DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

COMMUNITY HEALTH ADMINISTRATION

Perinatal Quality Collaborative

REQUEST FOR APPLICATIONS

FO# CHA-DC PQC-6.14.24

SUBMISSION DEADLINE:

TUESDAY, JULY 16, 2024, BY 3:00 PM

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

DC DEPARTMENT OF HEALTH

Community Health Administration

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO# CHA-DC PQC-6.14.24

Perinatal Quality Collaborative

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:	Perinatal Quality Collaborative
Funding Opportunity Number:	FO-CHA-DC PQC-6.14.24
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Family Health Bureau
Funding Opportunity Contact:	Tiffany Gray Public Health Analyst fhb.dchealth@dc.gov
Funding Opportunity Description:	DC Health is requesting proposals to fund operational support for a District of Columbia perinatal quality collaborative (PQC). The PQC will convene a team of perinatal care providers and public health professionals working to make measurable improvements in perinatal health care and health outcomes through continuous quality improvement.
Eligible Applicants	Federally Qualified Health Centers (FQHCs), Not-for profit organizations, including not-for-profit primary care clinics, and nonprofit birthing facilities within the District of Columbia experienced in providing operational support for clinical quality improvement initiatives.
Anticipated # of Awards:	1
Anticipated Amount Available:	$350,000

Annual Floor Award Amount:	$200,000
Annual Ceiling Award Amount:	$350,000
Legislative Authorization	FY25 Budget Support Act of 2024
Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing/Match Required?	No
RFA Release Date:	June 14, 2024
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	July 16, 2024
Application Deadline Time:	3:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://egrantsdchealth.my.site.com/sitesigninpage

Notes:

1. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DC Health grant funding.
4. Applicants must have a 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 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. Your request for this document will not be shared with DC Health program staff or reviewers.

CHECKLIST FOR APPLICATIONS

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

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

- ☐ Certificate of Clean Hands dated within 60 days of the application deadline
- ☐ Current business license or certificate of licensure or proof to transact business in local jurisdiction
- ☐ Current certificate of insurance
- ☐ Copy of cyber liability policy
- ☐ IRS tax-exempt determination letter (for nonprofits only)
- ☐ IRS 990 form from most recent tax year (for nonprofits only)
- ☐ Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the executive director)
- ☐ Assurances, certifications and disclosures (Attachment 1)
- ☐ Proposal abstract
- ☐ Project narrative
- ☐ Budget table
- ☐ Budget justification
- ☐ Organization chart
- ☐ Work plan
- ☐ Logic Model
- ☐ Risk self-assessment
- ☐ Letters of Support

- ☐ Documents requiring signature have been signed by an organization head or authorized representative of the applicant organization.
- ☐ The applicant needs a Unique Entity Identifier number (UEI#) and an active registration in the System for Award Management to be awarded funds.
- ☐ The project narrative is written on 8½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type *(11–point font for tables and figures)* with a one-inch margins.
- ☐ The application proposal format conforms to the "Proposal Components" (See section 5.2) listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan and other attachments are complete and comply with the forms and format provided in the RFA.
- ☐ Submit your application via EGMS by the application due date and time**. Late applications will not be accepted.**

1. GENERAL INFORMATION

1.1 KEY DATES

- Notice of Funding Announcement Date: **May 31, 2024**
- Request for Application Release Date: **June 14, 2024**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- EGMS Registration Deadline for New Applicants: **July 2, 2024**
- Application Submission Deadline: **July 16, 2024**
- Anticipated Award Start Date: **October 1, 2024**

1.2 OVERVIEW

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

The District of Columbia, Department of Health's (DC Health), Community Health Administration (CHA) is requesting proposals from qualified applicants to provide operational support for a District of Columbia Perinatal Quality Collaborative (PQC). The PQC will convene a team of perinatal care providers and public health professionals working to improve health outcomes for women and newborns through continuous quality improvement.

1.3 PURPOSE

The purpose of this funding is to implement a Perinatal Quality Collaborative (PQC) in the District of Columbia to reduce maternal mortality, improve health outcomes and narrow disparities in maternal health. This network of clinicians and health professionals will participate in a data-driven quality improvement process that uses maternal safety bundles, or best practices for maternity care, that have been developed and endorsed by national multidisciplinary organizations.

1.4 SOURCE OF GRANT FUNDING

Funding is anticipated to be available using the District of Columbia Fiscal Year 2025 Budget Support Act of 2024.

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $350,000 is anticipated for one award (1) for the first budget period to provide operational support for a Perinatal Quality Collaborative.

1.5.2 Period of Performance and Funding Availability

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

1.5.3 Eligible Organizations/Entities

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

Federally Qualified Health Centers (FQHCs), Not-for profit organizations, including not-for-profit primary care clinics, and nonprofit birthing facilities within the District of Columbia experienced in providing operational support for clinical quality improvement initiatives. Considered for funding shall be organizations meeting the above eligibility criteria and having documentation of providing services (health and social services) to the target populations.

