a Home Visiting Service Model* – Applicants must ensure fidelity of implementation of evidence-based home visiting model and document fidelity compliance. Fidelity includes the awarded

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<sup>11</sup> (Georgetown University Center for Child and Human Development, 2020)

applicant's adherence to all model developer requirements for high-quality implementation, as well as any applicable affiliation, certification, or accreditation required by the model developer, as applicable. These requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:

- Recruiting and retaining clients,
- Providing initial and ongoing training, supervision, and professional development for staff,
- Establishing a management information system to track data related to fidelity and services,
- Analyze program data to track progress of implementation and participants' outcomes; and
- Developing an integrated resource and referral network to support client needs.

Changes to an evidence-based model that alter the core components related to program outcomes (otherwise known as "drift") are not permissible, as changes can impair fidelity and undermine the program's effectiveness.

Model Enhancements - Applicants who wish to adopt enhancements to an existing evidence-based model in order to better meet the needs of targeted communities must secure written prior approval from the national model developer to ensure that enhancements do not alter core components.

#### **Promising Practice Home Visiting model:**

A promising practice is one in which there is little to no evidence of effectiveness; one with evidence that does not meet the criteria for an evidence-based model; or a modified version of an evidence-based model that includes significant alterations to core components. The promising practice should be grounded in relevant empirical research and have an articulated theory of change. Applicants may adapt an existing evidence-based model as a promising practice model.

Adaptations may include broadening the population served, or additions, subtractions, or enhancements of the current model that alter core components.

Evaluation – Applicants that apply to implement a home visiting model that qualifies as a promising practice are required to conduct a well-designed and rigorous evaluation of that model. The purpose of the evaluation is to demonstrate improvements in participant outcomes, specifically maternal and child health outcomes.

#### **Strengths-based Home Visiting model:**

A strengths-based approach recognizes and builds on the essential capacity, skills, knowledge, and connections. Applicant should provide a family-centered intervention designed to support parents' efforts to promote children's behavioral and mental health and prevent behavior problems.

Model Enhancements - Applicants who wish to adopt enhancements to an existing evidence-based model to better meet the needs of targeted communities must secure written prior approval from the national model developer to ensure that enhancements do not alter core components.

#### **Option Two: Place-based Initiatives**

Place-based initiatives are programs designed and delivered with the intention of targeting a specific geographical location and particular population to respond to complex social needs. These initiatives focus on a community's collective challenges and address these concerns using interconnected solutions and concentrated resources that result from collaboration between multiple organizations and systems. According to *Impact in Place: A Progress Report on the*

*Department of Education's Place-Based Strategy*<sup>12</sup>, place-based initiatives are appropriate and most effective when a program is designed to address a concentrated problem, when the community is an efficient platform for service delivery, and when the effects of a program have the potential to influence nonparticipants in the community. In addition, according to *Impact in Place*, key elements of place-based initiatives include:

- Engaging the community through asset mapping and a needs assessment.
- Focusing on clear results and developing shared data tools.
- Integrating Cradle to Career programming.
- Building core capacities within organizations and communities.
- Breaking down silos.
- Capturing and sharing learning.

### **Place-based Initiatives in a Public Health Framework**

The public health community has long understood that there is a link between an individual's health and social determinants of health, including the social, environmental and economic conditions within which an individual resides and interacts. Social determinants of health are identified as food supply, housing, economic and social relationships, transportation, education and healthcare. The higher the quality of these resources and supports, and the more open the access for all community members, the more community outcomes will be tipped toward positive outcomes. Thus, improving conditions at the individual and community level involve improving societal conditions, including social and economic conditions (freedom from racism and discrimination, job opportunities and food security), the physical environment (housing, safety, access to health care), the psycho-social conditions (social network and civic engagement), and psychological conditions (positive self-concept, resourcefulness, and hopefulness).

- Research illustrates that families thrive when they live in strong and supportive communities. Communities facing challenges of high poverty, unemployment, failing schools, and housing instability have been influenced by unequal access to opportunity and decades of disinvestment in their neighborhoods. An equitable approach to ensuring that all neighborhoods become places that enable children and families to succeed and thrive requires deliberate efforts to build, sustain and operationalize community capacity. This capacity requires a combination of knowledge, skills, partnership, engagement, and resources that enable residents, leaders, public and private sectors and local organizations to transform neighborhoods into places of opportunity. According to the Center for the

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<sup>12</sup> *Impact in Place: A Progress Report on the Department of Education's Place-Based Strategy*.  
[http://www.ruraledu.org/user\\_uploads/file/impact-in-place-2012.pdf](http://www.ruraledu.org/user_uploads/file/impact-in-place-2012.pdf)

Study of Social Policy<sup>13</sup>, the following types of capacity are vital for effective and sustainable neighborhood transformation: Managing a broadly supported community process designed to improve results for children and families in a particular neighborhood;

- Working with neighborhood residents as leaders, “owners” and implementers of neighborhood transformation efforts;
- Creating strategic and accountable partnerships that engage multiple sectors and share accountability for results;

Collecting, analyzing and using data for learning and accountability.

