



District of Columbia
Department of Human Services
Family Services Administration (FSA)
Office of Refugee Resettlement

REQUEST FOR APPLICATIONS

Fiscal Year 2025
Refugee Health Services
(Short name: RHS)
RFA #JA-FSA-RHS-2025

Announcement Date:	May 24, 2024
RFA Release Date:	May 24, 2024
Pre-application Conference Date:	June 6, 2024
Application Submission Deadline:	June 21, 2024 at 5:00 PM EST

Government of the District of Columbia
Department of Human Services
64 New York Avenue NE
Washington, DC 20002
(202) 698-4316

LATE APPLICATIONS WILL NOT BE FORWARDED TO THE REVIEW PANEL



EXECUTIVE SUMMARY

The District of Columbia (District) Department of Human Services (DHS) Family Services Administration (FSA), hereinafter referred to as the “DHS” or “Grantor” is soliciting detailed proposals (also referred to as “applications”) from applicants (or “prospective Grantees”) for Fiscal Year (FY) 2025 for the provision of Refugee Health Services per the requirements pursuant to the United States Refugee Act of 1980, effective April 1, 1980 (Pub. L. No. 96-212, 8 U.S.C. §§ 1522, et seq., 45 C.F.R. §§ 400.1 et seq.), as amended (“The Act”); and the Victims of Trafficking and Violence Protection Act of 2000, as amended (Pub. L. No 106-386; 22 U.S.C. §7102) (TVPA). DHS is putting forth this RFA to identify one or more prospective Grantees with clear plans to coordinate health services programming for the refugee population who are resettled in the District which include comprehensive health screenings, immunizations, and promotion of local health and mental health services and education.

Funding Opportunity Title:	Refugee Health Services
Funding Opportunity Number:	RFA #JA-FSA-RHS-2025
Deadline for Applications:	June 21, 2024 at 5:00 PM EST
Total Estimated Available Funding:	Up to \$452,266.82
Total Estimated Number of Awards:	Two (2)
Award Ceiling:	\$377,266.82
Award Floor:	\$75,000.00
Period of Performance:	October 1, 2024 to September 30, 2025
Length of Award:	One base year with up to two (2) option years, subject to funding availability
Eligible Prospective Applicants:	<input checked="" type="checkbox"/> Non-profit organizations, including those with IRS 501(c)(3) or 501(c)(4) determinations; <input checked="" type="checkbox"/> Faith-based organizations; <input checked="" type="checkbox"/> Government agencies <input type="checkbox"/> Universities/educational institutions; and <input type="checkbox"/> Private Enterprises



District of Columbia
Department of Human Services
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NOTICE

PRE-APPLICATION CONFERENCE

ATTENDANCE IS RECOMMENDED

Fiscal Year 2025
Refugee Health Services
(Short name: RHS)
RFA #JA-FSA-RHS-2025

When: June 6, 2024

Where: Microsoft Teams Video Conferencing Platform

Time: 1:00 PM – 3:00 PM EST

Contact Person: Danielle Royster
Family Services Administration (FSA)
Department of Human Services
64 New York Ave NE, 5th Fl.
Washington, DC 20002
danielle.royster1@dc.gov

Please respond by **5:00 PM EST** on Wednesday, **June 5, 2024** to confirm your attendance at the Pre-Application Conference. You may RSVP by completing the registration [form](#). Prospective Grantees planning to attend the Pre-Application Conference must submit a registration form. Once the registration form is received, the registrant will receive a link with the meeting information.



CHECKLIST FOR APPLICATIONS

Refugee Health Services

- Application proposal format follows the “Application Format” listed in Section 6 of the RFA.
- Application is properly formatted to 8½ by 11-inch paper, 1.5 line spacing, using 12-point type with a minimum of one inch margins, with all pages numbered. The entire Application must not exceed 60 pages (not including attachments).
- Applicant Profile [Attachment A] contains all the information requested and is attached as the Face Sheet.
- Table of Contents comes after the Applicant Profile.
- Applicant Summary (must not exceed 3 pages) and Project Narrative (must not exceed 12 pages). Note: Attachments and appendices do not count toward the page limit.
- Program Budget and Budget Narrative Justification are complete and comply with the budget form [Attachment G]. The line item budget narrative justification describes the categories of items proposed. Indirect costs must not exceed 10% of the total grant budget.
- Proposed Work Plan [Attachment E] is complete and complies with the work plan form.
- Proposed Staffing Plan [Attachment F] is complete.
- Collaboration Commitment Form(s) [Attachment I] are complete.
- Appendix 1: Certifications and Assurances [Attachment B and Attachment C] are signed and dated.
- Appendix 2: Articles of Incorporation, if applicable.
- Appendix 3: Bylaws, if applicable.
- Appendix 4: IRS letter of non-profit corporation status, if applicable.
- Appendix 5: List of current board of directors, if applicable. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
- Appendix 6: Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, Applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization.
- Appendix 7: Form 990, Return of Organization Exempt from Income Tax, if applicable.
- Appendix 8: Proposed organizational chart.
- Appendix 9: Memoranda of Understanding from key community partners documenting their specific support for the delivery of services for the Refugee Health Services grant.
- Appendix 10: Proposed staff resumes.
- Appendix 11: Proposed staff job descriptions.
- Appendix 12: Signed letter stating that the Applicant will market the initiatives as a DHS Refugee Health Services grant and not the parent agency by using the approved logo, tagline, graphic design, or any other identifiers approved by DHS for the Refugee Health Services grant.
- Appendix 13: District of Columbia Business License.
- Appendix 14: Annual report or other documentation of a history of supporting the refugee population.
- Appendix 15: Certificates of Good Standing.
- Application is submitted electronically. Organization, RFA number, and project name must be clearly identified using the DHS Receipt Form [Attachment D].
- Applicant submitted the required attachments

The application must be submitted no later than 5:00 PM EST, Eastern Standard Time (EST) by the deadline date of June 21, 2024, to DHS, c/o Danielle Royster at danielle.royster1@dc.gov. Applications accepted at or after 5:00 PM EST will not be forwarded to the Review Panel for funding consideration.



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SECTION 1. GENERAL INFORMATION

1.1 Introduction

The District of Columbia (District) Department of Human Services (DHS) Family Services Administration (FSA), hereinafter referred to as the “DHS” or “Grantor” is soliciting detailed proposals (also referred to as “applications”) from applicants (or “Applicants”) for Fiscal Year (FY) 2025 to support the health and wellness among refugees through the provision of comprehensive health screenings, immunizations, and health services and education for refugees through the Refugee Health Services Program.

1.2 Target Population

Individuals eligible for participation are aged 16 and older, meeting the criteria specified by the Office of the Administration for Children & Families (ACF), Office of Refugee Resettlement (ORR), and have resettled in the District:

- Refugees
- Asylees
- Amerasians
- Cuban/Haitian Entrants
- Victims of a Severe form of Human Trafficking (VOT)
- Special Immigrant Visa (SIV) holders from Iraq and Afghanistan
- Afghan Special Immigrant Parole SQ/SI*
- Afghan Individuals with Special Immigrant (SI) Conditional Permanent Residence (CPR)*
- Afghan Humanitarian Parolees*
- Ukrainian Humanitarian Parolees**
- Lawful Permanent Residents (who previously held one of the aforementioned statuses)

*Afghanistan Supplemental Appropriations (ASA) Act, 2022, and effective September 30, 2021 ([ORR Policy Letter \(PL\) 22-01](#)), Congress has authorized ORR-eligibility for citizens or nationals of Afghanistan paroled into the United States between July 31, 2021, and September 30, 2022.

**Additional Ukraine Supplemental Appropriations Act (AUSAA), 2022, and effective May 21, 2022, as extended by the Ukraine Security Supplemental Appropriations Act, 2024 (USSAA), effective May 7, 2024 ([ORR Policy Letter \(PL\) 22-13](#)). Congress authorized ORR-eligibility for specific Ukrainian populations and other non-Ukrainian individuals displaced from Ukraine between February 24, 2022, and September 30, 2024.

Proof of Eligibility:

An applicant for assistance under Title IV of the Act must provide proof, in the form of documentation issued by the Immigration and Naturalization Service (INS) showing Alien Number and status under the Act, and proof of District of Columbia residency as conditions of eligibility. A list of ORR-eligible populations and documentation requirements as per ORR Policy Letter (PL) 16-01 may be reviewed under the applicable documents in Section 2.1. Asylum applicants (those in the application process but have not yet received a final grant), and Nicaraguan and Venezuelan parolees admitted to the U.S. via the CHNV parole process are not eligible for ORR-funded assistance and services.

Limitations on Eligibility:

- A five-year time limit exists for program participants based on either of two dates: Date of arrival in the USA for those granted immigration status prior to arrival in the US, such as refugees; or 60 months from the date immigration status was granted while in the US such as for asylees.



For convenience, the term “refugee” will be used in this RFA for convenience to encompass all such eligible persons.

1.3 Eligible Organizations/Entities

Local government agencies, non-profit community organizations and/or service providers, including those with IRS 501(c)(3) or 501(c)(4) determinations, located in the District that have demonstrated experience working with the refugee population are encouraged to apply. For the Refugee Medical Screening program, the Applicant must be a licensed health care facility or site and may include but not limited to federally qualified health care providers, local health departments, other non-profit community health care centers or clinics.

Continuing conditions of eligibility are that the information in the application is complete and truthful and that the Applicant at all times is able to meet any material conditions stated in its application. For instance, if an applicant’s ability to fulfill the terms of the grant is based on the availability of skilled staff and those staff should leave after the application’s submittal or the grant award to the Grantee, the Grantee has the responsibility to advise DHS in writing of this change in material conditions. Another example of change in material conditions that could result in the loss of eligibility would be the loss of Grantee’s tax-exempt status.

1.4 Source of Funds

The source of funds for the grant is the United States Refugee Act of 1980, as amended (Pub.L. 96-212, 8 U.S.C. §1522 et seq., 45 C.F.R. §400 et seq.) (The Act). Grants to cover the expense of providing these services are made to each of the states and the District of Columbia pursuant to the Act. Funding for grant awards is contingent upon availability of funds. Grant funds shall only be used to support activities specifically outlined in the scope of this RFA and included in the Applicant’s submission. DHS also reserves the right to, without prior notice, reduce or cancel one or more programs listed in this RFA, reject all applications, adjust total funds available, or cancel the RFA in part or whole.

1.5 Award Period

DHS has identified federal funding for two (2) grants. Each grant is being offered from **October 1, 2024** through **September 30, 2025**, for one base year, with up to two (2) option years, subject to funding availability and satisfactory Grantee performance. An Applicant may be awarded funding for one or both grants based on the description in the application of the capacity to meet the requirements of the project(s). No Eligible Costs subject to reimbursement by the Department under the Application may be incurred prior to **October 1, 2024**, unless previously approved in writing by the Department.

1.6 Projects and Funds Available

Project Name	Amount
Refugee Medical Screening	\$75,000
Refugee Health Promotion	Up to \$377,266.82

1.7 Purpose of the Grant

DHS administers the federal Refugee Resettlement Program (RRP) state grant in partnership with the United States Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR). The RRP provides funding to promote the health, well-being, and



stability of refugees and other ORR-eligible individuals and families, through culturally responsive, trauma-informed, and strengths-based services and facilitate attainment of economic independence. Grants to cover the expense of providing these services are made to each of the states and the District of Columbia pursuant to the Act.