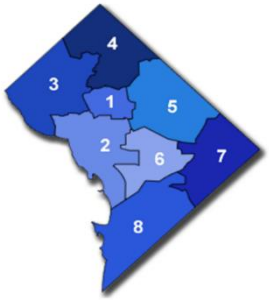
1.5.4 Non-Supplantation

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

2. BACKGROUND

2.1 Demographic Overview

The District of Columbia (DC or the District) is a diverse and compact geographic area that covers 61 square miles with a population of 678,972 as of July 1, 2023. With a population increase of 1.2% year over year, DC ranks 7th among all states in terms of population



percentage growth from 2022 to 2023. [1] The District is organized into eight geopolitical wards, with the largest population in Ward 6 (108,473 residents) and the smallest population in Ward 8 (73,442residents).[2] Wards 1 and 2 have the largest proportion of adults ages 18-64 (78% and 82%), Wards 7 and 8 have the largest proportion of youth ages 0-18 years (24% and 28%), and Wards 3 and 4 have the largest proportion of adults over age 65 (20% and 14%).[3]

In terms of race and ethnicity, the District's population is highly diverse—approximately 42% Black/African American, 39% white, and 5% Asian, with Hispanic or Latino residents of any race making up 11% of the population.[4] However, the population is also highly segregated, with significant economic disparities observed by ward and race. For example, Wards 2 and 3 have the highest percentage of white residents and the lowest percentage of Black/African American residents, whereas Wards 7 and 8 have the highest percentage of Black/African American residents and the lowest percentage of white residents. While 2023 District-wide median household income was more than $98,000, median household income in Ward 3 was more than 3 times higher than in Ward 8; median household income among white District residents was approximately 1.7 times higher than among Hispanic/Latino residents and 3.1 times higher than among Black/African American residents.[5] In December 2023, District-wide unemployment was 7.75%; however, unemployment in Ward 8, the highest in the District, was more than 4 times higher than in Ward 1, the lowest in the District.[6]

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

	White, Non-Hispanic (2023)	Black/ African American, Non-Hispanic (2023)	Hispanic/ Latino, any race (2023)	Median Household Income (2023)	Unemployment Rate (Dec. 2023)
Ward 1	52.7%	18.4%	18.9%	$126,433	3.88%
Ward 2	59.5%	14.9%	12.4%	$116,285	3.97%
Ward 3	68.1%	9.1%	10.8%	$147,968	4.55%
Ward 4	27.4%	44.9%	22.3%	$109,966	7.26%
Ward 5	32.2%	49.3%	11.3%	$98,326	7.19%

[1] https://mayor.dc.gov/release/2023-census-data-highlights-continued-population-growth-washington-dc#:~:text=As%20of%20the%20July%201,than%20deaths%20in%20the%20year.

[2] DC Health Matters. 2023 Demographics, https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=131495&sectionId=

[3] United States Census Bureau. American Community Survey 1 year estimates. Census Reporter Profile: District of Columbia https://censusreporter.org/profiles/61000US11001-ward-1-dc/

[4] DC Health Matters. 2023 Demographics, https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=131495&sectionId=

[5] ibid

[6] ibid

Ward 6	51.9%	31.1%	8.4%	$120,943	5.51%
Ward 7	3.95%	88.65%	4.6%	$49,814	19.21%
Ward 8	5.5%	88.1%	3.4%	$45,598	17.56%
District-wide	38.6%	41.9%	11.7%	$98,916	7.75%

2.2 BIRTH OUTCOMES

There were 8,869 live births to District of Columbia (District) residents in 2020. Birth rates to DC residents, however, have steadily decreased in the last decade going from 15.0 per 1,000 in 2011 to 12.9 per 1,000 in 2020.[7] Comparatively, the US crude birth rate also decreased in that time period going from 12.7 in 2011 to 11.0 per 1,000 in 2020.There are stark disparities in maternal health outcomes based on race and place. Birthing women in the District experience high rates of severe maternal morbidity (SMM).[8] In 2022, the overall rate of SMM for the District was 313.7 per 10,000 deliveries, which has been steadily climbing in the last decade, compared to 203.8 per 100,000 deliveries in 2016.[9] In 2022 the SMM rate in the District was 445.1 per 10,000 deliveries for Black women, compared to 323.3 per 10,00 deliveries in 2019.[10] Figure 1 below illustrates the SMM rate overall and by race in the District. The risk of experiencing an SMM is also disproportionally concentrated in certain geographic areas in the city. The rate of SMM among residents of three zip codes located in Wards 7 and 8 is 1.5 times as high as the rate among residents of all other DC zip codes combined. The leading causes of SMM in the District are blood transfusion, eclampsia, acute renal failure, disseminated intravascular coagulation, shock, adult respiratory distress syndrome, pulmonary edema/acute heart-failure, ventilation, hysterectomy, and sepsis. Many of these leading SMM—such as blood transfusion, emergency hysterectomy and shock—often result from uncontrolled bleeding or rupture.