## **3. PURPOSE**

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The DC Health Community Health Administration (CHA) is requesting proposals from qualified applicants to ensure that all children and families have access to a continuum of comprehensive, high-quality early childhood programs and services that promote child well-being and school readiness and ensure that all children are healthy, ready to learn and have safe passage through the early years.

### **3.1 APPROACH**

#### **Option 1: Home Visiting**

DC Health seeks community-based organizations that can implement an evidence, strength or promising practice model to improve family functioning in the District using evidence- and strength-based family assessments for children ages 2-5.

The goal is to improve children's social and emotional adjustment by providing assessment- driven support for parents to encourage and support positive parenting, and to reduce coercive conflict, reduce young children's emotional distress, and increase young children's self-regulation and school readiness. The applicant should propose a high reach program model across the District that has a low intensity participation requirement from families.

#### **Option 2: Place-based**

DC Health is interested in innovative two-generation approach program models that support individuals in specialized populations who are caretakers of children ages zero to five. Examples of these specialized populations include custodial grandparents, court-involved youth who are parents, children ages zero to five impacted by parental incarceration, and fathers of children ages zero to

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<sup>13</sup> Center for the Study of Social Policy - Place-Based Initiatives. <http://www.cssp.org/community/neighborhood-investment/place-based-initiatives>

five. DC Health seeks community-based organizations that can achieve this goal through implementing community-driven, place-based initiatives that incorporate the Protective Factors Framework and developmental screening using the Ages and Stages Questionnaire (ASQ). Research demonstrates that the spaces and places where people live have powerful direct and indirect influences on health status. Place-based initiatives focus on multiple aspects of a family's life to improve well-being and stability, thus improving health and education outcomes for children.

## 4. PERFORMANCE REQUIREMENTS:

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Applicants should propose projects that meet the criteria listed below.

### 4.1 TARGET POPULATION

#### **Option 1: Home Visiting**

Grantees shall provide services to families with children ages two through five years old Districtwide who face familial adversity including socioeconomic disadvantages.

#### **Option 2: Place-Based**

Children ages zero through five and their families residing in at-risk communities in Ward 8 with a focus on the Woodland/Fort Stanton, Garfield Heights, and Knox Hill neighborhoods. This may include families in the prenatal period.

### 4.2 LOCATION OF SERVICES

Grantees must be located within the District of Columbia.

**Option 1: Home Visiting:** Services should be available District-wide (All 8 wards)

**Option 2: Place-Based** Services should be based in Ward 8. Services must be delivered within communities with well-defined geographic borders. This may include a public housing development, neighborhood or other clearly defined community.

### 4.3 ALLOWABLE ACTIVITIES

#### **Option 1: Home Visiting**

DC Health recommends the organization receive approval for model enhancements or receive prior approval from model developer. Applicants shall provide a detailed implementation plan 60 days from award that, at minimum, includes the following performance requirements:

- A plan for working with the national model developer and a description of the technical assistance and support to be provided through the national model, if applicable.

#### **Option 2: Place-Based**

Grantee activities should utilize a two-generational approach to address health disparities, address social determinants of health to increase health status, and drive services toward a

defined geographic area. Place-based initiatives should also seek to expand access to economic opportunities that exist within the larger metropolitan area to every neighborhood and community. Below are priority activity categories that may drive place-based programming:

- Healthy Food Access
- Mental Health Support
- Child Development
- Fatherhood Support
- Workforce Development
- Violence Prevention
- Peer Support and Health Navigation

#### **4.4 PROGRAM STRATEGIES**

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 do so.

*Please note this section applies to Option 1 & 2 of the application*

##### **Service Area 1: Screenings**

The applicants shall screen families for risk and refer families and children to the appropriate services if necessary. The applicants shall ensure that home visitation or place-based staff are appropriately trained to administer, score and interpret screening tools; and communicate assessment results to families. A successful applicant must use the following screening tools:

- **Ages & Stages Questionnaires (ASQ-3)**<sup>5</sup> \*- Developmental screeners given to parents to see how a child's development compares with other children of the same age;
- **Ages & Stages Social and Emotional (ASQ:SE-2)**<sup>6</sup>\* - Parent-completed tool with a deep, exclusive focus on children's social and emotional development, used for early identification of social-emotional problems;

*\* Participation in DC Health's ASQ HUB through Brookes Publishing is encouraged. The ASQ HUB collects ASQ screening data from state and local organizations, early intervention programs, and early childhood education programs to reduce the duplication of services and connect families to timely and appropriate services.*

- **Patient Health Questionnaire-9 (PHQ-9)** - Self-test that measures depressive feelings and behaviors during the past week to determine a person's depression quotient;
- **Adult Adolescent Parenting Inventory** - Widely used tool to identify adolescents and adults at risk for inadequate parenting behaviors; and

- **Abusive Behavior Inventory** - self-report, 30-item screening tool that asks participants on
- **Protective Factors (PFS-2)** - 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.