Through this RFA, DHS seeks to procure service providers to provide Refugee Medical Screening and Refugee Health Promotion services to refugees and other ORR-eligible populations. DHS, through partnerships with healthcare providers, administers the domestic medical screening per CDC guidelines and requirements of the Refugee Health program.

The purpose of the refugee domestic medical screening is to eliminate health-related barriers to successful resettlement and to protect public health in the District of Columbia by:

- Screening for a wide range of infectious diseases and non-communicable conditions.
- Evaluating current health status and identifying health conditions that could impact long-term wellbeing.
- Ensuring refugees are referred for follow-up to routine primary care and specialty care to ensure continuity of health care.
- Initiating appropriate immunizations to facilitate school enrollment and adjustment of status from refugee to lawful permanent resident.
- Providing health education to introduce a refugee to the U.S. health care system including primary care, insurance, and other health issues such as nutrition and safety.

The objective of the Refugee Health Promotion program is to improve the health and well-being of refugees through education, outreach, and access to healthcare services.

1.8 Anti-Deficiency Considerations

The commitment to fulfill financial obligations of any kind pursuant to any and all provisions of a grant award, or any subsequent award shall remain subject to the provisions of (i) the federal Anti-Deficiency Act, 31 D.S.C. §§1341, 1342, 1349, 1351, (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.08 (2001), (iii) D.C. Official Code § 47-105 (2001), and (iv) D.C. Official Code § 1-204.46 (2006 Supp.), as the foregoing statutes may be amended from time to time, regardless of whether a particular obligation has been expressly so conditioned.

1.9 Permissible Use of Grant Funds

A Grantee may use grant funds only for allowable grant project expenditures. Grant funds related to work performed will be provided on a reimbursement basis, except that an advance of funds may be provided for grant administration expenses in limited circumstances for good cause approved by DHS at its sole discretion. Use of funds is governed by applicable administrative and cost requirements governing allocable, allowable, and reasonable costs in OMB Circular 200. Funding shall not be used to replace or supplant other funding sources.

1.10 Competition for a Grant Award

This RFA is competitive. Each Applicant must demonstrate its ability to carry out the activities for the grant for which it applies (called a “project”). A review panel will evaluate the applications for each advertised grant according to the stated list of criteria in each project’s description. The proposal/s with the highest score/s will be awarded the grant.

Specifically, grant awards will be made based on eligibility (see Section 1.3), the extent to which the proposed project fits within the scope and available funding of the grant, strength of the application, and the organization’s capacity to achieve the grant’s goals.



1.11 Grant Monitoring

In its sole discretion, DHS may use several methods to monitor the grant, including site visits, remote monitoring via review of program data, financial reports, observation of program operations, and interviews of staff and participants. During such visits, the Grantee is required to provide such access to its facilities, staff, clients, and records as may be necessary for monitoring purposes. Each grant is subject to audit.

1.12 General Terms and Conditions

“Appendix: General Terms and Conditions” is incorporated by reference in this RFA. Applicants and Grantees must comply with any and all applicable terms and conditions outlined in the appendix.

1.13 DHS’ Authority to Make Grants

DHS has grant-making authority under:

- Title 1, Chapter 50 of the District of Columbia Municipal Regulations; and any other applicable local and federal laws, regulations and policies.
- The Refugee Resettlement Program established pursuant to the United States Refugee Act of 1980, effective April 1, 1980 (Pub. L. No. 96-212, 8 U.S.C. §§ 1522, et seq., 45 C.F.R. §§ 400.1 et seq.), as amended (“The Act”); and the Victims of Trafficking and Violence Protection Act of 2000, as amended (Pub. L. No 106-386; 22 U.S.C. §7102) (TVPA).

1.14 Contact Person

For further information, please contact:

Danielle Royster
Family Services Administration
Department of Human Services
64 New York Ave NE, 5th Fl.
Washington, DC 20002
danielle.royster1@dc.gov

1.15 Updates

In order to receive updates and/or addenda to this RFA, or other related information, applicants are advised to immediately email the following information to Danielle Royster , Program Analyst at danielle.royster1@dc.gov:

- Name of Applicant organization
- Contact person
- Telephone number
- E-mail address

1.16 Notice of Intent

Organizations that anticipate submitting an application in response to this request should send a brief letter via e-mail to Danielle Royster. The Notice of Intent is not mandatory nor does it provide any specific obligation with regard to the review or award process.



1.17 Pre-Application Conference

The Pre-Application Conference will be held virtually on **Thursday, June 6, 2024, from 1:00 PM to 3:00 PM**. Prospective Grantees planning to attend the Pre-Application Conference must submit a registration [form](#) to obtain access to the meeting information.

1.18 Explanation to Prospective Grantees

Applicants are encouraged to e-mail their questions to Danielle Royster at danielle.royster1@dc.gov on or before **June 19, 2024, at 5:00 PM EST**. Questions submitted after the deadline date will not receive a response. Please allow ample time for emails to be received prior to the deadline date.

1.19 Deadline Date

The RFA will be issued on **May 24, 2024**. The Pre-Application Conference will be held on **June 6, 2024** and the deadline for submissions of all applications is **June 21, 2024, at 5:00 PM EST**. Applications must be received by the deadline. Applications that are received by the deadline date will receive an acknowledgment. **NO SUBMISSIONS WILL BE ACCEPTED AFTER 5:00 PM EST on June 21, 2024.**

SECTION 2. PROGRAM SCOPE

2.1 Overview

As outlined in the District of Columbia's State Plan for the Refugee Resettlement Program (RRP) the DHS, Office of Refugee Resettlement (DCORR) seeks to promote successful resettlement through its continued investment to provide quality Refugee Health Services to refugees and other ORR-eligible populations who have resettled in the District of Columbia. Aligned with guidelines from The Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) and the CDC, the Refugee Medical Screening (RMS) Program operates under the oversight of the State Refugee Health Coordinator (SRHC) at DHS. The Refugee Medical Screening (RMS) program objectives include screening refugees for communicable diseases, chronic health conditions, and other health-related concerns to promote early detection and intervention and facilitating access to healthcare.

In accordance with federal guidelines, the domestic medical screening should be initiated within the first 30 days, but no later than 90 days of entry into the United States. Exams for asylees and victims of human trafficking should be initiated within the first 30 days, but no later than 90 days after certification. The health screening exam should be completed within 180 days of U.S. arrival or granted asylum date.

The Refugee Health Promotion (RHP) Program is funded through a Refugee Support Services (RSS) "set-aside" formula grant. The RHP program focuses on providing health education activities tailored to the specific needs of refugee populations. Collaboration with local partners, adherence to federal mandates, provision of interpretation and translation services, and continuous evaluation and improvement of service delivery will be integral to program success. Program goals include providing opportunities to increase health literacy, offering physical and mental health care coordination, and organizing wellness groups. The RHP program provides services beyond what is allowable through the RMS and Medical Assistance programs. RHP services are provided in coordination with medical screenings. RHP services must complement, not duplicate, other ORR-funded activities.

APPLICABLE DOCUMENTS



Item No.	Document Type	Title	Date
1	District Document	District of Columbia Refugee Resettlement FY24 State Plan	2024
2	D.C. Law	District of Columbia Code - Grant Administration	2023
3	Federal Document	Office of Refugee Resettlement (ORR) Policy Letter (PL) 16-01, Documentation Requirements for the Refugee Resettlement Program	2022
4	Federal Document	Office of Refugee Resettlement	-
5	Federal Regulation	CFR 45 Part 400 - Refugee Resettlement Program	2011
6	Federal Document	ORR Dear Colleague Letter (DCL) 23-08, Clarification on the Domestic Medical Screening Program	2022
7	Federal Document	Centers for Disease Control and Prevention (CDC) Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees	2021
8	Federal Document	ORR State Letter (SL) #12-09, Revised Medical Screening Guidelines for Newly Arriving Refugees	2022
9	Federal Document	CDC Guidance for Evaluating and Updating Immunizations during the Domestic Medical Examination for Newly Arrived Refugees	-
10	Federal Document	CDC Immunization Schedules	2024
11	Federal Document	Advisory Committee on Immunization Practices (ACIP) Recommendations	2024
12	Federal Document	ORR PL 20-05, Refugee Health Promotion Program Transitions to Refugee Support Services Set-Aside Program	2020
13	Federal Document	ORR PL 22-06, Refugee Mental Health Initiative within the Refugee Health Promotion	2021
14	Federal Document	The National Culturally and Linguistically Appropriate Services (CLAS) Standards	
15	D.C. Law	Language Access Act of 2004	2004
16	D.C. Law	DC Human Rights Act of 1977	2007
17	District Document	District Document Mayor’s Order 2017-313 Sexual Harassment Policy Guidance and Procedures	2017
18	D.C. Law	District of Columbia Municipal Regulations (DMR) Title 22, Subtitle 22-B, Public Health and Medicine Reporting	2021
19	D.C. Law	Living Wage Act of 2006	2006

2.2 DHS Responsibilities

DHS shall be responsible for the following:

- A. Establish, manage, and revise (as necessary) the eligibility requirements for the Program;



- B. Disburse funds to the Grantee;
- C. Execute the monitoring and oversight of the Grantee to assess performance according to the scope of work and related service delivery standards set forth in the grant agreement; and
- D. Assign a staff person to monitor the project. The DHS State Refugee Health Coordinator (SRHC), or his/her designee shall review all written policies and procedures applicable to the project, review all monthly reports, conduct site inspections, and hold periodic conferences with Grantee to assess the Grantee's performance in meeting the requirements of the grant agreement.

2.3 Grantee Responsibilities

Applicants shall articulate in their application how they plan to address/fulfill the requirements listed below. The Application submission should include a clear strategy for delivering services.

GENERAL REQUIREMENTS

Grantees shall at minimum:

- Specify program start up tasks and timeframes for the program commencement.
- Ensure services are limited only to the target population in accordance with federal regulations and District policy.
- Comply with Federal statute regarding the provision of services and service priorities as set forth in 45 CFR 400.1 – 400.300.
- Comply with all related Federal and local confidentiality laws.
- Comply with all federal and local laws, regulations and requirements and subsequent directives issued by ORR to DHS that are subsequently issued by the DHS to the Grantee. Federal mandates imposed on DHS apply to the Grantee.
- Collaborate with local partners and stakeholders to maximize resources, avoid duplication of services, and enhance service coordination.
- Participate in the Quarterly Refugee Consultations as per 45 CFR 400.5(h) to plan and coordinate local refugee resettlement processes.
- Provide translation and interpretation for patients with limited or non-English proficiency (LEP/NEP). The Grantee's facility shall provide, at a minimum, telephonic interpretation, and use live medical interpretation or trained multilingual clinicians whenever possible and at the discretion of the patient. In-person medical interpretation is preferred for health screening visits.
- Participate in all recommended and required ORR and DHS trainings and meetings.
- Continuously evaluate and improve service delivery based on client feedback, performance data, and best practices.
- Comply with the UIR procedure as prescribed by the DHS Office of Performance Review Monitoring and Investigation (OPRMI) to facilitate reporting and resolution of all unusual incidents.
- Demonstrate understanding of the nature/needs of the refugee population. Experience working with these individuals will be considered, as well as the Grantee(s)' articulated plan to administer culturally competent and culturally sensitive services for refugee individuals.

The Refugee Medical Screening Grantee shall at minimum:



- Have an existing health care facility or site capable of providing medical services inclusive of primary care and specialty care or, formal referral relationships in place with specialty care providers.
- Have a strong provider presence in community, providing care in a clinic setting.
- Have the ability to provide or facilitate access/referral to physical exams, vaccinations, prescriptions, and laboratory testing.
- Be capable in provision of physical exams, vaccinations, and laboratory work, and through the District's public health insurance programs and accept Medicaid Managed Care Plans; providers cannot require self-pay for clients eligible for the Refugee Medical Screening outside of any co-pays that may be related to Health Insurance coverage.
- Have a facility with on-site secure access to the internet and computers capable of securely storing and transmitting patient health information (PHI).
- Utilize an electronic health records (EHR) system capable of creating comprehensive patient records and be engaged in or preparing to engage in health information exchange with other District or regional providers.
- Establish patient communication systems to provide appointment access, reminders and patient support for individuals served under this program. These types of communications may include text messaging, telephone calls, online portal, etc.
- With appropriate patient consent, the facility shall provide access to medical records to other providers involved in the patient's care at no cost to patient.
- Have an existing facility that submits indicated prescriptions to pharmacies that are accessible to referred patients. The prescribing provider shall ensure prescribed medications are covered under the patient's health plan formulary and that all preauthorization requirements have been met for prescription coverage. For LEP/NEP patients, the patient care staff shall ensure all instructions related to acquiring and using the medication(s) are translated for the patient.
- Ensure all clinicians utilize a patient-centered approach and address social determinants of health.
- Seek to adhere to National CLAS Standards due to diverse nature of the refugee population. The National CLAS standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and healthcare organizations to implement culturally and linguistically appropriate services.
- Adhere to District of Columbia Health Department (DC Health) reporting requirements for administered immunizations (DC Immunization Registry, [DOCIS](#)).
- Adhere to DC Health reporting requirements regarding communicable diseases and conditions

PROGRAM REQUIREMENTS:

Applicants shall articulate in their application how they plan to address/fulfill the requirements listed below.

Refugee Medical Screening (RMS)

- Providing comprehensive domestic medical screening to all eligible patients within 30-90 days of their arrival to the District of Columbia, per CDC Domestic Medical Screening guidelines and in accordance with ORR State Letter #12-09, inclusive of the following:



- Reviewing the Overseas Visa Medical Examination (OVME); ensuring follow-up (evaluation, treatment and/or referral) of all Class A and Class B conditions identified.
- Prior Medical History
- Comprehensive medical exam including review of all required systems
- Tuberculosis Screening
- Vaccination History and Completion in accordance with CDC/ACIP guidelines
- Lead screening for children 6 months to 16 years of age
- Comprehensive Blood Test Panel
- Intestinal Parasitic Screening (stool samples)
- Brief Mental Health Screening
- Dental Oral Exam
- Visual and Auditory Testing
- Initial Referral to ongoing or urgent care
- Refugee Immunizations -
 - All vaccinations shall be administered unless a patient declines due to health complications, religious reasons, or moral convictions as documented in the patient's record.
- Conducting follow-up services to screened patients as necessary within thirty (30) days of initial health screening to initiate indicated treatment and/or complete any portion of the screening not completed in the initial visit.
- Collecting patient history and documentation and entering medical screening data into the state data systems timely in a specified timeframe
- Providing case coordination including:
 - Facilitate the application for Medical Assistance and retroactive Medicaid coverage as applicable.
 - Supporting first referral appointments and navigations to complete the clinical requirements of the domestic medical screening (established patients can stay within the clinic for ongoing primary care funded by Medicaid.)
 - Establishing and ensuring accessible communication methods that are culturally and linguistically appropriate and adequate for patient registration, onboarding, clinical appointments, and any follow-up interactions.
 - When appropriate and as needed, evaluate eligibility and applicable patient referrals to other refugee services and supports
 - Provide copies of the refugee health screening results and relevant records to the patient as requested by, and at no cost to the patient.
 - When necessary and as available, coordinating and providing transportation to and from the domestic medical screenings is preferred. Program funding may also be used to cover transportation costs especially in areas where public transportation may be difficult to access.
 - Assist Uniting for Ukraine (U4U) parolees with completing vaccination attestations to USCIS within 90 days of arrival.
- To help prevent and control the spread of communicable diseases in the District, all health care providers are required by law to report certain diseases and conditions to DC Health according to [Chapter 22-B2 of the District of Columbia Municipal Regulations](#). A list of notifiable diseases and conditions to be reported to DC Health and reporting methodology can be found at [District of Columbia Department of Health's Notifiable Diseases and Conditions in DC: Resources](#)

Program Goals

The Grantee must meet the following performance goals used to measure the effectiveness of the Refugee Medical Screening program:



1. No fewer than 95% of refugees receive the initial medical screening within 2 weeks of referral, or within one week of referral for patients with conditions that represent a public health concern;
2. No fewer than 95% of refugees receive necessary follow-up services within thirty (30) days of their initial health screening to initiate treatment or complete pending screenings;
3. Refugee medical screening data for all clients is reported to DCORR within 30 day of completion;
4. No fewer than 95% of refugees are referred for follow-up to routine primary care;
5. Ensure required immunizations are administered in accordance with CDC/ACIP guidelines; and
6. Submit program report timely by the 10th of the month following the reporting period.

Refugee Health Promotion (RHP) Program

Refugee health and well-being is essential to being able to achieve self-sufficiency. The Grantee should focus on recent arrivals and those that have been in the country *two years or less*, but still continue to face serious health challenges. The following core services must be included and clearly defined as a part of all model programs:

Increase Health Literacy: Design and lead effective or innovative health activities and interventions that specifically address identified health needs among refugee communities.

Activities:

1. Health Orientation/Targeted Individual Outreach: Focuses on navigating the health care system. Topics should cover the basics of health insurance, accessing health services (e.g., primary care, urgent care, emergency care), managing health care (i.e., scheduling appointments), and public health (vaccinations, COVID-19).
2. Health Education Classes: Educating refugee communities about health issues, U.S. health care, and empowering clients to make informed health decisions through ongoing health classes and Refugee Health Fairs.

Coordinate Health Care: Ensure that refugees obtain medical and mental health services beyond the refugee medical screening, including access to culturally and linguistically appropriate care.

Activities:

1. Medical Care Coordination - Clients with ongoing medical or mental health needs are supported through medical care coordination. Referrals to care coordination can be made through the refugee health screening process. Care coordination is essential to client's learning how to manage their own health care and illnesses to remain well enough to retain self-sufficiency. Mental health care coordination is included. The Grantee shall:
 - a. Establish a criteria to identify those most in need of receiving medical care coordination services;
 - b. Develop a plan of care (POC) for each individual that includes clearly defined and appropriate goals and referrals based on the individual's health related needs;
 - c. Ensure POCs complement any health care plan established by medical professionals for the individual;
 - d. Develop customized activities catered toward the specific needs of the individual; and
 - e. Track progress and outcomes towards identified goals.



Organizing Wellness Groups: Create opportunities for learning and social engagement to reduce isolation and promote mental health and well-being.

Activities:

1. Community-based and targeted wellness group activities facilitated by RHP staff. Suggested groups include a meditation group, sewing group, exercise group, etc.
2. Promoting emotional wellness through non-clinical interventions, including suicide prevention trainings, community adjustment groups, support groups, or other similar activities.

For activities involving groups, the Grantee shall:

1. Develop a clear strategy for delivering appropriate health topics and selecting the target population, including deciding on group classes versus individual outreach
2. Annually assess relevant health topics, activities, and identify target populations;
3. Provide services utilizing user-tested and/or validated curricula and tools;
4. Deliver services in a manner that participants will understand; and
5. Conduct pre and post-assessments of group activities and use the information to improve program services.

For activities directed at individual-level, the Grantee shall:

1. Establish a criteria to identify those most in need of receiving individual services offered;
2. Identify goals based on the individual's need;
3. Develop customized activities catered toward the specific needs of the individual;
4. Track progress and outcomes towards identified goals.

Program Goals:

The Grantee must meet the following performance goals used to measure the effectiveness of the Refugee Health Promotion program:

1. Facilitate not less than two health education workshops per quarter (eight sessions per performance period) with at least 75% attendance from invitees;
2. Conduct pre- and post- assessments for health education classes to measure knowledge gained by program participants with a pass rate of at least 75% per quarter;
3. Maintain a medical care coordination caseload of at least fifty (50) program participants per quarter;
4. Ensure each program participant receiving medical care coordination has a plan of care (POC) that is updated annually or more frequently as needed; and
5. Facilitate not less than one wellness group session per month (12 sessions per performance period) with a minimum of 10 participants per session.

2.4 Additional Grantee Responsibilities

- A. Participate freely with the Grant Administrator for monitoring purposes, providing information as requested;
- B. Develop a Quality Assurance Plan designed to monitor and evaluate activities of staff performing services under this RFA, including staff working as part of a team to provide services related to the grant;
- C. Provide data monthly to DHS in accordance with the reporting requirements included in the Grant Agreement;



- D. Utilization of the DC Language Line when language barriers exist and staff cannot accommodate translation and/or interpretation, as appropriate;
- E. Obtain approval from DHS for any informational materials prior to printing to ensure that appropriate citations are included and the focus of the materials meet the public information and education needs for which they are designed to address. Where appropriate, Applicant(s) must translate its program information into the languages of the target populations that it serves or, at a minimum, the six languages required by the Language Access Act of 2004. These languages include Amharic, Chinese, French, Korean, Spanish, and Vietnamese.
- F. Provide information such as positive outcome stories, information about special events, issues/concerns, etc., to the DHS Grant Administrator, as needed.

2.5 Confidentiality of Records

The Applicant must demonstrate an ability to maintain the confidentiality of participant information and to report the information specified below to the DHS. Specifically, the Grantee must agree to and abide by the following conditions:

- A. The Grantee(s) awarded contracts through this RFA must keep information concerning clients strictly confidential, and the information shall not be divulged to unauthorized persons. Grantees must demonstrate an ability to maintain the confidentiality of client information and must adhere to all Federal and local laws related to confidentiality. Client information must be shared with the Department upon the request of the Department's staff.
- B. The Grantee(s) must ensure that all staff with access to confidential or sensitive information is aware of and trained on the relevant provisions of local and Federal laws and regulations regarding client information and confidentiality, including statutes addressing mental health, HIV/AIDS, substance abuse, domestic violence, and minors.
- C. The Grantee(s) must establish clear policies and procedures to ensure and make clients aware of their right to privacy and confidentiality in case management service delivery and information dissemination. The Provider(s) must post a notice at its offices that the policies are available and make a copy available upon request by any client. The Provider(s) must allow any individual who provided protected personal information the right to inspect and receive a copy of the personal information collected about him/her.
- D. Participant records shall be kept confidential and shall not be open to public inspection, nor shall their contents or existence be disclosed to the public. Participant records may not be divulged to unauthorized persons.
- E. No person receiving information concerning a participant shall publish or use the information for any purpose other than that for which it was obtained, reviewed, or presented.
- F. All project staff and volunteers shall sign a confidentiality statement prior to engaging in work with participants.
- G. All records regarding children receiving services from a participant shall be subject to the confidentiality requirements.
- H. Grantees shall submit a signed confidentiality statement, provided by DHS, for each current staff person or volunteer who will be working on the Program prior to the execution of services.

This RFA requires that all information concerning: victims and potential victims of domestic violence; presence of a communicable disease or non-communicable disease such as HIV/AIDS; mental illness or treatment for mental illness; and substance or alcohol abuse, is to be held strictly confidential and shall not be divulged to unauthorized persons, in accordance with The District of Columbia Public Assistance Act of 1982, as amended, (D.C. Law 4-101; D.C. Official Code § 4-209.04); the Homeless Services Reform Act of 2005, as amended, effective October 22, 2005 (D.C. Law 16-35; D.C. Official Code § 4-754.11(7) and any



other applicable District and federal confidentiality laws. The Grantee must demonstrate an ability to maintain the confidentiality of clients' information and to report the information specified below to DHS. Specifically, the Grantee must agree to and abide by the following conditions:

- A. Any client information shall be kept confidential and shall not be open to public inspection, nor shall their contents or existence be disclosed to the public. If client records are maintained, they may not be divulged to unauthorized persons.
- B. No person receiving information concerning a victim of domestic violence shall publish or use the information for any purpose other than that for which it was obtained, reviewed, or presented.
- C. The Grantee entity shall submit with the application a signed confidentiality statement, found in Attachment H, for each current staff person who will be working with the grant program. Each volunteer must also sign a confidentiality agreement prior to participation in a grant program covered by this RFA.

2.6 Reporting Requirements

Grantees should be prepared to provide patient data and report information to DHS in a manner conducive with the database management system to be utilized in this initiative. All performance data must be included in the data and narrative report submissions.

Data Collection:

Grantees must collect data that provides measurable indicators that will inform promising practices to improve services and programs for the target population. Grantees will be responsible for using appropriate technology and expertise to track outcomes, program participation data and progress of work plan and analyze results of the data collection for the duration of the performance period.

Refugee Medical Screening: The Grantee shall be responsible for collecting and tracking client level data at least monthly based (but not limited to) on the following metrics:

- Number of refugees screened;
- Demographics of refugees screened;
- Timeliness of medical screenings;
- Tuberculosis screening data (Class A and B TB Cases);
- Vaccination administration data;
- Presumptive treatment data;
- Medical screening services and data;
- Primary care referrals;
- Data discrepancies/anomalies
- Funding source of completed medical screenings;
- A monthly financial expenditure report/invoice.

Refugee Health Promotion: The Grantee shall be responsible for collecting and tracking client level data at least monthly based (but not limited to) on the following metrics:

- Demographics of refugees served
- Number of services provided (i.e. health education classes, health orientation, wellness groups);
- Number of program participants in each service throughout the reporting period
- Number of participants who demonstrate increased knowledge through attending health education classes



- Number of participants who demonstrate improvement in their well-being due to attending wellness groups
- Number of participants who received medical and/or mental health care coordination
- Number of participants who complete their plan of care (POC) due to receiving medical and/or mental health care coordination

Quarterly Reports:

Refugee Medical Screening: The Grantee will submit a quarterly performance report for the program. Quarterly reports will provide screening data and a narrative to monitor the status of activities and adherence to applicable performance measures noted in Section 2.3. The reports will also outline progress in achieving the goals and objectives of the program and recommend steps for continuous improvement. The report should also include a summary of the results of the evaluation of service under the Grantee's quality assurance unit/team. The format for reporting will be prescribed by DHS. The Grantee shall submit reports by the 10th of the month following the end of the reporting period. At minimum, the report narrative shall include to detailed discussion regarding:

- Data discrepancies/anomalies
- Population trends
- Timeliness of medical screenings
- Challenges or emerging issues
- Emerging health trends
- Significant findings
- Outreach activities
- Major activities and accomplishments and promising practices
- Utilization of the DC Language Line or other interpretation services
- Status of work plan, indicating the extent to which established milestones for the reporting period have been accomplished

Refugee Health Promotion: The Grantee will submit a quarterly program performance report for the program. Quarterly program reports will provide data and a narrative to monitor the status of activities and adherence to applicable performance measures noted in Section 2.3. The reports will also outline progress in achieving the goals and objectives of the program and recommend steps for continuous improvement. The report should also include a summary of the results of the evaluation of service under the Grantee's quality assurance unit/team. The format for reporting will be prescribed by DHS. The Grantee shall submit reports by the 10th of the month following the end of the quarter. At minimum, the quarterly report narrative shall include detailed discussion regarding:

- Data anomalies
- Population trends
- Challenges or emerging issues
- Major activities and accomplishments and promising practices
- Significant findings or events
- Status of work plan, indicating the extent to which established milestones for the reporting period have been accomplished
- User-tested or validated class curricula or materials
- Strategies for delivering appropriate health topics and selecting target population
- Utilization of the DC Language Line or other interpretation services
- Discussion of pre- and post-assessments to gauge value of activities.



Closeout Report: The Grantee shall submit to DHS, a final report no later than the 30th day after expiration of the Grant Agreement, summarizing: all data collection, data analysis, findings, and recommendations. The specific sections of the report will be developed in consultation with DHS.

2.7 Certifications and Assurances

Security Certifications: The Grantee must provide certifications herein that if funded, as applicant it shall conduct routine pre-employment criminal record background checks of all the Grantee's staff that will provide services under this/these contact(s) as permitted by D.C. Official Code §§ 4-1501.01, *et seq.*, and any other applicable District law. Except for professionals licensed in accordance with D.C. Official Code §§3-1201.01, *et seq.*, the Applicant(s) unless said persons has undergone a background check, to include a National Criminal Information Center Report and Child Protective Services Report (Abuse and Neglect). Any conviction or arrest identified in the background checks of the Grantee's employees will be reported to the Office of Inspection and Compliance, which will determine the employee's suitability for employment. **The applicants shall complete and return the Certifications [Attachment B] and Assurances [Attachment C] with the application submission.**

SECTION 3. GENERAL PROVISIONS

3.1 Payment Provisions

The District shall make payments on approved invoiced amounts in accordance with the terms of the Grant Agreement which results from the RFA. All payment requests shall be accompanied by a copy of the report covering the period for which reimbursement is being requested. Payment requests shall be based on invoices with supporting source documentation, as may be required by DHS.

- a) The transfer of the Grant funding is contingent upon the transfer of sufficient funds from the Federal government to DHS to fully underwrite the award. No payments will be disbursed prior to October 1, 2024.
- b) The Grantee shall return to DHS any funds relating to the Grant paid to the Grantee in excess of the Eligible Costs of services and/or Budget provided under this Agreement (including advance payments as described in the Grant Agreement within ten (10) business days of completion of the Grant or upon notification of DHS in writing. If the Grantee fails to return excess funds, DHS may deduct the appropriate amount from subsequent payments due to the Grantee. DHS also reserves the right to recover such funds by any other legal means necessary.
- c) The Grantee shall be responsible for reimbursement to DHS for any disbursed funds to the Applicant that DHS determines have been misused or misappropriated. DHS may also require immediate reimbursement of Grant funds if, at any time, this Agreement is terminated or the Grantee's reporting obligations are not being fulfilled. Any reimbursement of funds that is required by DHS, with or without termination, shall be due within ten (10) days of DHS giving written notice to the Applicant unless notified in writing by DHS.

3.2 Insurance

The Grantee, when requested, must be able to show proof of all insurance coverage required by law. All Grantees that receive awards under this RFA must show proof of insurance prior to receiving funds.



3.3 Audits

At any time before final payment and up to three (3) years thereafter, DHS and other respective jurisdictional administrative agencies of DC may audit the Grantee's expenditure statements and source documents.

3.4 Non-discrimination in the Delivery of Services

In accordance with the DC Human Rights Act of 1977, as amended, (D.C. Law 2-38; D.C. Official Code §§ 2-1401.01, et seq.), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family status, family responsibilities, matriculation, political affiliation, genetic information, disability source of income, status as a victim of an intra-family offense, and place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary actions.

In accordance with the DC Language Access Act of 2004 (D.C. Law 15-167; D.C. Official Code §§ 2-1931, et seq.), District government programs, departments, and services must assess the need for, and offer, oral language services and provide written translation of vital documents into any non-English language spoken by a limited or non-English proficient population that constitutes 3% or 500 individuals, whichever is less, of the population served or encountered, or likely to be served or encountered.

3.5 Conflicts of Interest

Grantees must avoid apparent and actual conflicts of interest when administering grants. A conflict of interest may arise when, among other things, the Grantee or a person participating in an administrative decision regarding a project is likely to profit or otherwise receive undue benefit from the decision or his or her immediate family member is likely to profit or otherwise receive undue benefit from the decision.

3.6 Staff Requirements

The Applicant shall provide a complete written job description for each position proposed to be funded through this grant, which must be maintained on file and available for inspection upon request. Any changes in job descriptions shall be approved in writing in advance by the DHS Grant Administrator. The job description shall include:

- a) Education, experience, and/or licensing/certification criteria,
- b) A description of duties and responsibilities,
- c) Hours of work,
- d) Salary rate, and
- e) Performance evaluation criteria.

The Grantee shall employ adequate staff to meet the specifications of the scope of work and shall maintain documentation that all staff possess adequate licensure, training, and continued competence to perform the duties which they have been assigned. The Grantee shall seek to employ staff who possess experience supporting the refugee community and exhibit linguistic and cultural proficiency compatible with the refugee population. When hiring staff for this grant project, the Grantee shall obtain written documentation of work experience and personal references. The Grantee must provide evidence that all personnel involved in the provision of services are properly trained and qualified to carry out these services. All medical providers participating in grant activities shall be appropriately licensed to provide medical services within the District of Columbia. Refugee exams must be completed by a licensed provider such as a nurse practitioner, physician assistant, or physician; however, a physician is preferred.



The Grantee, for all compensated positions, shall complete the required criminal background screenings before any such applicant may be offered a compensated position or an unsupervised volunteer position. The Grantee shall obtain background check documents for all employees, including subcontracted staff or any volunteers with direct contact with program participants. All documents must be current (within two years of submission date). Background check documentation includes but is not limited to:

- a) A current government issued photo ID (e.g., driver's license, state ID, or passport)
- b) Federal Bureau of Investigations (FBI) fingerprint background check
- c) Metropolitan Police Department (MPD) background check
- d) DC Child Protection Register (CPR)
- e) National Sex Offender (NSO) Registry
- f) Drug Test Results
- g) Tuberculosis Test Results

Grantee shall ensure all employees are not adversely affected by alcohol, illegal drugs, or legal drug use during work hours. The Grantee shall ensure that, employees always carry out work duties in a safe manner. Mandatory drug testing shall be utilized to ensure that each applicant, appointee, unsupervised volunteer, are not under the influence of drugs or alcohol while working with the District's vulnerable population. The Grantee shall ensure each employee in a safety sensitive position is subject to random drug testing and shall consent to the testing listed in this RFA. Applicants are tested for the presence of drugs only. The Grantee shall have an active drug free workplace policy. The mandatory drug test is used to determine the presence of the following illegal drugs/controlled substances including, but not limited, to the following:

- a) cocaine;
- b) opiates;
- c) marijuana;
- d) amphetamines, phencyclidine;
- e) codeine; derivatives;
- f) methamphetamines; and
- g) other synthetic drugs.

Proposed staff assigned to the grant will be responsible for managing grant activities and carrying out the responsibilities outlined in Section 2.3, Grantee Responsibilities and Section 2.4, Additional Grantee Responsibilities. Proposed staffing patterns should reflect the number and types of personnel required for the delivery of all services, within funding limitations. The Grantee shall provide and maintain a current organizational chart which displays organizational relationships and demonstrates who has responsibility for administrative oversight and supervision over each funded service activity. Proposed individuals should be named in Attachment F, Staffing Plan, along with all costs and staffing requirements. Any changes in staffing patterns shall be approved in writing in advance by the DHS Grant Administrator.

The applicant must identify and provide resumes and licensure (if applicable) for all paid personnel who will have responsibility for performing the proposed work, as well as any qualification standards for volunteer staff included in the proposal. Indicate the level of effort each staff person shall have on all relevant services (e.g. case management services). Indicate the organization of the proposed staff. If the proposal involves a team submission, explain how the team will be organized to ensure adequate communication and performance among the firms in the team arrangement.

Grantees shall ensure qualified professional staff is available to provide training, technical assistance, financial management, quality assurance, oversight, and monitoring for all provided services. At a minimum, each program's key personnel shall include:



Refugee Health Coordinator: Preferred experience includes at least one-year in human services and/or healthcare, experience working with refugee populations, bilingual abilities, and sensitivity to cultural/religious beliefs in the field of healthcare.

The Grantee shall provide orientation sessions for each staff member and volunteer covering administrative procedures, program goals, policies, and practices to be followed under this award. All paid personnel must possess a good working knowledge of the services rendered by DHS, its activities, regulations, policies, and procedures, especially in the area of social and refugee services. Demonstrates ability to prepare reports effectively, analyze information, and make recommendations based on thoughtful and well-reasoned analysis, and communicates orally and in writing. Demonstrates ability to use the internet, Microsoft Office suite, Google Docs, QuickBase, Smartsheet and other modern technical conveniences.

In accordance with the Living Wage Act of 2006 (D.C. Law 16-118, D.C. Official Code §§ 2-220.01 *et seq.*), grantees receiving grant awards in the amount of one hundred thousand dollars (\$100,000) or more shall ensure that employees who perform services under the grant-funded program shall be paid a living wage of no less than seventeen dollars and fifty cents (\$17.50) per hour. Grantees must provide a copy of the Living Wage Act Fact Sheet to each employee funded through the Grant Agreement. The Grantee shall cause the Living Wage Act Fact Sheet to be posted in plain view in a conspicuous site in its place of business.

The Grantee shall keep accurate personnel records for each employee affiliated with the grant project(s), including the application for employment, professional and personal references, applicable credentials/certifications, records of required medical examinations, background checks and/or security clearances, personnel actions including time records, documentation of all training received, notation of any allegations of professional or other misconduct, and applicant's action with respect to all allegations, and date and reason if terminated from employment.

The Applicant shall denote in the application that it will ensure it will keep accurate personnel records for each employee affiliated with the grant project which will contain:

- a) The application for employment,
- b) Professional and personal references,
- c) Applicable credentials/certifications,
- d) Records of required medical examinations,
- e) Pre-employment Background Checks documentation to include:
 - i. Federal Bureau of Investigation (FBI) Background Clearance
 - ii. Metropolitan Police Department (MDA) Background Clearance
 - iii. State of Residency Background Clearance (if applicable)
 - iv. Child Protection and Sex Offender Registry Checks
 - v. Drug and Alcohol Screenings
- f) Documentation of all training history,
- g) Documentation of a current Tuberculosis Test,
- h) An annual evaluation for the current or preceding year,
- i) Personnel actions including time records,
- j) Notation of any allegations of professional or other misconduct,
 - i. The grantee's action with respect to these allegations, and
 - ii. The date and reason for the grantee's actions if staff member is terminated.

The Grantee shall provide and maintain staff documents in a locked file with access by senior management staff and DHS monitors. The Grantee shall make available all personnel materials to the Grant Administrator upon request. The District reserves the right to demand a change in or removal of any staff provided by the Grantee or the sub-grantees based on unsatisfactory performance at no additional cost to the District.

3.7 Facility Requirements

Applicants may include the costs related to a facility in their application, which can be a new facility, a renovated facility, an expanded facility, or an existing facility. Any costs associated with the use of that space would be treated as operating overhead. However, if a provider wishes to use existing space, then the provider must demonstrate that RSS programs funded under this RFA are an expansion, not supplementation, of their existing service delivery model. For example, if a provider is already offering services in an existing facility, the District will not pay any operating overhead for facility costs unless the provider can demonstrate the additional funding creates an expansion of their existing service delivery and customer base.

The Grantee shall be responsible for, at minimum, ensuring the following onsite services are offered on site: management of day-to-day site operations, case management and other supportive services. The Grantee shall have a designated Operations Manager responsible for ensuring the effective functioning of the site to provide an efficient and safe working environment for employees and clients by using best business practices to manage resources, services, and processes.

Licensure: The Refugee Medical Screening Grantee shall have an existing facility located and licensed to provide medical services within the Northwest quadrant of the District of Columbia where the majority of refugees reside. Have an existing facility with on-site secure access to the internet and computers capable of storing and transmitting patient health information according to HIPAA requirements.

Regulations: The Grantee's facilities and transportation used during the performance of the grant agreement shall meet all applicable Federal, state, and local regulations for their intended use throughout the duration of the grant agreement. The Grantee shall maintain current all required permits and licenses required for the facilities for the period(s) of operation for this grant agreement. The Grantee's failure to do so shall constitute a failure to perform under the agreement and become a basis for termination of the grant agreement for default. The prospective grantee shall maintain the site in compliance with fire safety requirements and shall maintain the required documentation, including the Certificate of Occupancy.

Maintenance: All supplies and services routinely needed for maintenance and operation of the facility, such as security, janitorial services, or trash pickup are allowable grant expenses and shall be provided by the Grantee.

Accessibility: The Grantee shall ensure that all facilities offered for the provision of services under this grant are accessible to persons with mobility and other limitations, i.e. persons who are blind, deaf, or hearing impaired, consistent with Title II of the Americans with Disabilities Act (ADA) of 1990 (Pub L. No. 101-336; 42 U.S.C. ch. 126 § 12101, *et seq.*), as amended, and Section 504 of the Rehabilitation Act of 1973 (Pub. L. No. 95-602; 29 U.S.C. §§ 701, *et seq.*), as amended.

3.8 Performance Standards and Quality Assurance

DHS expects that the Grantee's performance will result in measurable, quality improvements in the target population, which will be reported in the program performance reports. The Grantee will be expected to meet at least quarterly with DHS to share information and review reports related to the status of grant activities. In addition, the Grantee(s) will be required to meet performance standards and acceptable quality level to be determined by DHS and the Grantee.

The Grantee shall monitor and evaluate activities associated with completing this project. At a minimum, the Grantee shall have an internal quality assurance program which shall include a review of the timely completion of tasks and progress made toward achieving the goals of the project. The Grantee shall develop and implement policies and procedures to evaluate the accuracy of data collection and reporting activities. At a minimum, the Grantee's quality assurance procedure shall include a review in QuickBase for data



completeness, timeliness, and compliance with DHS and ORR data standards. The Grantee shall address issues and suggestions raised by the target populations when feasible.

3.9 Records

The Grantee shall keep accurate records of overall activities, evaluations of services provided and the ongoing progress of the program activities provided through this grant. Electronic case file systems are permitted for documenting all or part of the Program required processes and services provided information storage is secure and data readily accessible for the purposes of client services and DHS monitoring. The Grantee shall provide DHS such access to programs and financial records as may be necessary for monitoring purposes. To ensure confidentiality and security, both open and closed records should be securely maintained by appropriate Grantee staff. The Grantee must demonstrate an ability to ensure the confidentiality and security of records in their proposal(s) in accordance with applicable District and Federal confidentiality laws. The Grantee shall retain all records for at least three (3) years following final close-out of the grant.

3.10 Evaluation

The Grantee shall describe the plan that will be used to evaluate the effectiveness of the RHS program, per the requirements of the Grant Agreement, including the extent to which efforts are made to assure the continual improvement of quality as evidenced by completion of work plan activities and prompt receipt of deliverables.

The Grantee shall indicate the criteria to be used to assess the results of the evaluation process. The Grantee shall describe the kinds of data to be collected and analyzed, explaining how it will provide the basis of an evaluation that is appropriate, objective and quantifiable. The Grantee shall explain the methodology that will be used to determine if the needs of the project designed are being met. At a minimum the Grantee shall describe:

RMS:

- Total number of clients served by the RHS program (monthly, quarterly, and annually)
- Number of medical screenings completed
- Timeliness of medical screenings
- Timeliness of medical screening follow up services
- Translation and interpretation services provided and quality thereof

RHP:

- Immunization administration and data entry
- Case management caseload data
- Evaluation of health education topics
- Health education class assessment pass rate
- Translation and interpretation services provided and quality thereof

DHS shall be authorized to assess the Applicant's performance with respect to accomplishing the purpose of the Grant Agreement. Specifically, the Applicant's performance shall be assessed to determine the quality of the services delivered and the Applicant's ability to deliver services according to the deadlines established in the Agreement.

3.11 Monitoring

The Grant Administrator for the DHS Office of Refugee Resettlement will monitor and evaluate the performance of the Applicant(s) in accordance with the Grant Agreement. The Grant Administrator shall review all written policies and procedures applicable to the project, review all monthly reports, conduct site



inspections, and hold periodic conferences with the Applicant to assess the Applicant's performance in meeting the requirements of the grant agreement. The Department will make periodic scheduled and unscheduled monitoring visits to review records and discuss the scope of work in relation to the services being rendered. During such visits, the Applicant is required to provide such access to its facilities, transportation, records, clients and staff as may be necessary for monitoring purposes. The Department will interview the RHS participants to get their feedback on the efficacy of the case management services being provided.

3.12 Faith-Based Organizations

On the same basis as any other Applicants, religious organizations are eligible to participate as long as the services funded by the Refugee Health Services Grant(s) are provided consistent with the Establishment Clause and the Free Exercise Clause or the First Amendment to the United States Constitution, in accordance with United States Executive Order 13279 of December 12, 2002.

3.13 Termination of the Grant

This grant is being issued from the date of award and is expected to continue until the project is completed or through September 30, 2025, whichever comes first. The FY 2025 grant award indicates that all funds must be expended by September 30, 2025, so carry-over may not be an option, if funds cannot be completely expended by September 30, 2025. Any costs that are incurred either before the start of the grant period or after the expiration of the grant period are not allowable.

DHS may exercise an option to renew the grant for up to two (2) additional years if services are satisfactory, if it is determined that it is in the best interests of the District of Columbia to extend the grant, and funds are available.

Should a Grantee intend to discontinue the provision of services prior to the conclusion of the grant period, the Applicant must notify the DHS in a written statement at least sixty (60) days prior to the abatement of services.

3.14 Rights to Data

All data produced in the performance of this grant shall be the sole property of the District of Columbia. The Grantee shall not publish or reproduce such data in whole or in part or in any manner or form, or authorize others to do so, without written consent of the District until such time as the District may have released such data to the public.

3.15 Compliance with Tax Obligations

Prior to execution of a grant agreement an Applicant must be in compliance with tax requirements in the District or other eligible jurisdiction and with federal tax laws and regulations. Non-profit organizations must register annually to meet tax exemption requirements and must provide a Certificate of Good Standing prior to execution of the grant agreement.

3.16 Award Process

DHS will make the funds available through a competitive process to identify organizations interested in offering and administering programs listed under Refugee Health Services. Applications that meet all eligibility and application requirements will be evaluated, scored, and rated by a DHS designated review panel. The final decision to fund applicants rests solely with DHS. After reviewing the recommendations of the review panel and any other relevant information, DHS shall decide which Applicant(s) to fund.



SECTION 4. APPLICATION SUBMISSION

4.1 Submission Date and Time

In order to be considered for funding, applications must be received no later than 5:00 PM EST on June 21, 2024. All applications will be recorded upon receipt. Applications received after 5:00 PM EST on June 21, 2024 will not be considered for funding. Supplements, deletions or changes to the application will not be accepted after submission.

4.2 Number of Copies

One (1) electronic copy of the scanned application must be submitted to Danielle Royster, DHS, Program Analyst, danielle.royster1@dc.gov in PDF format. A copy of the Applicant Profile (Attachment A) must be the first page of the package. Faxed applications will not be accepted.

4.3 Location to Submit Application

Applications must be received electronically at or before the deadline date and time:

Contact Person: Danielle Royster
danielle.royster1@dc.gov

4.4 Mail/Courier/Messenger Delivery

Due to the current public health emergency, applications will not be accepted via messenger/courier service or at the physical office of the District of Columbia Department of Human Services. Application packages must be submitted electronically as noted above. **LATE APPLICATIONS WILL NOT BE ACCEPTED.**

SECTION 5. REVIEW AND SCORING OF APPLICATIONS

5.1 Review Panel

The review panel will be composed of qualified, professional individuals who have been selected for their unique experiences in human service, data analysis, evaluation, and social services planning and implementation. The review panel will review, score, and rank each applicant's proposal. Upon completion of its review, the panel shall make recommendations for awards based on the scoring process. DHS shall make the final funding determinations.

5.2 Scoring Criteria

Executive Summary (Maximum 5 Points)

- Overview: Briefly describe the applicant organization and its proposed methodology for implementing the Program.

Information about the Organization (Maximum 20 Points)

- Mission and Vision: Provide the organization's mission and vision statement, a description of its core programs, and explain the relevance of the organization's prior experience to the requirements of the grant. (5 points)
- Logic Model: In an attachment, describe the activities, inputs, outputs, and outcomes for the Program. (5 points)



- Organizational Capability and Relevant Experience: Describe your organization's experience and expertise in providing employment and case management services for the refugee population. (5 points)
 - The Applicant provides documented community ties, experience (e.g. linkages with other community-based organizations) working with the target population, and the capacity to successfully meet the responsibilities associated with this grant.
 - Past experience and knowledge in providing health services for the target population in the District.
 - Past experience and knowledge in presenting findings and making specific recommendations based on these findings.

In reviewing the elements of the paragraph above, DHS will consider:

- The knowledge and experience of the proposed project director and/or staff, including the day-to-day program manager, consultants and/or contractors in planning and managing the proposed activities. The applicant will be evaluated in terms of recent, relevant and successful experience of staff in undertaking comparable activities.
 - How proven linkages to the community will prove beneficial in this undertaking.
- Cultural competency and appropriateness (racial, ethnic, economic, gender, age, disability, etc.) of services are demonstrated. (5 points)
 - Applicant has identified and demonstrated an understanding of issues affecting the target population.
 - Letters of support from community-based organizations and/or advocacy groups are provided.

Capacity to Implement the Program (Maximum 50 Points)

- Plan to Implement the Program: Describe your plan to implement the Program. The plan should address all the aforementioned applicant responsibilities according to which the project (RMS and/or RHP) the application is submitted for, including but are not limited to: capacity, refugee medical screening, refugee health follow-up, refugee immunizations, outreach, orientation workshops, health education classes, provider education (CLAS), medical case management, interpretation, translation, promoting emotional wellness, and other duties as assigned. (10 points)
- Program Design and Plan to provide Refugee Medical Screenings and/or Refugee Health Promotion Services (if not both, please specify which project the application is submitted for): Describe your plan to develop procedures for initial refugee medical screening, refugee medical follow up, refugee immunization, and outreach. Describe development of health orientation workshops, health education classes, medical case management, provider education (CLAS) and support groups. Provide details of selection and assessment of appropriate health topics, projected schedule and session length, Selecting target population, use of user-tested and/or validated curricula/tools, and interpretation and translation. Provide details regarding utilizing data collected from conducting pre- and post-assessment of group activities for the purposes of program improvement and establishing criteria to identify those most in need of receiving medical case management services offered. Describe your plan to provide program services in a culturally sensitive manner to address the cultural and language needs of the target population. Also, describe your methodology for providing grant deliverables, resource materials to be used, and equipment and facilities to be used. (10 points)
- Data Collection: Identify how data will be collected to assess and evaluate the implementation of the grant responsibilities on a regular basis. Include data collection methodology and frequency of data collection. Describe the evaluation plan to regularly assess the outcomes of the Program participants and how all reporting requirements will be met. (10 points)



- Development of Work Plan: Using the Work Plan, list the critical milestones/tasks, staff responsible for the implementation of the milestones/tasks, and approximate timeline needed to address the requirements of this grant. (10 points)
- Staffing Plan: Using the staffing plan, describe the qualifications of the proposed staff to implement the Program. Uploaded documents in the Staffing Plan section should also demonstrate qualifications and their responsibilities on the grant. (10 points)

Detailed Planned Expenditures: Financial Management and Proposed Budget (Maximum 25 points)

- Financial Management: Describe the financial management and internal accounting procedures that will be used to ensure proper financial management, including the fiscal controls designed for accountability to administer the Program. The Applicant must agree to maintain its financial records in accordance with generally accepted accounting principles (as defined by the American Institute of Certified Public Accountants). (10 points)
- Proposed Budget: Provide a proposed budget and narrative description of the use of grant funds to address the requirements of this grant. (10 points)
- Leveraging Strategy: Describe your approach to securing a cash match or donations (including in-kind) for any goods or services that brings additional resources to this Program. If the Applicant is securing matching funds or donations, identify the dollar amount and explain how these funds will be applied to services under this Program. (5 points)

5.3 Decision on Awards

Applicants will be evaluated for each project separately. The recommendations of the review panel are advisory only and are not binding on the Department of Human Services. The final decision on awards rests solely with DHS. After reviewing the recommendations of the review panel and any other information considered relevant, DHS shall decide which applicants to award funds and the amounts to be funded. An applicant may be awarded funds for one or both projects.

SECTION 6. APPLICATION FORMAT

6.1 Description of Application Sections

The purpose and content of each section is described below. Prospective Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that applications reflect continuity among the goals and objectives, program design, work plan of activities, and that the budget demonstrates the level of effort required for the proposed services. Excluding attachments and appendices, the Application **must not exceed 60 pages**.

6.2 Applicant Profile

Each application must include an Applicant Profile, which identifies the Applicant, type of organization, project service area and the amount of grant funds requested. See Attachment A.

6.3 Table of Contents

The Table of Contents should list major sections of the application with quick reference page indexing.



6.4 Applicant Summary (Maximum 3 pages)

This section of the application should be brief and serve as the cornerstone of the application. The application summary should highlight the major aspects of the objectives that are discussed in depth in other sections of the application.

6.5 Project Narrative (Maximum 12 pages)

This section of the application should contain the narrative that justifies and describes the project to be implemented. The project narrative should include the following:

- Specific, measurable program objectives for the service area of the application;
- Specific service(s) to be provided;
- Detailed work plan for activities;
- Proposed impact of the project due to the involvement of your organization;
- History with the specified community in general; and
- Experience with outreach activities in this community. If no experience, describe how past linkages to the community will prove beneficial in this undertaking.

6.6 Program Budget and Budget Narrative

A standard budget form is provided in Attachment E. The budget for this application shall contain detailed, itemized cost information that shows personnel and other direct costs. The detailed budget narrative shall contain a justification for each category listed in the budget. The narrative should clearly state how the Applicant arrived at the budget figures.

Personnel: Show proposed salaries and wages for all project staff.

Fringe Benefits: Include in proposed benefits comparable to those paid to the other members of the Applicant's staff. Show fringe rate.

Supplies: List proposed supplies and educational materials.

Other: Show rental or leasing of space for the project. Rents proposed must be comparable to prevailing rates in the surrounding geographic area. Include utilities and telephone and maintenance services directly related to project activities. Include insurances, subscriptions and postage.

Indirect: Show calculation and indirect rate.

6.7 Certifications and Assurances

Prospective Applicants shall provide the information requested in Attachments B and C and return them with the application. If an Applicant is not incorporated, a representative from the incorporated, collaborating organization must sign the Certifications and Assurances.

6.8 Appendices

This section shall be used to provide technical material, supporting documentation and endorsements. Such items may include:

- Audited financial statement;
- Indication of organization status;
- Roster of the Board of Directors;
- Proposed organizational chart for the project;
- Organizational budget (as opposed to project budget);



- Letters of support or endorsements;
- Staff resumes (if applicable);
- Planned job descriptions (if applicable);
- Articles of Incorporation, if applicable;
- By-laws, if applicable;
- IRS letter of non-profit corporation status, if applicable; or
- Form 990, Return of Organization Exempt from Income Tax, if applicable;
- Minimum of two (2) Memoranda of Understanding from key community partners documenting their specific support for proposed Project;
- Signed letter stating that the Applicant will market the entity as a DHS Project and not the parent agency by using the approved logo, tagline, graphic design, and other identifiers approved by DHS for the Project;
- District of Columbia Business License;
- Certificate of Good Standing;
- Certificate of Occupancy; and
- Fire Inspection.

SECTION 7. LIST OF ATTACHMENTS

Attachment A	Applicant Profile
Attachment B	Certifications
Attachment C	Assurances
Attachment D	Original Receipt
Attachment E	Work Plan
Attachment F	Staffing Plan
Attachment G	Budget (separate attachment)
Attachment H	Definitions
Attachment I	Collaboration Commitment Form
Attachment J	Confidentiality Statement
Attachment K	DC Refugee Medical Screening Guidelines



Attachment A – Applicant Profile

**DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)**

**REFUGEE HEALTH SERVICES
RFA #JA-FSA-RHS-2025**

Applicant Name: _____

Contact Person: _____

Office Address: _____

Ward(s): _____

Phone Number: _____

Fax Number: _____

Federal ID Number: _____

DUNS Number: _____

Program Descriptions: _____

Budget (Total funds requested): _____



Attachment B - Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer



Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements

Prospective Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Prospective Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 C.F.R. Part 69, "New Restrictions on Lobbying" and "Government-wide Debarment and Suspension (Non-procurement) and 28 C.F.R. §83.670, "Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 C.F.R. Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 C.F.R. Part 69, the Applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. Debarment, Suspension, and Other Responsibility Matters

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 C.F.R. Part 83, for prospective participants in primary covered transactions, as defined at 28 C.F.R. §83.670, for prospective participants in primary covered transactions:

- A. The Applicant certifies that it and its principals:



- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c.) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- B. Where the Applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

1. Drug-Free Workplace (Prospective Applicants Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, as amended (Pub. L. No. 100-690; 28 C.F.R. Part 83):

- A. The Applicant certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: Office of Risk Management, 441 4th Street, NW, 800 South, Washington, DC 20001. Notice shall include the identification number(s) of each effected grant;



(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (1), (c), (d), (e), and (f).

B. The Applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace (Prospective Applicants who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 C.F.R. Part 67, subpart F, for Prospective Applicants as defined at 28 C.F.R. Part 83:

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

DC Department of Human Services, Office of Grants Management, 64 New York Avenue, NE, Washington, DC 20002

As the duly authorized representative of the applications, I hereby certify that the Applicant will comply with the above certifications.

1. Applicant Name and Address

2. Application Number and/or Project Name

3. Federal Tax Identification No.

4. Typed Name and Title of Authorized Representative

5. Signature

6. Date



Attachment C - Assurances

**DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)**

**REFUGEE HEALTH SERVICES
RFA #JA-FSA-RHS-2025**

The Applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21,

A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements, 28 C.F.R. Part 66, Common Rule, that governs the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 as amended (Pub. L. No. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 U.S.C. §§ 1501, *et seq.*).
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.



9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, as amended (Pub. L. No. 93-234; 87 Stat. 975). Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 U.S.C. § 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 U.S.C. § §569a-1, *et seq.*) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 C.F.R. Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 C.F.R. applicable to grants and cooperative agreements including Part 18. Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply, with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972; and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier Resources Act (Pub. L. No. 97-348; 16 U.S.C. §§3501, *et seq.*) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

Signature & Title

Date



Attachment D – Original Receipt

**DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)**

**REFUGEE HEALTH SERVICES
RFA #JA-FSA-RHS-2025**

The Department of Human Services is in receipt of the original application submitted in response to the Request for Applications for Refugee Health Services

Submitted by: _____
(Contact Name/ Please Print Clearly)

(Organization Name)

(Address, City, State, Zip Code)

Phone Number)

(Fax Number)

For DHS Only:

Application and _____ copies

Received on this date: _____

At (time): _____

Received by: _____

PROPOSALS WILL NOT BE ACCEPTED AFTER 5:00 PM EST



Attachment E – Work Plan

**DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)**

**REFUGEE HEALTH SERVICES
RFA #JA-FSA-RHS-2025**

Note: Begin proposed work plan at award date

The proposed work plan must detail measurable project objectives by fiscal quarter and month for the life of the project. These objectives should further be defined by key activities, milestones, and project deadlines. An example work plan for one objective is included below. Applicant(s) may use their own format.

Agency:							Submission Date:					
Services Area:							Project Manager:					
Budget:							Telephone #:					
Measurable Objectives	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
Objective 1:	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.
Activities:												
1.												
2.												
3.												
Milestones:												
1.												
2.												
3.												
Deadlines:												
1.												
2.												
3.												



Attachment G - Budget

**DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)**

**REFUGEE HEALTH SERVICES
RFA #JA-FSA-RHS-2025**

Below is an example of a high-level budget. In submitting the budget with the application package, Applicant(s) must also break out all expenses into the services they support (e.g. meal program, case management, etc.).

Agency:		Program Year:	
Service Area:		Project Manager:	
Budget:		Telephone Number	
CATEGORY	GRANT FUNDS	MATCHING FUNDS	TOTAL
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Other (specify)			
Subtotal Direct Costs			
Indirect/Overhead			
Total			

Attachment H – Definitions

**DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)**

**REFUGEE HEALTH SERVICES
RFA #JA-FSA-RHS-2025**

Administrative Review: A legal process to determine a resolution as a result of a fair hearing request.

Administrative Support: Includes three direct services for clients participating in the RHS program: (1) invoice documentation; (2) invoice tracking; and, (3) data entry into required database system(s). These tasks are intended to directly support the providers' efforts to meet the deliverable requirements of the RHS program. Administrative Support is a direct service and does not include general administrative overhead like rent, insurance, or any other indirect services. In addition, Administrative Support does not include services paid for elsewhere in the grant agreement.

Adult: Any individual who has reached the age of majority under District law as defined in section 46-101 of the D.C. Code; or qualifies as an emancipated minor under District Law.

Amerasian Immigrant: Persons from Vietnam who are admitted to the U.S. as immigrants pursuant to § 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988, are eligible to receive ORR assistance and services. This definition is contained in section 101(e) of Public Law 100-202 and amended by the 9th proviso under Migration and Refugee Assistance in Title II of the Foreign Operations, Export Financing, and Related Programs Appropriations Acts, 1989 (Pub. L. No. 100-461 as amended).

Asylee: An individual who, on their own, travel to the United States and subsequently apply for/receive a grant of asylum. Asylees do not enter the United States as refugees. They may enter as students, tourists, businessmen, or even in undocumented status. Once in the U.S., or at a land border or port of entry, they apply to the Department of Homeland Security (DHS) for asylum. To qualify for asylum status, the person must meet the definition of a refugee and meet an application deadline. Asylum status permits the person to remain in the United States. Individuals granted asylum status under § 208 of the Immigration and Nationality Act (The Act) are eligible for ORR assistance and services. (Note: asylum applicants are not eligible for ORR assistance and services. The only exception is for certain Cubans and Haitians.) Asylees are eligible for ORR-funded benefits and services beginning on the date of final grant of asylum. Asylees can be granted asylum either by a U.S. Citizenship and Immigration Services (USCIS) Asylum Office, or by the Immigration Court of the Executive Office of Immigration Review (EOIR) of the U.S. Department of Justice.

Client: An eligible refugee individual or family seeking, receiving, or eligible for publicly funded services.

Cuban/Haitian Entrant: Any individual granted parole status by the Department of Homeland Security (DHS) as a Cuban/Haitian Entrant (Status Pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided, and any other national of Cuba or Haiti who was paroled into the United States and has not acquired any other status under the INA; is the subject of exclusion or deportation proceedings under the Immigration and Nationality Act (INA); or has an application for asylum pending with DHS; and with respect to whom a final, non-appealable, and legally enforceable order of deportation or exclusion has not been entered [45 CFR § 401.2]. Cuban and Haitian

Entrants, along with Cubans in certain other categories, are eligible to apply for adjustment of status after one year in the U.S.

Culturally Competent: The ability of a provider to deliver or ensure access to services in a manner that effectively responds to the languages, values, and practices present in the various cultures of its clients so the provider can respond to the individual needs of each client.

Department: The District of Columbia Department of Human Services or any successor organizational unit (in whole or in part).

Family: An individual adult, married individuals without children, or parents, or custodial relatives, with minor children who are not eligible for TANF, who live in the same household.

The Health Insurance Portability and Accountability Act (HIPAA): The HIPAA Privacy Rule, or Standards for Privacy of Individually Identifiable Health Information, establishes national standards for the protection of certain health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Security Standards for the Protection of Electronic Protected Health Information (the Security Rule) establish a national set of security standards for protecting certain health information that is held or transferred in electronic form. The Security Rule operationalizes the protections contained in the Privacy Rule by addressing the technical and non-technical safeguards that organizations called “covered entities” must put in place to secure individuals’ “electronic protected health information” (e-PHI). The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patient’s rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

Individual: Any man or woman who has reached the age of majority under District law as defined in section 46-101 of the D.C. Code; or qualifies as an emancipated minor under District Law.

Iraqi and Afghan Immigrants (Special Immigrant Visa holders): For their service to the U.S. government in Iraq and Afghanistan, Iraqi and Afghan Special Immigrants (SIVs) are granted status overseas by the U.S. Department of State and are brought to the United States for resettlement by the U.S. Department of State. An SIV is eligible for ORR benefits and services same as a refugee and for the same time period as a refugee, from the first day the SIV arrives in the U.S.

Lawful Permanent Resident: Individuals who previously held immigration statuses of Refugee, Asylee, Cuban Haitian entrant, or refugee/asylee parolees. This does not refer to Amerasians or Iraqi and Afghan Special Immigrants, who are admitted as lawful permanent residents.

Minor child: A child, including those by adoption, eighteen (18) years of age or younger.

Performance Measures: A process that systematically evaluates whether your program’s efforts are making an impact on the clients you are serving.

Personnel: The staff hired by the service provider to deliver services in the RHS program.

Program Rules: The set of provider rules, client rights, and complaint and appeal procedures, including those enumerated in this chapter, proposed by a particular provider for the purpose of governing the behavior and treatment of its clients and approved by the Mayor subject to § 4-754.32.

Refugee: Any person who is outside the country of such person's nationality or, in the case of a person having no nationality, is outside the country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of that country because of persecution or a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group, or political opinion. Individuals and their family members granted refugee status under §208 of the Immigration and Nationality Act (INA) overseas by

the U.S. Department of Homeland Security are brought to the United States for resettlement by the U.S. Department of State. Through a wide range of programs and benefits, the Department of State, Voluntary agencies and ORR assist refugees' resettlement and integration into the U.S. Refugees are eligible to receive ORR benefits and services from their date of arrival in the U.S. The term "refugee" does not include any person who ordered, incited, assisted, or otherwise participated in the persecution of any person or account of race, religion, nationality, membership in a particular social group, or political opinion (8 U.S.C. §1101(a)(42)).

Resident of the District: An individual or family who is living in the District of Columbia voluntarily, not for a temporary purpose, and has no current intention of moving from the District. The term "resident of the District" shall be interpreted and applied in accordance with section 4-205.03 of the D.C. Code.

Service Provider: Contractor or subcontractor that provides health or related services.

Target Population: Eligible refugees, asylees, and certified victims of severe forms of human trafficking; refugee or asylee parolees, Cuban/Haitian Entrants, Iraqi and Afghan Immigrants (Special Immigrant Visa holders), and Amerasian immigrants who are resettled in the District.

Transportation: Defined as any mode of transportation used to assist the individual with housing and employment related services, such as Metro SmarTrip fare cards, mileage and/or rideshare.

Victim of Severe Form of Human Trafficking: Adult victims of severe forms of trafficking who are not U.S. citizens or Lawful Permanent Residents (LPRs) and who have been certified by the U.S. Department of Health and Human Services (HHS) eligible for benefits and services under any Federal or State program or activity to the same extent as refugees.

Attachment I – Collaboration Commitment Form

**DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)**

**REFUGEE HEALTH SERVICES
RFA #JA-FSA-RHS-2025**

Please include information on this form about the activities and/or services that will be provided by the collaborating organization. Complete one Collaboration Commitment Form for each collaborating organization. The application must demonstrate the level of effort for each partner, proposed services, and provide the budget costs of the collaboration in the Applicant's application submission.

Collaborating Organization:

Name: _____

Address: _____

Tel & Fax No.: _____

Describe Collaboration: (Use additional blank sheets if needed.)

The signatures below indicate that these organizations have collaborated on the development of the application and agree to continue the partnership throughout the implementation of the project as described in this application submission.

Authorized Representative(s):

Name: _____ Tel.: _____

Signature: _____ Date: _____

Name: _____ Tel.: _____

Signature: _____ Date: _____

Attachment J – Confidentiality and Non-Disclosure Agreement

**DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)**

**REFUGEE HEALTH SERVICES
RFA #JA-FSA-RHS-2025**

The District of Columbia (District), Department of Human Services (DHS), is accepting applications to create a health services program for eligible refugees. For purposes of this Confidentiality and Nondisclosure Agreement, clients of DHS and participating providers or Applicants who will create and/or expand health services for refugee individuals are referred to as “RHS Clients.”

I, _____, am employed by: _____
(Name of organization)

I understand that in the course of my duties pursuant to the District of Columbia Refugee Medical Screening and/or Refugee Health Promotion Grant, I may receive or have access to DC refugee clients’ personally identifiable and confidential information (protected information). I further understand that such client protected information is highly sensitive, confidential, and/or otherwise protected from disclosure to the public. I understand that any divulgence of privileged, sensitive, and/or confidential information to unauthorized persons whether intentional or inadvertent may compromise the government and people of the District of Columbia.

Therefore, I agree that unless such actions are authorized by an Agreement and/or District or Federal law, I will not disclose, discuss, or divulge any client protected information that I have received or accessed pursuant to my duties and participation in the District of Columbia Daytime Services for Individuals Experiencing Homelessness Grant. I further agree that I will take all reasonable affirmative steps to protect DC RHS Clients’ protected information in my possession from unauthorized use or disclosure.

I further agree to immediately notify the following District of Columbia Refugee Medical Screening and/or Refugee Health Promotion Grant Privacy Point of Contact if I become aware of any unauthorized use, access, or disclosure of DC RHS Clients’ protected information: contact the DHS Office of Program Review, Monitoring and Investigation (OPRMI) by emailing a description of the incident and circumstances to OPRMI@dc.gov; calling the Unusual Incident Hotline at (202) 673-4464; or, Completing and submitting the online [Unusual Incident Form](#).

I understand that the unauthorized use and disclosure of privileged, sensitive, and or confidential information would be a violation of applicable District and Federal laws including, but not limited to the District of Columbia Self-Sufficiency Promotion Act of 1998, effective April 20, 1999 (D.C. Law 12-241; D.C. Official Code §§ 4-209.04(b) and (c)); the District of Columbia Mental Health Information Act of 1978 (D.C. Official Code § 7-1201.01 *et seq.*); the Confidentiality and Disclosure of Records on Abused and Neglected Children Act of 1979 (D.C. Official Code § 4-1303.06(a)); and any and all applicable District and federal confidentiality laws.

By signing this document, I acknowledge that I have read and agree to abide by it. I also understand that any violation of this agreement may result in civil or criminal penalties, disciplinary action, which may include discharge if I am a District employee or termination of access rights if I am not employed by the District. Furthermore, I understand that I may be prosecuted if I knowingly and intentionally use DC RHS clients’ protected information for fraudulent purposes.

Signature & Title

Date

Appendix: General Terms and Conditions

The following terms and conditions are applicable to this and all Requests for Applications (RFA) issued by the District of Columbia Department of Human Services:

1. Funding for an award is contingent on continued funding from the DHS grantor or funding source.
2. The RFA does not commit DHS to make an award.
3. DHS reserves the right to accept or deny any or all applications, if DHS determines it is in the best interest of DHS to do so. DHS shall notify the Applicant if it rejects that Applicant's proposal.
4. DHS may suspend or terminate any RFA pursuant to its own grant-making rule(s) or any applicable federal regulation or requirement.
5. DHS reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DHS shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the Applicant's sole responsibility.
7. DHS may conduct pre-award on-site visits to verify information submitted in the application and to determine if the Applicant's facilities are appropriate for the services intended. In addition, DHS may review the fiscal system and programmatic capabilities to ensure that the organization has adequate systems in place to implement the proposed program.
8. DHS 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.
9. DHS shall provide the citations to the statute and implementing regulations that authorize the grant or sub grant; all applicable federal and District regulations, such as OMB Circulars 2 CFR 200, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the Applicant will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the Applicant.
10. 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 RFA terms may be obtained at www.opgs.dc.gov (Citywide Grants Manual and Sourcebook).

Attachment K – DC Refugee Medical Screening Guidelines

I. Overseas Medical Records

Review all overseas medical records when available and follow-up with conditions identified overseas. The Program shall forward all overseas medical records for refugees and derivative asylees when available. Treatment shall be given to persons with Class A and Class B medical conditions as soon as possible.

Class A health conditions are health conditions that preclude a refugee from entering the US, including communicable diseases of public health significance, mental illnesses associated with violent behavior, drug addictions, chancroid, gonorrhea, granuloma in guinale, lymphogranuloma venereum, syphilis, active infectious tuberculosis, and infectious leprosy. Class A conditions require approved waivers for US entry and immediate follow-up upon arrival.

Class B health conditions are health conditions that pose significant health problems, including active non-infectious tuberculosis, syphilis and other sexually transmitted infections treated within the last year, non-infectious leprosy, and other significant physical disease, defect or disability.

II. General Physical Exam

Review and record personal and family medical history, including medications, allergies, fever, cough, weight loss, night sweats, hemoptysis, diarrhea, anemia, nutrition and other recent illness.

Test general conditions of eyes, ears, nose, throat, lungs, heart, breast, abdomen, genitalia, inguinal region, extremities, musculoskeletal system, skin, lymph nodes, nervous system, and mental status. Report any physical disorders (e.g. amputations, genital cutting, severe burns, lacerations, etc.).

Perform a gross vision, hearing and dental evaluation. Make referrals where necessary.

Record vital signs including height and weight, temperature and pulse, blood pressure for patients five (5) years and older, and head circumference for patients five (5) years and younger.

Test for pregnancy if indicated by history or exam.

III. Cardiology and Pulmonology

Test for signs of angina pectoris, hypertension, cardiac arrhythmia and congenital heart disease.

Assess patient for tobacco use, asthma, and chronic obstructive pulmonary disease.

IV. Endocrinology and Hematology

Search for symptoms or lesions consistent with Hansen's disease (leprosy). Symptoms may include skin abnormalities, including spots or areas which are thicker than normal and have lighter skin color than normal and have increased, lessened, or missing touch and/or temperature sensation especially in hands and feet. Hansen's disease can also involve the interior nasal surfaces, causing nasal congestion and nosebleeds.

If indicated, test for diabetes mellitus, thyroid disease, chronic renal disease, chronic hepatitis or other chronic liver disease.

Perform complete blood count with differentials, including eosinophil count, hemoglobin, and

hematocrit.

Measure blood lead level for all children six (6) months to sixteen (16) years old with provision of or referral to a follow-up test after 3-6 months for children less than six (6) years old. An elevated blood lead level is a result greater than or equal to 10ug/dl of blood.

For refugee adults 40 years and older, perform hemocult, fasting glucose, and cholesterol tests.

If indicated, screen for pregnancy human chorionic gonadotropin, hemoglobin electrophoresis, thalassemia, sickle cell, and Tay Sachs.

V. Neurology and Psychiatry

Document if there is a history of stroke and current impairment, seizure disorder, major impairment in learning, intelligence, self-care, memory, communication, or major mental disorder (depression, bipolar disorder, schizophrenia, mental retardation, etc.).

Determine whether the patient uses drugs other than those required for medical reasons, has an addiction, or shows signs of substance abuse.

Determine whether the patient has a history of a physical or mental disorder associated with harmful behavior including hospitalization or institutionalization for psychiatric illness. Harmful behavior is any dangerous action or series of actions by the patient that has resulted in injury (psychological or physical) to the patient or another person, or that has threatened the health or safety of the patient or another person, or that has resulted in property damage.

When practical and clinically relevant, interview the patient's family. Inquire about psychiatric illnesses, psychoactive drug and alcohol abuse, and history of harmful behavior, including family abuse.

VI. Health Culture Practices

Inquire if the patient smokes, ingests, or otherwise uses any traditional products such as plants, powders or body paints. Inform the patient that the smoking of some traditional plants (e.g. khat and coca) is harmful as well as illegal and may be grounds for imprisonment or removal. Warn that some cultural home remedies have harmful ingredients (e.g. calabash chalk contains lead and arsenic) and shall only be used after consulting a medical professional. Inform the patient that foraging, especially for mushrooms, is dangerous and shall only be practiced after consulting a medical professional.

VII. Tuberculosis

Perform an Interferon Gamma Release Assay (IGRA) for all refugee patients regardless of BCG history unless a documented positive TB test is presented. Pregnancy is not a medical contraindication for an IGRA or for treatment of active or latent TB. A chest x-ray is required for all individuals with a positive IGRA. A chest x-ray also shall be performed regardless of IGRA results for TB Class A or B designation from overseas medical exam and patients with symptoms suggesting active TB.

If an IGRA cannot be performed, perform a Tuberculin Skin Test (TST) for patients older than 6 months. Pregnancy is not a medical contraindication for a TST or for treatment of active or latent TB. An induration of 5mm or more is positive and a chest x-ray is required. A chest x-ray shall be performed regardless of TST results for TB Class A or B designation from overseas medical exam and patients with symptoms suggesting active TB.

All patients with positive TB infection shall be referred to the [DC TB Control Program](#) within 48 hours. To report a case/suspected case of TB, providers are required to complete an online Case Report Form within 48 hours of diagnosis or appearance of suspicious symptoms. Latent TB cases shall not be referred but shall be treated with latent TB medication when necessary.

TB Control and Chest Clinic
Phone: (202) 741-7692
Fax (202) 724-2363, Attn: TB Registry
E-mail: april.cobos@dc.gov

VIII. Sexually Transmitted Infections

Screen for syphilis if the patient is symptomatic, has a history suggesting infection, or originates from an endemic area (East Africa, South Africa, Middle East, West Asia, or Southeast Asia). Administer a Venereal Disease Research Laboratory (VDRL) test or rapid plasma reagin (RPR). Confirm positive VDRL or RPR using a fluorescent treponemal antibody absorption (FTA-ABS), microhemagglutination assay (MHA-TP), T. pallidum hemagglutination assay (TPHA), or other confirmatory test. Repeat VDRL/FTA in 2 weeks if lesions typical of primary syphilis are noted and person is sero-negative on initial screening.

If indicated, test for gonorrhea, chlamydia, granuloma inguinale, and lymphogranuloma venerum using a urine test where possible.

Routinely screen for human immunodeficiency virus for all patients 15 and older and for all patients younger than 15 if indicated.

Report any communicable and reportable infection findings according to the [District of Columbia Municipal Regulation, Title 22, Chapter 2: Communicable and Reportable Diseases, §200-214](#). Clinic knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed shall report to the local health officer of the jurisdiction where the patient resides using the [HASTA Surveillance Morbidity Report](#).

IX. Infectious Disease

If indicated, perform Hepatitis A (Hep A) screening, Hepatitis B (Hep B) screening, and Hepatitis C (Hep C) screening. For Hep B screening, perform a Hep B panel, Hep B surface antigen (HBsAg), Hep B surface antibody (anti-HBs), and Hep B core antibody (anti-HBc). Identify individuals who are household contacts (spouses, children, infants, etc.) of Hep B carriers and provide educational messages to them about the importance of receiving Hep B vaccination. Prescribe appropriate medications for infectious diseases and other conditions identified.

X. Parasites

Conduct stool examinations for ova and parasites for patients with height and weight less than the 5th percentile and/or have symptoms of diarrhea, anemia, or gastrointestinal disorder.

If parasites are not identified in a single specimen but the eosinophil count is high, take repeat stool specimens given high eosinophil counts may be an indication that there is an undiagnosed parasitic infection.

If parasites are found, submit one stool specimen 2-3 weeks after completion of therapy to determine response to treatment.

XI. Malaria



Screen for malaria if the patient is symptomatic, has a history suggesting infection, originates from an endemic area (West Africa, Central Africa, East Africa, or Southeast Asia), or if hematocrit is less than 30%.

XII. Cancer

Screen refugee women at age twenty-one (21) or within three (3) years of onset of sexual activity (whichever comes first) with cervical cytology and at least every three (3) years thereafter. No screening is necessary after sixty-five (65) in women with previous negative screenings. Not required in women who have had a total hysterectomy.

Perform mammograms with or without clinical breast exams every two (2) years for refugee women over forty (40).

Screen refugee men and women over forty (40) for colorectal cancer by fecal occult blood testing of three (3) consecutive stools annually, flexible sigmoidoscopy or double-contrast barium enema every five (5) years, or colonoscopy every ten (10) years.

XIII. Vaccination

Instruct patient to receive vaccinations as appropriate to begin, continue, or complete recommended schedules (Influenza, DTaP, Tdap or Td, OPV/IPV, MMR, Varicella, Zoster, HPV, Hep A, Hep B, Hib, Meningococcal, Pneumococcal, COVID-19).