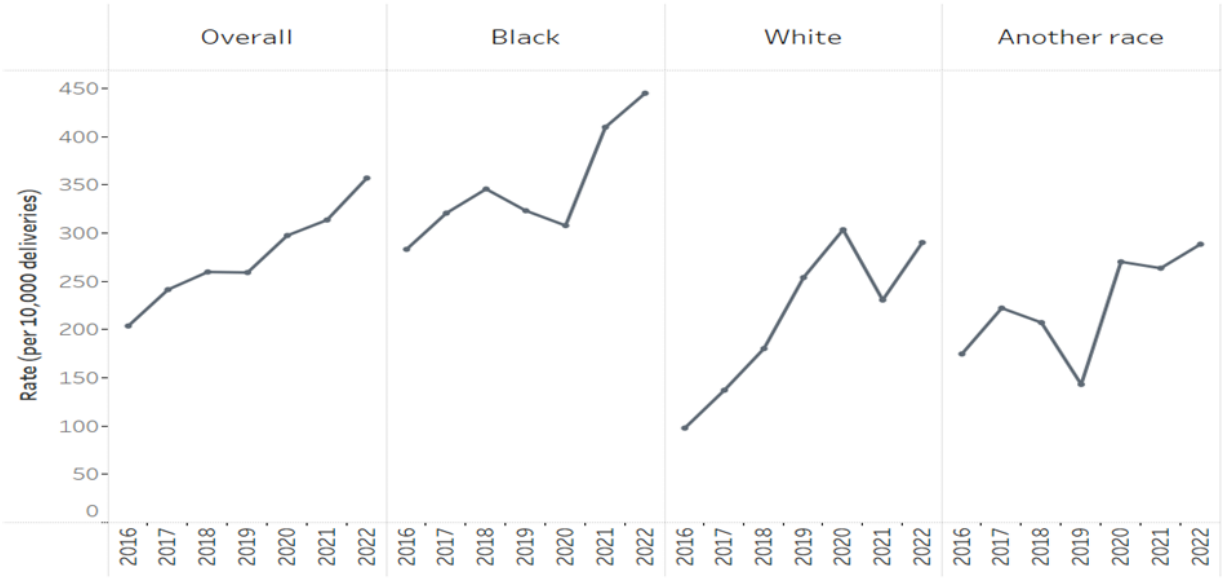
[7] D.C. Department of Health. (2022). *Perinatal Health and Infant Mortality Report: Summary of the District of Columbia's Resident Maternal and Infant Health Data and Perinatal Health Agenda (2017-2020). https://dchealth.dc.gov/publication/perinatal-health-and-infant-mortality-report*

[8] 2019 DC Natality and Mortality Data, Vital Records Division, Center for Policy and Planning Evaluation, DC Department of Health

[9] 2016-2021 Inpatient Hospital Discharge Data Files, DC Hospital Association. Compiled by State Health Planning and Development Agency (SHPDA), Center for Policy, Planning and Evaluation, DC Department of Health

[10] DC Hospital Discharge data, 2016-2022

Figure 1. Severe maternal morbidity rate (per 10,000 deliveries) overall and by race, District of Columbia, 2015-2022.



Data Source: DC Hopsital Discharge data, 2016-2022.

Furthermore, between 2017-2021, the District had a maternal mortality rate of 17.6 deaths per 100,000 live births. For each maternal death that occurred in the District among residents between 2017-2021, there were 138 deliveries where severe maternal morbidity was noted.[11]

While the District has made significant strides in recent years in establishing a systems level approach to improve birth outcomes for District residents, innovative and patient-centered approaches are critical to improving maternal health outcomes such as SMM and addressing the inequities that exist in healthcare.

To address these inequities and gaps in care, DC Health proposes this funding opportunity to support implementation of a perinatal quality collaborative for the District and participation in the Alliance for Innovation on Maternal Health (AIM) program. The District's PQC will serve as a formal mechanism to address clinical quality issues that contribute to poor perinatal health outcomes. The PQC will support the District in providing evidence-based perinatal care and further care through data-driven education and training.

Perinatal quality collaboratives (PQCs) are state or multi-state networks of teams working to improve the quality of care for mothers and infants at the health system level. PQC members

[11] D.C. Department of Health. (2022). *Perinatal Health and Infant Mortality Report: Summary of the District of Columbia's Resident Maternal and Infant Health Data and Perinatal Health Agenda (2017-2020). https://dchealth.dc.gov/publication/perinatal-health-and-infant-mortality-report*

identify health care processes that need to be improved and use quality management processes to implement rapid system improvements.

The AIM program provides a detailed framework and technical assistance for PQCs to implement consistent perinatal care practices that are outlined in maternal patient safety bundles. Patient safety bundles were introduced by the Institute of Healthcare Improvement (IHI) to help health care providers more reliably deliver the best possible care for patients undergoing treatments with inherent risks. AIM maternal safety bundles are standardized evidence-informed processes to reduce variation in maternal care. Through participation in AIM, and implementation of clinical quality improvement initiatives, the DC PQC will support the goal of eliminating preventable maternal mortality and severe maternal morbidity in the District.

3. PURPOSE

The DC Health Community Health Administration (CHA) is requesting proposals from qualified applicants to provide operational support for a District of Columbia Perinatal Quality Collaborative (PQC). The PQC will convene a team of perinatal care providers and public health professionals working to improve health outcomes for women and newborns in the District through continuous quality improvement.

3.1 APPROACH

The DC Department of Health (DC Health) is proposing to implement a Perinatal Quality Collaborative (PQC) in the District of Columbia to reduce maternal mortality, improve health outcomes and narrow disparities in maternal health. This network of clinicians and health professionals will participate in data-driven quality improvement, education and training, and processes that utilizes maternal patient safety bundles and evidence-based best practices for maternity care that have been developed and endorsed by national multidisciplinary organizations.

The objectives of the PQC will be to:

- Engage clinicians, public health professionals and community members with lived experience in the implementation of a PQC, that includes relevant stakeholders as identified in the Center of Disease Control and Prevention's PQC Resource guide[12];
- Develop basic infrastructure for a collaborative, including administrative structure and data management.

[12] Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2023) Developing and Sustaining Perinatal Quality Collaboratives: A Resource Guide for States. Retrieved from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm

- Participate in the Alliance for Innovation on Maternal Health (AIM) program[13] and implement maternal patient safety bundles; and,
- Develop a sustainability plan to ensure sustainability of the collaborative itself, and sustainability of the results of the initiatives.

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 TARGET POPULATION

Grantees shall provide services to birthing hospitals, community health centers, public health professionals, patients, and community members with lived experiences to reduce maternal mortality and morbidity, improve health outcomes, and reduce disparities in maternal and infant outcomes.

4.2 LOCATION OF SERVICES

Grantees must be located within the District of Columbia. Services must be delivered in the following settings: birthing hospitals, children's hospitals, primary care, federally qualified health centers, and community-based organizations.

4.3 ALLOWABLE ACTIVITIES

Grantee(s) may provide and utilize funding through this award to purchase and provide incentives (such as gift cards) to support patient and family engagement. Incentives may be used to assist with transportation and to support childcare.

4.4 PROGRAM OUTCOMES AND STRATEGIES

Grantee shall employ strategies and implement activities to support the following outcomes and strategies with the anticipated outcomes of the project. Applicants shall demonstrate their organizational capacity to implement programmatic strategies in the following areas:

Outcomes

All strategies are required and designed to reduce the prevalence of maternal morbidity and mortality over the next four years as indicated:

[13] https://saferbirth.org/patient-safety-bundles/#what-are-psbs

Measure	Objective	Data Source	Baseline (2019)	Most Recent Data (2022)	Target-General	Baseline-African American Women (2019)	Most Recent-African American Women (2022)	Target-African American Women
Severe Maternal Morbidity	Reduce severe maternal morbidity (/10,000 deliveries	Vital Statistics	259.2	313.7	233	323.3	445.1	290

Performance indicators will include but not limited to the following:

Service Area 1:

- % of target population reached
- # of key stakeholders engaged (birthing hospitals, community-based organizations, District agencies, patients, and families)
- # of established partnerships
- # of participants per event

Service Area 2:

- # of trainings conducted (quality improvement, racial/implicit bias, respectful care, engagement and advocacy, coalition building)
- % FTE staff

Service Area 3:

- # of resources and/or toolkits developed
- # of resources distributed
- Social media click-through rate
- Social media conversion rate
- # of impressions

Service Area 4:

- # of surveys distributed
- # of trainings conducted (quality improvement, racial/implicit bias, respectful care, engagement and advocacy, coalition building)
- # of data linkages established

Service Area 5:

- # of trainings conducted (quality improvement, racial/implicit bias, respectful care)
- # of providers trained
- # of patients that received education
- # of unit drills
- # of protocols developed
- # of patients who received postpartum support
- % of women that did not receive intervention in a timely manner
- % of women who received appropriate intervention(s) in a timely manner

Strategies

- Increase the identification of innovative and effective approaches for improving health outcomes with the goal of promoting dissemination, adoption, and sustainability of these approaches
- Reduce the disparities in health that occur by categories such as gender, race or ethnicity, income and education, disability, neighborhood, or sexual orientation, informed by the target populations identify by the Disparity Impact Statement
- Improved access and utilization of health care during pregnancy and the postpartum period
- Prevention of severe maternal morbidity
- Enhancement of maternal health surveillance and data capacity
- Expansion of utilization of data to inform program development and policy recommendations

To accomplish the outcomes outlined above, applicants must:

- Develop an organizational capacity, monitoring and evaluation plan
- Participate actively in the Maternal Health Taskforce (MHTF) meetings to engage with other community-based organizations, federally qualified health centers (FQHCs), birthing facilities, and providers to share best practices around building continuous organizational capacity to advance reducing maternal morbidity, infant mortality and address health disparities
- Assist DC Health in the development of a District-wide Maternal Health Strategic Plan
- Increase staff and structural capacity to improve the timeliness of providing treatment to pregnant and postpartum women before, during and after delivery
- Establish process for providing education, support, and ensuring postpartum follow-up care
- Provide education, support, and outreach services to women after they experience adverse birthing experiences

- Support implementation of Title V needs assessment District and utilize findings to develop and implement activities to improve maternal and infant health outcomes
- Develop and submit a success story on the program's impact in the community to advance maternal and infant health and well-being and reduce health disparities; and
- Implement activities from the service areas below

Applicants shall demonstrate their organizational capacity to implement programmatic strategies in the following areas:

Service Area 1: Stakeholder Engagement

Participants are the individuals and/or organizations, such as hospitals, that will implement the PQC initiatives. The awardee will work with DC Health to develop strategies to recruit those individuals or organizations to join the PQC. Participants will include local birthing facilities, community health centers, and public health professionals with expertise in perinatal health, patients, and families. In addition, the PQC will participate and engage with DC Health led maternal health-related collaboratives and programs, such as Title V: Maternal and Child Health Services Block Grant, the State Maternal Health Initiative (SMHI), and Million Hearts. The awardee will utilize the Framework for Promoting Community Health[14] and contribute to addressing recommendations and key initiatives for select District agencies as determined by DC Health. This includes the Maternal Mortality Review Committee (MMRC) and Fetal Infant Mortality Review Committee (FIMR) through the Office of the Chief Medical Examiner (OCME); perinatal behavioral health, substance use disorder, and psychiatry access initiatives through the Department of Behavioral Health (DBH); Medicaid coverage during pregnancy and postpartum, enrollment, perinatal mental health, and workforce training and education initiative through the Department of Healthcare Finance (DHCF); and, family leave and workplace-related policy initiatives through the Department of Employment Services (DOES). The awardee will also utilize communities of learning to support patient and advocacy training and engagement. Engaging participants is critical for the success of the PQC, because without their willingness to participate in quality improvement initiatives, the collaborative will not be successful.

Projects must document or demonstrate meaningful collaboration and partnership with local community-engaged leaders and change agents that represent the communities/populations of focus and that will be essential for development of strategic initiatives as well as acceptance, uptake, and sustainability of interventions and services proposed.

Applicants should provide details on the nature and extent of their partnerships, including clearly describing the roles and responsibilities of partners and providing evidence of support from partner organizations.

[14]DC Department of Health (2022*) Framework for Improving Community Health*, https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Framework%20for%20Improving%20Community%20Health_r10.pdf

Service Area 2: Infrastructure

Staffing

Awardees will establish a staffing structure to support the quality collaborative. Operations staff should include at the minimum an Executive Director, Project Manager, and Data Manager. Additional staff to support the collaborative's activities, such as Patient/Family Partnerships Director, IT support staff, may also be considered. Staff should include an individual with expertise in quality improvement to help guide QI initiatives.

- Executive Director. This person is often a clinical champion who oversees and guides the collaborative. This position may be funded as in-kind or a portion of FTE (full-time equivalent effort).
- Project Manager. This person works closely with the executive director to implement the collaborative's activities and maintain its day-to-day functions. This position should be fully funded through this grant award.
- Data Manager. This person manages the data system that the collaborative uses to gather data from its initiatives. This includes the development and management of data dashboards, submission of data to AIM, and obtaining other relevant data, such as District-level and Vital Records data. He or she may be responsible for conducting statistical analyses and generating reports. This position should receive the majority of funding from this award, depending upon the anticipated level of effort.

Service Area 3: Establishing and Maintaining PQC Identity

Successful PQC's must establish a formal identity, so that stakeholders can easily understand the existence and purpose of the collaborative. The PQC identity encompasses not only the mission and goals, but also a physical presence (e.g. website). The awardee will work with the PQC membership to determine if the clinical focus will be on health outcomes of the mother, baby, or both. The awardee will support the collaborative in establishing a mission and related goals and objectives that reflect the focus. The awardee will also establish a basic website to facilitate both branding and dissemination of relevant information, training guides, reference documents and resources.

Service Area 4: Surveillance, Data Quality, Linkages and Measurement

Quality improvement initiatives in healthcare are established to improve care and outcomes for a population of patients. Without data to show changes in processed and outcomes, there is no way to gauge whether the initiative is successful or whether it needs improvement. If the PQC cannot demonstrate success, then the collaborative cannot establish itself as credible and valuable.

In addition to supporting the PQC in establishing measures related to QI initiatives, the awardee will develop infrastructure to collect, manage and analyze relevant data. The awardee will collect and utilize the following data:

1) *Administrative Data.* Administrative data, which includes vital statistics, insurance claims, hospital admission and discharge data, etc. Vital statistics are the type of administrative data most often used by PQC.

2) *Survey Data.* Collaboratives utilize survey data to inform their work, although this data is not typically used for quality improvement purposes. Survey data will be used to pilot test new measures, gather feedback from patients and family members who receive care, status updates during initiatives, and follow-ups after initiatives.

3) *Clinical Data.* Clinical data includes all documentation in the electronic or hard-copy medical record. Much of the data PQCs use for quality improvement initiatives are clinical data.

The awardee will lead the PQC in decision-making to ensure consistent data measurement; that data collection allows the PQC to demonstrate impact with the least amount of burden; systems are in place to manage data securely; data sharing protocols are specified; and that adequate database infrastructure exists. The awardee will additional secure formal approvals and agreements with external organizations to support data collection.

The awardee will also support reporting for other District locally and federally funded programs. The awardee will also support creating awareness and education District-wide on the most updated data to DC constituents and stakeholders.

Service Area 5: Clinical Quality Improvement and AIM Participation

The awardee will support the PQC in sustaining membership in the Alliance for Innovation on Maternal Health (AIM) program to complement and support selected QI initiatives. The Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to improving maternal safety and outcomes in the U.S. AIM works through state teams and health systems to align national, state, and hospital level quality improvement efforts to improve overall maternal health outcomes. The awardee will support the PQC in the selection and implementation of patient safety bundles. Patient safety bundles represent best practices for perinatal care and are developed and endorsed by national multidisciplinary organizations. The awardee will participate in local, state, and national AIM meetings; collaborate with other established Perinatal Quality Collaboratives, as well as the National Network of Perinatal Quality Collaboratives, and local community-based organizations and stakeholders to share best practices, resources, and lessons learned. The awardee will support the PQC in implementation of communities of learning, training(s) and certifications for quality improvement addressing racial and implicit bias, and respectful and equitable care.

Service Area 6: Sustainability

The awardee will support the PQC in developing a strategic plan to sustain the culture and practice changes resulting from the QI initiatives, i.e., sustain the initiative's impact. Additionally, the awardee will work with the PQC and DC Health to determine long term financial sustainability for the collaborative.

Projects must document uptake, and sustainability of interventions and services proposed. Applicants should provide details on the nature and extent of their partnerships, including clearly describing the roles and responsibilities of partners and providing evidence of support from partner organizations.

5. APPLICATION REQUIREMENTS

5.1 Eligibility Documents

Certificate of Clean Hands

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

Current Business License

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

Current Certificate of Insurance

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

Copy of Cyber Liability Policy

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

IRS Tax-Exempt Determination Letter

This applies to nonprofits only.

IRS 990 Form

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

Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board.

This CANNOT be signed by the executive director.

Assurances, Certifications and Disclosures

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

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

5.2 Proposal Components

Project Abstract

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

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

Project Narrative (Up to 10-page maximum)

The narrative section should provide a detailed description of the proposed project, including project goals and strategies. Additionally, this section should include how the proposed project will be implemented. Applicants should address all four components (Stakeholder Engagement, Infrastructure, Quality Improvement Initiative and AIM Participation, and Sustainability) under Performance Requirements.

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. Applicants should provide an overview of the District maternal health population(s), including insurance status, rates of maternal mortality and morbidity, including race and by Ward (known or zip code). Applicants should include other patient-level demographics (ex. age, parity), as relevant to the project, as well as additional relevant health indicators such as rates of pre-eclampsia, hypertension, comorbidities, perinatal mental health, and corresponding social determinants of health. Population should be focused on women and birthing persons residing in the District of Columbia. Applicants should be able to demonstrate the ability to reach the priority population and how they will be served through this project.

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

PROJECT DESCRIPTION

This section should provide a clear and concise description of strategies and activities they will use to achieve the project outcomes and should detail how the program will be implemented. Applicants must base their strategies and activities on those described in Sections 3.1 Approach, 4.3 Allowable Activities, 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.

- Describe activities for each strategy, how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes.
- Describe how the proposed project meets the requirements in the strategies section (please see Performance Section for more details).
- Indicate plans for sustainability of the initiative beyond the project funding period.

PARTNERSHIPS

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

- Describe existing partnerships, including the nature and extent of the partnership
- Describe the roles and responsibilities of partners and providing evidence of support from partner organizations
- How applicants will partner with DC Health on the Title V Maternal and Child Health Services Block Grant, State Maternal Health Initiative, and Million Hearts
- How applicants will partner with DC Health to align overall goals, objectives, and strategies with that of the Framework for Improving Community Health to improve maternal health outcomes and advance health equity

PERFORMANCE MONITORING

This section should describe applicant's plan for collecting and reporting data. Applicants should provide a brief description of how project goals will be assessed and monitored during implementation. Applicants should propose key outcomes and performance measures and describe how these key performance measures will be collected and used. At a minimum, this shall describe:

- The applicant's experience and capacity to engage community partners and stakeholders
- How applicants will measure community engagement and its impact
- How activities will be monitored and adapted to improve program success, and affirm participation in DC Health evaluation and monitoring activities

- How applicant plans to increase awareness and education on program impacts and partnerships with DC Health to achieve intended goals and objectives

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. Applicants should demonstrate capacity and infrastructure to implement services areas described in Program Strategies with the goal of addressing and reducing health disparities. The applicant should describe the scope of current community engagement and empowerment activities and demonstrate staff capacity to conduct activities as required by this RFA. Applicants should demonstrate the ability to meet performance requirements, follow project deadlines for deliverables, and provide accurate reporting. Applicants should affirm organizational leadership commitment to complete the project as proposed in the work plan.

WORK PLAN

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

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

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

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

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

BUDGET TABLE

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

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

Key Budget Requirements

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

- **October 1, 2024 – September 30, 2025**

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

BUDGET JUSTIFICATION

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

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.

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.

STAFFING PLAN

The applicant's staffing plan must be submitted (no template provided). The staffing plan should describe staff qualifications and include the type and number of FTEs. Staff CVs, resumes, and position descriptions may also be submitted as appendices.

ORGANIZATIONAL CHART

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

LOGIC MODEL

A logic model is required *(no template provided)*.

LETTERS OF SUPPORT

Applicant should provide at minimum two (2) letters of support from other agencies and organizations who will partner on the proposed project. *(no template provided)*.

RISK SELF-ASSESSMENT

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

6. EVALUATION CRITERIA

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

CRITERION 1: PARTNERSHIPS

(20 POINTS) – Corresponds to Sections: Overview and Project or Population Need, Performance Requirements, Work Plan, and Logic Model (20 points)

- The extent to which the applicant describes reach and established relationships with District residents within the target population and other community-based organizations serving the target population (5 points)
- The extent to which the applicant describes the feasibility of and experience with establishing new and engaging existing partners (i.e. government agencies and CBOs) in a cross-sector network to support the implementation and evaluation of the applicants' initiatives to address maternal and infant health and related-risk factors (5 points)
- The extent to which the applicant describes reach and established relationships with District residents within the target population and other community-based organizations serving target population (5 points)
- The extent to which the applicant describes plans for sustaining engagement and mobilization to drive project outcomes, including strategies for current or new partnerships (if any) that will be engaged to meet program goals (5 points)

CRITERION 2: IMPLEMENTATION

(15 POINTS) – Corresponds to Sections: Project Description, Performance Requirements, Work Plan and Logic Model

- The extent to which the applicant's proposed project aligns with the purpose and strategies of this funding opportunity, including the identified clinical care issues and other factors contributing to maternal health outcomes (5 points)
- The extent to which the applicant's goals are logical and feasible reached through objectives that are Specific, Measurable, Achievable, Relevant Time-Bound, Inclusive,

and Equitable (SMARTIE); All elements of the logic model (inputs activities, outcomes, outputs, and measurements and tools) are well-defined and demonstrates a clear overview of the project (5 points)

- The extent to which the applicant describes the feasibility of the evidence-based and/or evidence-informed practice approaches that address reduction of maternal morbidity and mortality, and gaps in outreach efforts within target population (5 points)

CRITERION 3: ORGANIZATIONAL CAPACITY

(45 POINTS) – Corresponds to Sections: Organizational Capacity, Partnerships, Staffing Plan

- The extent to which the applicant describes an adequate organizational infrastructure to support implementation of the proposed strategies including leadership commitment to implement the proposed strategies (5 points)
- The extent to which the applicant describes reach and established relationships with District residents within the target population and other community-based organizations serving target population (5 points)
- The extent to which the applicant describes an adequate organizational infrastructure to convene large groups implementing aligned strategies (5 points)
- The extent to which the applicant describes the feasibility of and experience with establishing new and engaging existing partners (i.e., government agencies and CBOs) in a cross-sector network to support the implementation and evaluation of the applicant's initiatives to address perinatal health and address social determinants of health (5 points)
- The extent to which the applicant describes achieving successful outcomes in implementing and facilitating clinical quality improvement initiatives (10 points)
- The degree of skill and experience of proposed staff or contractor to analyze data aligned to the project's goals and objectives (10 points)
- The extent to which the applicant describes experience implementing and/or working with public health and/or clinical initiatives to improve maternal health outcomes in the District of Columba (5 points)

CRITERION 4: EVALUATION

(20 POINTS) – Corresponds to Sections: Performance Requirements, Outcomes

- The extent to which measurable indicators to monitor the project's success are specified for the program objectives (5 points)
- The appropriateness of project monitoring plans that ensure reach and engagement of the priority population and the extent to which the applicant specifies a process to monitor progress and adapt strategies and objectives to improve outcomes (5 points)
- The extent and appropriateness of the proposed processes to collect qualitative and quantitative data related to project goals (10 points)

CRITERION 5: SUPPORT REQUESTED

(NOT SCORED) – Corresponds to Sections: Budget and Budget Justification Narrative

- The appropriateness of the budget for the project period in relation to the objectives, the complexity of the activities, and the anticipated results
- The adequacy of costs outlined in the budget and required resources sections
- The extent to which key personnel that have time devoted to the project to achieve project objectives

7. REVIEW AND SCORING OF APPLICATION

7.1 ELIGIBILITY AND COMPLETENESS REVIEW

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

7.2 EXTERNAL REVIEW

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

7.3 INTERNAL REVIEW

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

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

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

8. POST AWARD ASSURANCES & CERTIFICATIONS

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

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

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

9. APPLICATION SUBMISSION

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

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

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

9.1 REGISTER IN EGMS

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

1. **Access EGMS**: The user must access the login page by entering the following URL: https://egrantsdchealth.my.site.com/sitesigninpage. Click the button REGISTER and following the instructions. You can also refer to the EGMS Reference Guides.
2. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.

3. Your EGMS registration will require your legal organization name, your **UEI# and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).
4. When your Primary Account User request is submitted in EGMS, the Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

EGMS User Registration Assistance:

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

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

9.2 Uploading the Application

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

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

- ***Proposal Documents***

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

9.3 DEADLINE

Submit your application via EGMS by 3:00 p.m., on the deadline date of July 16, 2024. Applications will **not** be accepted after the deadline.

10. PRE-APPLICATION MEETING

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

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

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

Note that questions will only be accepted in writing. Answers to all questions submitted will be published on a Frequently Asked Questions (FAQ) document onto the District Grants Clearinghouse every three business days. Questions will not be accepted after July 10, 2024.

11. GRANTEE REQUIREMENTS

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

11.1 GRANT TERMS & CONDITIONS

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

11.2 Grant Uses

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

11.3 Conditions of Award

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

1. Revise and resubmit a work plan and budget with justification in accordance with the approved scope of work and assignments prescribed by a DC Health Notice of Intent to Fund and any pre-award negotiations with assigned DC Health project and grants management personnel.
2. Meet pre-award requirements, including submission and approval of required assurances and certification documents, documentation of non-disbarment or suspension (current or pending) of eligibility to receive local or federal funds.
3. Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Department of Health and accepted by the grantee organization. The NOGA shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
4. Utilize performance monitoring and reporting tools developed and approved by DC Health.

11.4 Indirect Cost

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

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

11.6 Vendor Registration in DIFS

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

11.7 Insurance

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

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

11.8 Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to 2 CFR 200, subpart F rules must have available and submit as requested the most recent audit reports, as requested by DC Health personnel.

11.9 Nondiscrimination in the Delivery of Services

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

11.10 Quality Assurance

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

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

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

12. GLOSSARY OF TERMS

SMARTIE Goal – one that is specific, measurable, achievable, results-focused, time-bound, inclusive, and equitable.

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

Attachment: Assurances and Certifications

Attachment: Budget Table

Attachment: Budget Justification

Attachment: Work Plan

Attachment: Risk Self-assessment

Appendix A: Minimum Insurance Requirements

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

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

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

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

maintained by an Additional Insured) for all claims against the additional insured arising out of the performance of this Statement of Work by the Grantee or its subcontractors, or anyone for whom the Grantee or its subcontractors may be liable. These policies shall include a separation of insureds clause applicable to the additional insured.

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

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

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

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

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

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

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

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

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

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

This insurance requirement will be considered met if the general liability insurance includes an affirmative sexual abuse and molestation endorsement for the required amounts. So called "silent" coverage under a commercial general liability or professional liability policy will not be acceptable.

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

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

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

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

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

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

G. NOTIFICATION. The Grantee shall ensure that all policies provide that the CO shall be given thirty (30) days prior written notice in the event of coverage and / or limit changes or if the policy is canceled prior to the expiration date shown on the certificate. The Grantee shall provide the PM with ten (10) days prior written notice in the event of

non-payment of premium. The Grantee will also provide the PM with an updated Certificate of Insurance should its insurance coverages renew during the contract.

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

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

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

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