### **Service Area 2: C-Intake**

Applicants shall participate in DC Health’s Help Me Grow Centralized Intake Process. In 2018, the Birth-to-three for All DC Amendment Act of 2018 initiated the development of a C-intake system in the District. The legislation mandated that a centralized screening and referral mechanism be developed in collaboration with the Home Visiting Council to facilitate the provision of home visiting services to families with infants and toddlers.

## **5. APPLICATION REQUIREMENTS**

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### **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 Consumer and Regulatory Affairs 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. (Appendix B: Assurances, Certifications and Disclosures).

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

## **5.2 PROPOSAL COMPONENTS**

### **PROJECT ABSTRACT**

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

- **Annotation:** Provide a three-to-five-sentence description of your project that identifies the population and/or community needs that are addressed.
- **Problem:** Describe the principal needs and problems addressed by the project.
- **Purpose:** State the purpose of the project.
- **Goal(s) And Objectives:** Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.
- **Methodology:** Briefly list the major activities used to attain the goal(s) and objectives
- **Evaluation:** Briefly describe the appropriate evaluation methods to monitor ongoing progress towards the goals and objectives of the project.

### **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 purpose of the proposed project. 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, including rates of hypertension, uncontrolled hypertension, comorbid chronic conditions, and corresponding social determinants of health.
- 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

- Clearly state place based or home visiting model that will be implemented;
- Identify and describe the target neighborhood clusters that will be served through this project;
- Describe why this model meets the needs of the District's at risk children between 0-5; and,
- Identify the goal(s) and objectives for the project and how reach will be maximized through program strategies and activities.

### ***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 housing, behavioral health, education and child welfare, to implement community based 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 health and social 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; and
- As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application.

## ***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. Awardees may 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, including screenings. Additionally, the evaluation should be linked to the project's logic model.
- Evaluations should be designed to directly address a question or questions of interest to the recipient. The question should be listed in a table in this section of the application.
- 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.
- 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.

### **Option 1: Home Visiting**

- Describe the plan for recruiting, hiring, and retaining appropriate staff for all positions.
- Describe the plan and capacity to support target reach of families.
- Describe the plan to ensure high quality supervision and reflective practice for all home visitors and supervisors.
- Describe how and what types of initial and ongoing training and professional development activities will be provided for staff.

### **Option 2: Place-Based**

- Please provide information on the positions that support your organization’s mission and structure and scope of current activities.

## **WORK PLAN**

The Work Plan is required (Attachment 1). 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 SMART 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.

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 as noted in form provided (Attachment 2). 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 additional 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 nine-month period, as follows:

- February 1, 2023 – September 30, 2023.

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 ([Attachment 2](#)). The budget justification is a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget justification MUST be concise. Do NOT use the justification to expand the proposed project narrative.

Include the following in the budget justification narrative:

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

***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*).

## **6. EVALUATION CRITERIA**

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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

- Applicant describes the purpose of the project and the contributing factors to the problem. (5 points)
- Applicant demonstrates strong understanding of the specific problem(s), health disparities and contributing factors to be addressed within the target population related to children’s developmental health and family well-being. (5 points)

### **CRITERION 2: IMPLEMENTATION**

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

- Applicant demonstrates a strong understanding of evidence-based interventions using placed-based or home visiting models (referenced in project description) to address the need of the target community (communities) (10 points)
- Applicant describes a clear plan how participants will be recruited, enrolled, and retained in the program. Additional: Home visiting- The applicant should demonstrate the ability to implement a high reach intervention supporting 100 eligible families at minimum yearly. (10 points)
- Applicant describes a clear plan how staff will be recruited, trained, supervised, retained and integrated into existing team. (5 points)
- Applicant describes how proposed strategies will lead to improved health outcomes in the proposed target community (communities) (6 points)
- Applicant describes activities and their ability to address the problem and attain the project objectives (4 points)
- Applicant includes a work plan that is a logical and realistic plan of action for timely and successful achievement of objectives that support program goals (10 points)

- Applicant demonstrates that the proposed plan provides a foundation for sustainability of efforts beyond the projected funding period. (5 points)

### **CRITERION 3: EVALUATIVE MEASURES**

(10 POINTS) – Corresponds to Sections: Performance Monitoring

- 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 (2 points)
- 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 (2 points)
- Applicant describes the appropriate evaluation methods to monitor ongoing progress towards the goals and objectives of the project (2 points)
- Applicant includes data on caregiver and child that demonstrates improved outcomes (2 points)
- Applicant demonstrates the capacity to collect and review demographic, service- utilization, and performance measure data (2 points)

### **CRITERION 4: CAPACITY**

(30 POINTS) – Corresponds to Sections: Partnerships, Organizational Capacity, and Organizational Information

- Applicant demonstrates adequate information management infrastructure to collect and analyze program data to the extent to which the applicant described how quality assurance and improvement (QA/QI) activities will be incorporated into programmatic implementation (4 points)
- Applicant demonstrates experience and past successes working collaboratively with government agencies and non- government organizations from a variety of sectors to implement health and/or public health initiatives aimed to advance a public health goal (4 points)
- Applicant describes participation of other partners in the project (e.g., Healthy Start, Home Visiting; WIC; housing; public-private early childhood partnerships; and businesses) that support children’s developmental health and family well-being (4 points)
- Applicant demonstrates capacity to fulfill the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project (4 points)
- Applicant demonstrates the qualifications of the project personnel (by training and/or experience) to implement and carry out the project (4 points)
- Applicant demonstrates the experience of project personnel with early childhood systems development and leadership; children’s developmental health, family well-being, and/or place-based community involvement (4 points)
- Organization has demonstrated reach and established relationships within target population. (6 points)

## 7. REVIEW AND SCORING OF APPLICATION

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### 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

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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 DCRA.
- 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

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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://dcdoh.force.com/GO\\_ApplicantLogin2](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#, 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](http://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](mailto: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.

#### 5. EGMS User Registration Assistance:

Office of Grants Management at [doh.grants@dc.gov](mailto: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 (1 page maximum)
  - Project Narrative (10-page maximum)
  - Budget Table
  - Budget Justification
  - Organization Chart
  - Work Plan

## 9.3 DEADLINE

Submit your application via EGMS by 6:00 p.m., on the deadline date of November 30, 2022. Applications will **not** be accepted after the deadline.

## 10. PRE-APPLICATION MEETING

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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.

## 11. GRANTEE REQUIREMENTS

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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. Grant awardees will be allowed to budget for indirect costs of no more than ten percent (10%) of total direct costs.

## **11.5 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.

## **11.6 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.

## **11.7 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.

## **11.8 QUALITY ASSURANCE**

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

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

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

## 12. GLOSSARY OF TERMS

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**Health Disparity** – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

“Disparities.” Disparities. Office of Disease Prevention and Health Promotion. Accessed June 29, 2021. <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

**Health Equity** – The attainment of the highest level of health for all people. It is the removal of any and all differences (disparities) in health that are avoidable, unfair, and unjust. It requires “valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” (MCHB proposed definition)

**Social Determinants of Health** – Social determinants of health are the conditions in which people are born, live, work, play and age that influence health. The public health community has long understood that there is a link between an individual’s health and the social environmental and economic conditions within which an individual resides and interacts. Social determinants of health include access to healthy foods, housing, economic and social relationships, transportation, education, employment and access to health. The higher the quality of these resources and supports, and the more open the access for all community members, the more community outcomes will be tipped toward positive health outcomes. Thus, improving conditions at the individual and community level involve improving societal conditions, Page 36 of 36 including social and economic conditions (freedom from racism and discrimination, job opportunities and food security), the physical environment (housing, safety, access to health care), the psycho-social conditions (social network and civic engagement), and psychological conditions (positive self-concept, resourcefulness and hopefulness).

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

## 13. ATTACHMENTS

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Attachment 1: Assurances and Certifications

Attachment 2: Budget Table

Attachment 3: Budget Justification

Attachment 4: Work Plan

Appendix A: Minimum Insurance Requirements

# APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

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## 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 Contractor's 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.

# APPENDIX B: ASSURANCES CERTIFICATIONS & DISCLOSURES

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## APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

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

### A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by 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 has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.
11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;
12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

**B. Federal Assurances and Certifications**

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

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Clean Air Act (Subgrants over \$100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et.seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);

8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.)
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
  - 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
  - 2) Establish a drug-free awareness program to inform employees about:
    - a. The dangers of drug abuse in the workplace;
    - b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
    - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
  - 3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a

background check that meets the requirements of the District's Department of Human Resources and HIPAA.

**C. Mandatory Disclosures**

1. The Applicant/Grantee certifies that the information disclosed in the table below is true at the time of submission of the application for funding and at the time of award if funded. If the information changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification

**2. Applicant/Grantee Mandatory Disclosures**

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

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

Date:

Sign:

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NAME: INSERT NAME

TITLE: INSERT TITLE

AGENCY NAME: