DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION

REQUEST FOR APPLICATIONS

PERINATAL HEALTH COORDINATED CARE INTEGRATION PROGRAM

RFA# CHA PHCCI 09.25.20

Submission Deadline: November 2, 2020

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

NOTICE OF FUNDING AVAILABILITY
COMMUNITY HEALTH ADMINISTRATION
(CHA)
Request for Applications
CHA_ PHCCI.09.25.20

Perinatal Health Coordinated Care
Integration Program
AMENDED
This notice supersedes notice published September 11, 2020 Vol 67/38.

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

General Information:

Funding Opportunity Title:	Perinatal Health Coordinated Care Integration Program
Funding Opportunity Number:	FO-CHA-PG-00006-006
Program RFA ID#:	CHA_PHCCI.09.25.20
Opportunity Category:	Competitive
DC HEALTH Administrative Unit:	Community Health Administration
DC HEALTH Program Bureau	Family Health Bureau
Program Contact	Jean Gamble Community Health Administration jean.gamble@dc.gov
Program Description:	This funding opportunity seeks to pilot mechanisms to: 1.) Better connect prenatal care to labor and birthing options, with a focus on Wards 7 and 8 *and/or* 2.) Incorporate the assessment and sharing of social determinants of health at perinatal healthcare visits.

Eligible Applicants	Not-for-profit, for profit, faith-based, public and private organizations located and licensed to conduct business within the District of Columbia experienced in providing services of a similar nature and can demonstrate evidence of the same.
Anticipated # of Awards:	Up to 2
Anticipated Amount Available:	$650,000
Floor Award Amount:	$250,000
Ceiling Award Amount:	$650,000

Funding Authorization

Legislative Authorization	District of Columbia Fiscal Year 2021 Budget Support Act of 2020
Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing / Match Required?	No
RFA Release Date:	Friday, September 25, 2020
Pre-Application Meeting (Date)	Friday, October 9, 2020
Pre-Application Meeting (Time)	3:30 pm to 5:00 pm
Pre-Application Meeting Location Conference Call Access	Virtual Meeting Link: https://dcnet.webex.com/dcnet/k2/j.php?MTID=t22d0d30fa110c329e047293bf637f037 Password: 1234 Call-in toll number (US/Canada): 1-650-479-3208 United States Toll (Washington D.C.): +1-202-860-2110 Access code: 172 184 3139
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	Monday, November 2, 2020
Application Deadline Time:	6:00 pm
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse: http://opgs.dc.gov/page/opgs-district-grants-clearinghouse. EGMS: https://dcdoh.force.com/GO ApplicantLogin2

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District of Columbia Department of Health RFA Terms and Conditions

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

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

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

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

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

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

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

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

H. DC HEALTH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

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

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

K. DC HEALTH reserves the right to require registry into local and federal systems for award

management at any point prior to or during the Project Period. This includes DC HEALTH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

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

M. DC HEALTH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.

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

O. DC HEALTH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC HEALTH under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.

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

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: City-Wide Grants Manual.

If your agency would like to obtain a copy of the **DC HEALTH RFA Dispute Resolution Policy,** please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DC HEALTH program staff or reviewers. Copies will be made available at all pre-application conferences.

GENERAL INFORMATION

Key Dates

- Notice of Funding Announcement Date: Friday, September 11, 2020
- Request for Application Release Date: Friday, September 25, 2019
- Pre Application Meeting Date: Friday, October 9, 2020
- Application Submission Deadline: Monday, November 2nd, 2020
- Anticipated Award Start Date: Tuesday, December 1st, 2020

Overview

The District of Columbia, Department of Health's (DC Health), Community Health Administration (CHA) is soliciting applications from qualified public, private, not-for-profit, and profit organizations located and licensed to conduct business within the District of Columbia to pilot mechanisms to better connect prenatal care to labor and birthing options, with a focus on Wards 7 and 8 and to incentivize or promote the assessment and sharing of social determinants of health at healthcare visits. DC Health seeks organizations that can achieve this goal by providing technologically based solutions to comprehensive perinatal care.

Source of Grant Funding

Funding is made available under the District of Columbia Fiscal Year 2021 Budget Support Act of 2020.

Award Information

Amount of Funding Available

This RFA will make available one-time funding award in the amount of $650,000. $400,000 of this amount is allocated to create a sustainable system which incentivizes the assessment and sharing of social needs information during prenatal visits; $250,000 of the $650,000 has been allocated to support a platform to connect prenatal care for residents in Wards 7 and 8 to labor and delivery options in other parts of the District. Applicants can apply for one or both components of funding. If applying for both components, the two aspects should be part of one integrated system

Performance and Funding Period

The anticipated performance and funding period starting December 2020 through September 2021. Subsequent optional years are contingent upon the continued

availability of funds and the recipient performance.

Eligible Organizations/Entities

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

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

Organizations that will be considered for funding must also have experience providing comprehensive maternal care utilizing technology based solutions.

Administrative Cost

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for administrative costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

Application Formatting

The application must be written on 8½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type (10 –point font for tables and figures) with a minimum of one-inch margins. Applications that do not conform to these requirements will not be forwarded to the review panel.

Non-Supplantation

Applicants' must supplement, and not supplant, funds from other sources for initiatives that are the same or similar to the initiatives being proposed in this award.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages (40 pages for each initiative being applied to)** when printed by DC HEALTH. The page limit includes the following documents/sections:

- Project Abstract
- Project Narrative
- Project Budget
- Budget Justification
- Organizational Chart/Staffing Plan
- Work Plan

BACKGROUND & PURPOSE

Background

The District of Columbia (District or DC) is an urban city divided into approximately 100 zip codes, four quadrants (northeast, northwest, southeast and southwest) and eight principal wards, which are subdivisions created for the purposes of voting and political representation[1]. Each ward encompasses 12-13% of the total population in the District[1]. The divisions of the wards allow for the comparison of subpopulations and the analysis of data that can offer insight about the health status and equity of the District's residents.

Recent years have shown widening disparities in maternal outcomes based on race and place. The District of Columbia's maternal mortality rate was 23.0 deaths per 100,000 live births for the five-year period between 2013 and 2017, while pregnancy-related mortality was 41.9 deaths per 100,000 live births during this period.[2] The national pregnancy-related mortality rate was 29.1 deaths per 100,000 live births; however, the difference between the U.S. and DC rates is not statistically significant. Furthermore, while Black women constitute just over half of all births in DC, they account for 95% of all pregnancy related deaths. This is in stark contrast with white women, who comprise 30.7% of all births but experienced no pregnancy-related deaths during 2013-2017. Pregnancy-related risk is also disproportionally concentrated in certain geographic areas in the city with 60% of pregnancy-related deaths occurring to women in just two of the eight wards, Wards 7 and 8.

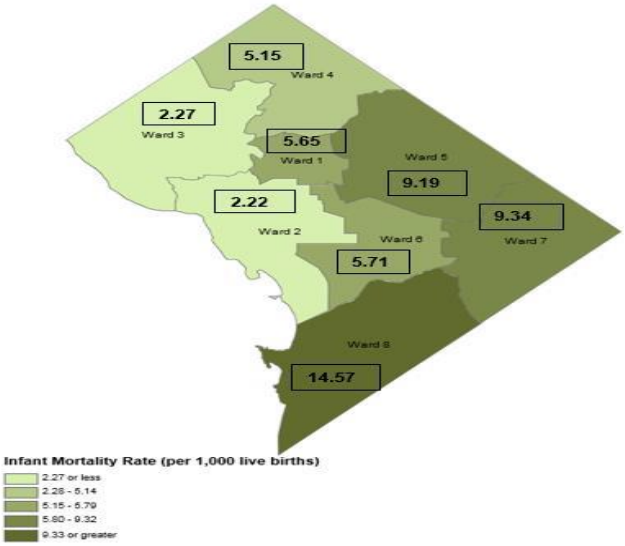
Birth outcomes affecting the health of newborns and infants in the District include preterm births, low birth weight and infant deaths. Adverse birth outcomes continue to disproportionately affect non-Hispanic Black mothers and residents in Wards 5, 7 and 8 of the District. In addition, sociodemographic characteristics play an integral role in perinatal birth outcomes. The District has seen a decrease in the infant mortality rate (IMR) from 13.1 per 1,000 live births in 2007 to 7.1 per 1,000 live births in 2016[3]. Despite this ten-year decrease, progress has been stagnant in recent years and geographic areas of the city, as well as racial groups, continue to have higher infant mortality rates compared to the rest of the District. Additionally, across the eight wards, infant mortality rates during 2012-2016 were significantly higher in Wards 5, 7 and 8 at 9.19, 9.34, and 14.57 per 1000 live births, respectively[2]

[1] District of Columbia Department of Health, Community Health Administration. (2015). 5 Year Maternal and Child Health Needs Assessment. Retrieved from https://doh.dc.gov/sites/default/files/dc/sites/doh/Needs%20Assessment%202015.pd

[2] Data sources for this paragraph: 2006-2018 Natality Files, Vital Records Division, Center for Policy, Planning and Evaluation, DC Department of Health. Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2019, U.S. Census Bureau, Population Division

[3] District of Columbia Department of Health (2018). Perinatal health and infant mortality report. Retrieved from https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC%20Health%20Perinatal%20Health%20%26%20Infant%20Mortality%Report_Final.PDF

Figure 1. Infant Mortality Rate by Ward, District of Columbia 2012-2016[2]



According to the 2018 DC Health Perinatal and Infant Mortality Report, preterm births are significantly higher among non-Hispanic Black mothers (12.8%) compared to non-Hispanic White mothers (7.8%); and higher among mothers who did not initiate prenatal care (26.9%) than mothers who initiated prenatal care during their first trimester (10.2%)[2]. Nearly 90% of non-Hispanic white mothers initiated prenatal care during their first trimester while only 64.3% of Hispanic mothers and 52.1% of non-Hispanic black mothers initiated prenatal care during their first trimester.

Clinical drivers are estimated to account for just 10-20% of modifiable contributors of health outcomes for a population;[4] the other 80-90% are sometimes broadly called the social determinants of health (SDoH), which is defined by the World Health Organization (WHO) as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels."[5] Throughout the United States, income inequality and poverty is a major concern, particularly with regards to how it can impact social determinants of health. As per the 2016 ACS report, the median household income in DC was $75,506 in comparison to the median income for the United States being $57,617, but there is a high level of variation between areas of the city. Residents of Wards 7 and 8 are primarily Black and have, respective, median family incomes of $40,021 and $31,954, almost half of the overall District's median income ($75,506).

[4] Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135.

[5] WHO (World Health Organization). 2012. *What are the social determinants of health?* Retrieved from: http://www.who.int/social_determinants/sdh_definition/en/

Table 1. D.C. Socioeconomic and Sociodemographic Status by Ward[6,4]

Ward	Total Population	% Population by Race & Ethnicity					Median Household Income	Un-employment Rate	Poverty Rate**	% Children Living in Poverty*
		Black	White	Hispanic	Asian	All Other				
1	83,598	27%	45%	20%	5%	2%	$93,284.00	5.0%	13.6	24.7
2	77,940	9%	66%	12%	10%	3%	$104,504.00	4.0%	14.3	4.6
3	84,021	6%	72%	11%	7%	3%	$122, 680.00	3.9%	9.1	2.9
4	84,643	52%	24%	19%	2%	2%	$82,625.00	7.2%	11.4	13.0
5	86,136	65%	21%	9%	2%	2%	$63,552.00	9.7%	17.7	18.1
6	91,093	32%	54%	6%	4%	3%	$102,214.00	4.9%	13.4	17.1
7	79,800	92%	2%	4%	0%	1%	$40,021.00	17.0%	27.7	40.9
8	85,160	90%	5%	3%	0%	1%	$31,954.00	20.3%	36.8	48.5

*% Children Living in Poverty=% Children <18, living below 100 percent of the federal poverty level in 2016

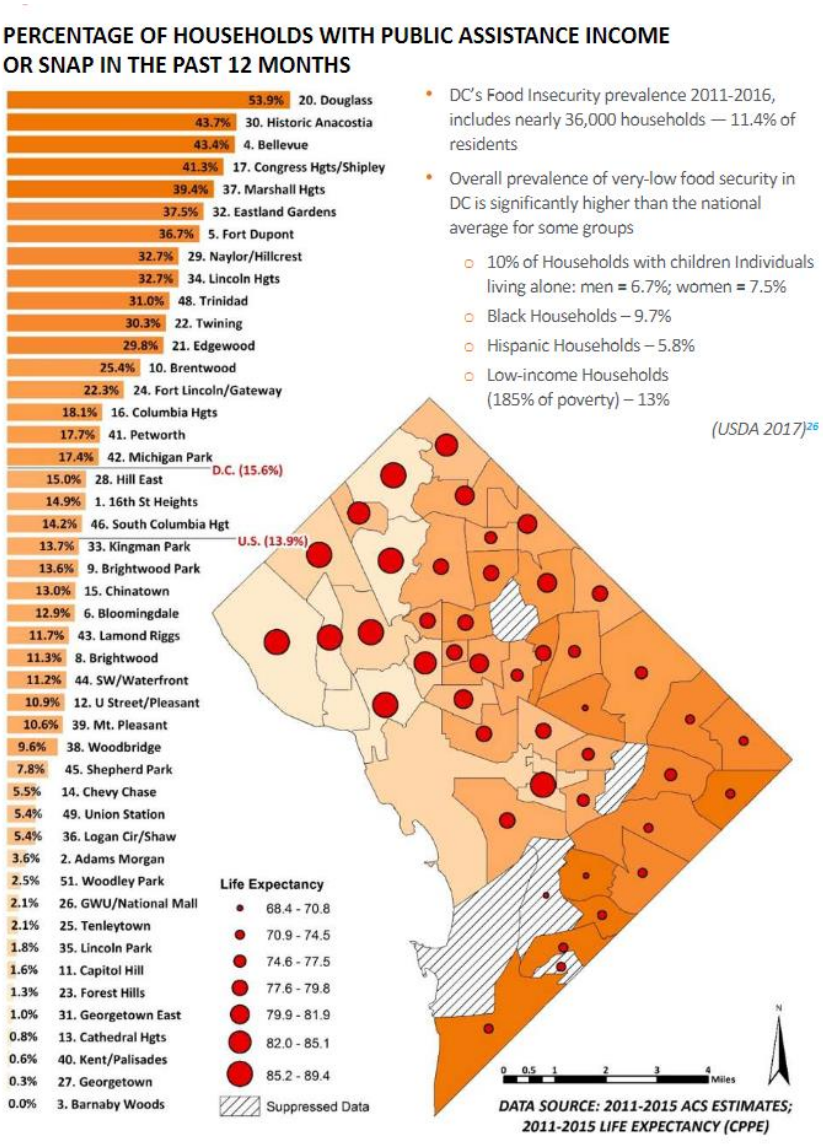
** Poverty Rate = Percent of residents living below 100% of the federal poverty level

As per the 2018 District of Columbia Health Equity Report, the two wards with the highest rates of unemployment, Ward 7 and 8, also have the two highest percentages of household incomes going to rent at 49% for Ward 7 and 52.8% for Ward 8. In several neighborhoods, particularly within Wards 7 and 8, up to half of all households have no access to a vehicle and rates of transit commuting in these two Wards are high. Food insecurity remains a major barrier to healthy eating in the District, with 11.4% of residents classified as food insecure from 2011–2016 and 4.0% classified as very low food security.[7] Nearly 16% of District households received public assistance income and/or Supplemental Nutrition Assistance Program (SNAP) benefits; with percentages for Ward 7 and 8 falling more in the 30-50% range (Figure 2). Structural inequalities translate to Wards 7 & 8 experiencing inequities at particularly high rates, with rates of unemployment at 17% and 20.3% respectively and high rates of poverty, particularly children living in poverty at 40.9% and 48.5% respectively (Figure 1).

[6] Poverty by Ward in District of Columbia. Kids Count Data Center. 2016. Retrieved from: https://datacenter.kidscount.org/data/tables/9070-poverty-by-ward#detailed/21/1852-1859/false/870,573,869,36,868,867,133/any/18053

[7] Coleman-Jensen, A. Rabbitt, M.P., Gregory, C.A., and Singh, A. (2017, September). Household food security in the United States in 2016 [Economic Research Report No. (ERR-237) 44 pp]. Retrieved from: https://www.ers.usda.gov/webdocs/publications/84973/err-237.pdf?v=42979.

Figure 2: Food Environment by Neighborhood Group and Life Expectancy –Households with Public Assistance or SNAP Benefits



The greatest potential for improving public health outcomes occur when efforts prioritize addressing socioeconomic determinants of health such as poverty, education, and housing inequities. DC Health is committed to addressing the social determinants of health and eliminating these long standing inequities through multi-sector partnerships and policy change. Efforts to address the social needs of individuals in the clinical setting are a critical complement to this work that can meet the immediate needs of residents. Addressing social needs early in prenatal care and ensuring continuity of care between outpatient and inpatient settings, as well as between providers, can help ensure the best outcomes for District mothers and infants. Implementing interventions at each of these levels can achieve the maximum possible sustained public health benefit.

Performance Requirements

Scope of Services

The broad focus of this funding opportunity is on improving connectivity among different providers to share family social needs information that influence patient outcomes and expand the opportunities for pregnant women in Wards 7 and 8 to access comprehensive medical care in multiple areas in the District. This work should be done utilizing health information technology to increase the networks and support systems that are provided to medical providers and pregnant women. Applicants can choose to address either one or both of the following opportunities:

1.) Social Determinants of Health (SDoH)

The applicant should demonstrate the ability to incentivize or promote the assessment and sharing of social determinants of health information at healthcare visits by providing an integration platform which makes it easier for them to deliver and coordinate care. This should be accomplished through the development of a sustainable system in which social needs information is integrated and easily accessible to clinicians, specifically during the first prenatal visit and to continue throughout the perinatal period, while also engaging pregnant persons in the process. Social needs, such as safe housing and food security, impact the health of patients, especially so for pregnant persons. By ensuring clinicians are provided this information early during prenatal visits could provide an opportunity to make interventions in care, and future potential adverse outcomes could be avoided. A sustainable system would also anticipate and support the inclusion of community-based organizations so information can be exchanged about the status of referrals between clinical providers and community/social service providers in order to ensure a patient-centered experience and to improve patient outcomes.

2.) Perinatal (Prenatal to Labor and Birthing) Connectivity

There are five birthing hospitals and one birthing center located in the District of Columbia, dispersed between Wards 1, 2, 3 and 5. The applicant should provide a platform that will better connect prenatal care to labor and delivery options, with a focus on families residing in Wards 7 and 8. Given the availability of prenatal care, birthing hospitals/centers, and social support services across the District, this initiative will pilot a method to connect all of those care points to better facilitate a family going through the prenatal care to birthing to post-natal care continuum with ease. To further meet these goals, applications should prioritize the following components:

- Offer peer support networks
- Provide co-management of the patient's treatment
- Arrange for access to maternal and fetal medicine specialty services
- Utilize health information exchange; and
- Furnish assistance with transportation needs.
- Applicants will be expected to leverage and not supplant existing resources such as insurance benefits to address these components. In addition, applicants will be expected to leverage and not duplicate existing District perinatal health programs. Proposed initiatives should not rely on human resources alone to be the connection between settings (such as care coordinators, community health workers or other staff who are not technology-enabled.)

Other District-wide priorities include:

- Models that have the potential to be reimbursable through health insurance and therefore sustainable;
- Integration of the assessment and sharing of social need information.
    - This should be accomplished through the development or adoption of a sustainable system, approved by DC Health, in which social needs information is integrated and easily accessible to clinicians, specifically during the first prenatal visit and to continue throughout the perinatal period. Social needs, such as safe housing and food security, impact the health of patients, especially so for pregnant persons.

Target Participants & Location of Services

Social Determinants of Health

The target population is pregnant women in the District of Columbia, with a preference to families residing in Wards 5, 7 and 8. Other participants should consist of prenatal care providers in the District who are involved in perinatal care services.

Perinatal (Prenatal to Labor and Birthing) Connectivity

The target population is pregnant women residing in Wards 7 & 8. Other participants should consist of prenatal care providers throughout the District including and not limited to community-based organizations, support services, birthing facilities, specialty services and any other entities involved in perinatal care.

Reporting

The applicant shall be required to adhere to the reporting schedule established by DC Health, which includes, but is not limited to:

- Quarterly narrative reports submitted by the last business day before the 15th day of each month.

- Update calls/status reports every 4-8 weeks (as indicated) with DC Health program staff to report on project progress.
- Quarterly spend plans

APPLICATION REQUIREMENTS

Project Narrative

Project Description

This section should describe the overarching problem(s) to be addressed and the contributing factors. The Project Description should also provide a structural framework/overview of the proposed project, with a summarized description of all major components. It should be succinct, self-explanatory and well organized. In addition, this section should:

- Identify the goal(s) and objectives for the project;
- Clearly state the component(s) of the proposed project and how they connect to the desired activity area(s) mentioned in the Scope of Services –please be sure to indicate if you are applying for one or both options of funding;
- Identify who the target participants will be and how they will be served/engaged in each initiative chosen;
- Describe how this project will meet the needs of the District and helps enhance integration with existing systems and services.

Implementation

This section should provide more details on the plan for project implementation as well as ongoing monitoring of the quality of implementation of the project. Applicants should address all areas described below for the selected program to which they are applying to.

1.) SOCIAL DETERMINANTS OF HEALTH

Participants

Participant Engagement/Intervention Adoption:

- Describe how risk stratification of pregnant/birthing persons will each be conducted.
- The estimated number of pregnant/birthing persons to be reached at the end of the first 10 months that fall under identified risk factors/stratifications in the catchment area
- The estimated number of providers/practitioners to be recruited to the intervention and actively using the program at the end of the first 10 months for the funding component(s);
- Describe how the target participants for the project will be *identified*; and,

- Describe how target participants will be *recruited* to join the initiative and enroll in the project intervention.

Activity Areas

- Describe the mechanism for coordination among the various members of the target participant population, which would include pregnant/birthing persons, their healthcare providers and community based organizations providing services to address social needs.
- Describe what SDoH areas will be addressed through the intervention. This should include explanation of the following:

    - Describe evidence-informed screening tool to be used;
    - Describe how tool will be integrated into workflow/how providers and patients access it;
    - How the intervention will incentivize or promote the assessment and sharing of this information;
    - How women enrolled in the project will benefit from the intervention;
    - How success will be measured
    - Discuss how social needs will be identified and addressed in a family-centric manner throughout the care continuum.

Technology Components

<u>Platform/Intervention and Health Information Technology</u>

- The technological intervention should focus on integration of services and whenever possible, avoid duplication. As such, the following should be discussed:
    - How the platform/intervention will be complimentary to existing systems;
    - Describe how the system will integrate fields of information that will be shared across different technology platforms and/or EHR/HIE systems.
    - Explain how the platform will integrate and facilitate social need identification and management

<u>Certifications/Approvals</u>

Plans for how necessary approvals will be attained to connect existing provider EHRs (within individual facilities)/technology platforms/interoperability between facilities should be discussed. This should include:

- A description of the mechanism by which connection to existing electronic health records/information and/or SDoH information will be accessed;
- A plan for how any required licenses/approvals for cross communication within existing provider EHRs/technology platforms will take place, with permissions for required actions attained in time for measurable results to start being available by 3rd quarter of FY21 (April 2021-June 2021); and,

- A mechanism to connect and engage pregnant and birthing persons into the sustainable system/co-management system being developed.

Monitoring & Sustainability

Program Monitoring & Sustainability

- Explain the approach to monitoring and assessing implementation; and,
- Describe a plan for project sustainability after the period of funding ends, specifically any opportunities for this to be supported through existing systems and/or sources of funding.

2.) PERINATAL (PRENATAL TO LABOR AND BIRTHING) CONNECTIVITY

Participants

Participant Engagement/Intervention Adoption:

- The estimated number of pregnant/birthing persons to be served at the end of the first 10 months;
- Describe how the target participants for the project will be *identified*;
- Describe how the target participants for the project will be medically and/or socially risk stratified; and,
- Describe how target participants will be *recruited* to join the initiative and enroll in the project intervention.

Activity Areas

- Describe the mechanism for coordination with the pregnant/birthing women and among the various healthcare provider participants (physician, midwife, specialists, etc.), as well as other perinatal service providers who are part of the pregnant/birthing participant's care;
- Explain how peer support network access will be incorporated into the intervention;
- Explain how addressing transportation needs will be incorporated into the project; and
- Describe the method for use of health information exchange specifically (not just technology) to facilitate services.

Technology Components

Platform/Intervention and Health Information Technology

The technological intervention should focus on integration of services and whenever possible, avoid duplication. The following should be discussed:

- How the platform/intervention will be complimentary to existing systems; and,
- Describe how the system will integrate fields of information that will be shared across different technology platforms and/or EHR/HIE systems;
- Explain how the platform will integrate and facilitate social need identification and management to include clinical care and transportation needs.

Certifications/Approvals

Plans for how necessary approvals will be attained to connect existing provider EHRs (within individual facilities)/technology platforms/interoperability between facilities should be discussed. This should include:

- A description of the mechanism by which connection to existing electronic health records/information will be accessed;
- A plan for how any required licenses/approvals for cross communication within existing provider EHRs/technology platforms will take place, with permissions for required actions attained in time for measurable results to start being available by 3rd quarter of FY21 (April 2021-June 2021); and,
- A mechanism to connect and engage pregnant and birthing persons into the sustainable system/co-management system being developed.

Monitoring & Sustainability

- Program Monitoring & Sustainability
  - Explain the approach to monitoring and assessing implementation; and,
  - Describe a plan for project sustainability after the period of funding ends, specifically any opportunities for this to be supported through existing systems and/or sources of funding.

Organizational Information

Provide information on the applicant organization's current mission and structure, scope of current activities and describe how these contribute to the ability of the organization to conduct the program requirements and meet program expectations.

- Describe experience in providing similar services for other local city/state Health Departments/government agencies;
- Describe the applicant's experience engaging similar participant groups to support improved perinatal/public health outcomes;
- Describe the applicant's experience providing tech-based solutions working with existing provider EHRs and how approvals were attained for connectivity;
- Describe applicant's experience with health information exchange
- Provide any evidence of user satisfaction and usage rates from other similar interventions;

- A one-page organization chart for the project is required (no template provided) that includes position titles, staff names (noting vacancies), contractors, and other significant collaborators; and,
- The applicant's staffing plan for the project must be submitted *(no template provided)*. The staffing plan should describe staff qualifications and include type and number of FTEs and provide a brief position description for each role. Staff CVs/resumes for any existing staff may also be submitted, if available.

Project Attachments

Project Abstract

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

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

Work Plan

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

- The work plan should include a chronological list and description of activities to be performed. Each activity should have an identified responsible staff, target completion dates and projected outcomes.
- The work plan should include process objectives and measures. Objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed).
- The work plan will need to cover a 10 month period, from the time funds are awarded.

- The work plan should include timelines for gaining required approvals/clearances for aspects of the intervention (like information sharing between EHRs/HIEs)

Budget

The application should include a project budget for the component to which they are applying to (template provided). The project budget (and budget justification, mentioned below) should be directly aligned with the work plan and project description and implementation. Two budgets must be submitted: 1) a 10-month period and 2) 12-month annual budget. If the applicant is applying to both initiatives, the budget should also indicate how money will be divided between the two initiatives, and list all in-kind supports and funding sources. Please include the amounts that have been allocated for each of the two activity areas (SDoH and Prenatal to Delivery Connectivity). The 10-month period budget should correspond to the funding availability for FY21.

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

Key Requirements

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

Budget Justification

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

EVALUATION CRITERIA

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

Those applying for only one component of funding will be scored on all five criteria once. For applicants who will be applying for both components, applications will be scored on all five Criteria *for each initiative separately*. Priority will be given to applicants who apply for both initiatives and demonstrate understanding of the connection between the two.

A. SOCIAL DETERMINANTS OF HEALTH

Criterion 1: NEED (15 points) – *Corresponds to Sections: Project Description*

The extent to which the application:

- Describes the purpose of the project and the contributing factors to the problem;
- Provides a structural framework for the project, clearly stating the components of the proposed project and how they connect to the desired activity areas mentioned in the scope of services;
- Proposes objectives that are SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed);
- Identifies the target participant groups that need to be addressed, as per the performance requirements, and summarizes how they will be served/engaged;
- Describes how this project will meet the needs of the District and help enhance integration with existing systems and services.

Criterion 2: RESPONSE (40 points) – *Corresponds to Sections: Implementation*

The extent to which the application:

- Describe how risk stratification of pregnant/birthing persons will each be conducted;
- Describes the estimated number of pregnant/birthing persons to be reached at the end of the first 10 months that fall under identified risk factors/stratifications in the catchment area;
- Describes the estimated number of providers/practitioners to be recruited to the intervention and actively using the program at the end of the first 10 months for the funding component(s);
- Describes how the target participants for the project will be identified;
- Describes how target participants will be recruited to join the initiative and enroll in the project intervention;
- Describes the mechanism for coordination among the various members of the target participant population, which would include pregnant/birthing persons, their healthcare providers and community based organizations providing services to address social needs;
- Describes how the SDoH screening tool will be integrated into workflow/how providers and patients access it;
- Describes how the intervention will incentivize the assessment and sharing of this information and how success will be measured;
- Describes the method for use of health information technology to facilitate services;

- Demonstrates that the proposed plan provides a foundation for sustainability of efforts beyond the projected funding period.

Criterion 3: IMPLEMENTATION FRAMEWORK (10 points) – *Corresponds to Sections: Work Plan*

- Includes a work plan that is a logical and realistic plan of action for timely and successful achievement of objectives and program goals.

Criterion 4: CAPACITY (25 points) – *Corresponds to Sections: Organizational Information*

This section is to describe the extent to which the applicant is capable of fulfilling the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Also, consider the extent to which the applicant demonstrates:

- Experience and past successes working collaboratively with government agencies, and or non-government organizations and EHR/HIEs from a variety of sectors to implement perinatal/health initiatives aimed to advance perinatal/public health goals;
- That the staffing plan/structure seem to provide resources to address all areas of applicant's implementation plan;
- The ability/qualifications of the proposed personnel (by education/training, experience) to implement and carry out the project.

Criterion 5: SUPPORT REQUESTED (10 points) – *Corresponds to Sections: Budget and Budget Justification Narrative*

The reasonableness of the proposed budget for the project period in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work; and
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

B. PERINATAL (PRENATAL TO LABOR AND BIRTHING) CONNECTIVITY

Criterion 1: NEED (15 points) – *Corresponds to Sections: Project Description*

The extent to which the application:

- Describes the purpose of the project and the contributing factors to the problem;
- Provides a structural framework for the project, clearly stating the components of the proposed project and how they connect to the desired activity areas

mentioned in the scope of services;

- Proposes objectives that are SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed);
- Identifies the target participant groups that need to be addressed, as per the performance requirements, and summarizes how they will be served/engaged;
- Describes how this project will meet the needs of the District and help enhance integration with existing systems and services.

Criterion 2: RESPONSE (40 points) – *Corresponds to Sections: Implementation*

The extent to which the application:

- Describes the estimated number of pregnant/birthing persons to be reached at the end of the first 10 months;
- Describes how the target participants for the project will be identified;
- Describes how the target participants for the project will be medically risk stratified,
- Describe how target participants will be recruited to join the initiative and enroll in the project intervention;
- Describes the mechanism for coordination among the various healthcare provider participants (physician, midwife, specialists, etc.), as well as other perinatal service providers who are part of the pregnant/birthing participant's care;
- Explains how peer support network access will be incorporated into the intervention;
- Explains how financial assistance for any transportation needs will be incorporated into the project.
- Describes the method for use of health information exchange to facilitate services;
- Demonstrates that the proposed plan provides a foundation for sustainability of efforts beyond the projected funding period.

Criterion 3: IMPLEMENTATION FRAMEWORK (10 points) – *Corresponds to Sections: Work Plan*

- Includes a work plan that is a logical and realistic plan of action for timely and successful achievement of objectives and program goals.

Criterion 4: CAPACITY (25 points) – *Corresponds to Sections: Organizational Information*

This section is to describe the extent to which the applicant is capable of fulfilling the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Also, consider the extent to which the applicant demonstrates:

- Experience and past successes working collaboratively with government agencies, and or non-government organizations from a variety of sectors to implement perinatal/health initiatives aimed to advance perinatal/public health goals;

- The staffing plan/structure provide resources to address all areas of applicant's implementation plan;
- The ability/qualifications of the proposed personnel (by education/training, experience) to implement and carry out the project.

Criterion 5: SUPPORT REQUESTED (10 points) – *Corresponds to Sections: Budget and Budget Justification Narrative*

The reasonableness of the proposed budget for the project period in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work; and
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

REVIEW AND SCORING OF APPLICATION

Pre-Screening Technical Review

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

External Review Panel

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

Internal Review

DC HEALTH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA.

DC HEALTH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

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

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

APPLICATION PREPARATION & SUBMISSION

Application Package

Only one (1) application per organization will be accepted. An application package consists of an Application Profile, Project Narrative, Budget/Budget Justification, and related Appendices. The Application Profile and Table of Contents **should be uploaded to EGMS as one PDF document** and all other documents in the attachment section below **should be uploaded to EGMS as separate PDF documents.** The total size of the applicable attachments may not exceed the equivalent of **40 pages, one-sided, for the component applied for** when printed by DC HEALTH. I.e. If applying for both components, a maximum of 80 pages will be accepted from the applicant which will include two separate submissions of up to 40 pages for each component.

Attachments

The following attachments **are** included in the 40/80 page limit:

- Project Abstract (1 page) – Attachment 1
- Project Narrative
- Work Plan – Attachment 2
- Budget Justification – Attachment 4
- Organizational Chart (1 page)

The following attachments **are not** included in the 40/80 page limit:

- Table of Contents - Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.

- Project Budget – Attachment 3
- Staff CVs, resumes (bio sketches (limited to 2 pages each)
- Assurances Certifications and Disclosures (See Appendix B). Reviewed and Accepted via EGMS.

Uploading the Application

All applications must be submitted through EGMS. Documents to include in each of 3 uploaded files are below. All of these must be aligned with what has been requested in other sections of the RFA.

1) Mandatory Business Documents - Scan and upload **ONE .**pdf file that contains the following:
a) 501(c) (3) Certification, if applicable
b) City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean hands). Clean Hands Compliance Status letter must be dated **no more than 3 months prior** to the due date of application,
c) Official List of Board of Directors,
d) Medicaid Certifications, if applicable
e) Current business license
f) FQHC designation letter, if applicable
g) Appendix B (signed Assurances Certifications & Disclosures).

2) Application Proposal - Upload **ONE .**pdf file containing:
a) Table of Contents
b) Project Abstract (Attachment 1)
c) Project Narrative
d) Work Plan (Attachment 2)
e) Budget (Attachment 3)
f) Budget Justification (Attachment 4)
g) Staffing Plan
h) Organizational Chart

3) Appendices
a) Letters of Support
b) CVs - bio sketches

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

Application Submission

All District of Columbia Department of Health application submissions must be done electronically via Department of Health's Enterprise Grants Management System (EGMS),

DC HEALTH's web-based system for grant-making and grants management. In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative.

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

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

Register in EGMS

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

IMPORTANT: WEB BROWSER REQUIREMENTS

1. **Check web browser requirements for EGMS -** The DC HEALTH EGMS Portal is supported by the following browser versions:
   - Microsoft ® Internet Explorer ® Version 11
   - Apple ® Safari ® version 8.x on Mac OS X
   - Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
   - Google Chrome ™ version 30 & above (Most recent and stable version recommended)

2. **Access EGMS**: The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.

3. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.

4. Your EGMS registration will require your legal organization name, your **DUNS #**

and Tax ID# in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).

5. When your Primary Account User request is submitted in EGMS, the DC HEALTH Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC HEALTH Office of Grants Management will make an additional request for the Executive Director to send an email to DC HEALTH to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER AGENCYNAME**. Note: The email will help to support the validation of authorized users for EGMS. DC HEALTH official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

6. Once you register, your Primary Account User will get an auto-notice to upload a "DUNS Certification" – this will provide documentation of your organization's DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

EGMS User Registration Assistance:

Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: Jennifer Prats at jennifer.prats@dc.gov or 202-442-8983. Here are the most common registration issues:

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

Review the EGMS External User Recorded Webinar for information on the submission process and navigation of EGMS:
https://dcnet.webex.com/dcnet/ldr.php?RCID=957d2b20dd173112ea7c2bb1025fcb33 (If you have trouble linking, try Google Chrome and not Internet Explorer)

Deadline Is Firm:

Submit your application via EGMS by 6:00 p.m., on the deadline date of **Monday, November 2nd, 2020.** Applications will not be accepted after the deadline.

PRE-APPLICATION MEETING

A Pre-Application Meeting will be held on **Friday, October 9th , 2020 from 3:30 pm to 5:00 pm via a Virtual Meeting.** The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DC HEALTH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment, or technical assistance.

PRE-AWARD ASSURANCES & CERTIFICATIONS

DC HEALTH requires all applicants to submit various Certifications, Licenses, and Assurances at the time the application is submitted. Those documents are listed in Section VII.A. DC HEALTH classifies assurances packages as two types: those "required to be submitted along with applications" and those "required to sign grant agreements."

A. Assurances Required to Submit Applications (Pre-Application Assurances)

- City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands).
- 501 (c) 3 certification (if applicable)
- Official List of Board of Directors on letterhead, for current year, signed and dated by the authorized executive of the Board. (cannot be the CEO)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction
-

B. Assurances required for signing grant agreements for funds awarded through this RFA (Post-Award)

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

Failure to submit the required assurance package will likely make the application either ineligible for funding consideration [required to submit assurances] or ineligible to sign/execute grant agreements [required to sign grant agreements assurances].

GRANTEE REQUIREMENTS

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

Grant Terms & Conditions

All grants awarded under this program shall be subject to the DC HEALTH Standard Terms and Condition for all DC HEALTH – issued grants. The Terms and Conditions are located in the Attachments and in the Enterprise Grants Management System, where links to the terms and a sign and accept provision is imbedded.

Grant Uses

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

Conditions of Award

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

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

Indirect Cost

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. Grant awardees will be allowed to budget for indirect costs of no more than ten percent (10%) of total direct costs.

Insurance

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

Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to A-133 rules must have available and submit as requested the most recent audit reports, as requested by DC HEALTH personnel.

Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person

shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

Quality Assurance

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

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

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

CONTACT INFORMATION:

Grants Management

Brenda Ramsey-Boone
Office of Grants Monitoring & Program Evaluation
Community Health Administration
DC Department of Health
899 North Capitol Street, N.E., 3rd Floor Washington, DC 20002
Email: brenda.ramsey-boone@dc.gov

Program Contact

Anita Thurakal, M.D., M.P.H.
Division Chief – Perinatal and Infant Health
Family Health Bureau
Community Health Administration
District of Columbia Department of Health
899 North Capitol Street, NE
Washington, DC 20002
Email: anita.thurakal@dc.gov

ATTACHMENTS

- Attachment 1 – Project Abstract
- Attachment 2 – Work Plan
- Attachment 3 – Budget
- Attachment 4 – Budget Justification

Attachment 1 – Project Abstract

Project Title	
Organization Name:	
Organization Address:	
Project Director Name:	
Phone Numbers:	
Email Address:	

Annotation:

Problem:

Purpose:

Goal(s) and Objectives:

Methodology:

Attachment 2 – Work Plan

Agency/Organization Name:	
Program/ Grant Name:	
Project Title:	
Total Request:	
Primary Target Population:	
Estimate **d Reach:**	
Programmatic Contact Person:	
Telephone:	
Email:	

Guidance:

Using the following instructions please complete the chart below:

A. Goal: Make sure your goals are clear and reachable, each one should be:
   1. Specific (simple, sensible, significant)
   2. Measurable (meaningful, motivating)
   3. Achievable (agreed, attainable)
   4. Relevant (reasonable, realistic and resourced, results-based)
   5. Time bound (time-based, time limited, time/cost limited, timely, time-sensitive)

B. Objective (SMART): Measurable steps your organization would take to achieve the goal

C. Key Indicator: A measurable value that effectively demonstrates how you will achieve your objective(s)

D. Key External Partner: Who you work with outside of your organization to achieve the goal

E. Key Activity: Actions you plan carry out in order to fulfill the associated objective

F. Start Date and Completion Date: The dates you plan to complete the associated activity

G. Actual Start Date and Completion Date: The dates you actually started and completed the activity
   1. Note: These columns should be entered by you and submitted to your project officer at the end of the budget period

H. Key Personnel: Title of individuals from your organization who will work on the activity

GOAL 1:					
Measurable Objectives/Activities:					
Objective #1:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
Objective #2:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
Objective #3:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					

GOAL 2:					
Measurable Objectives/Activities:					
Objective #1:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #2:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #3:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					

GOAL 3:					
Measurable Objectives/Activities:					
Objective #1:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #2:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #3:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					

GOAL 4:					
Measurable Objectives/Activities:					
Objective #1:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #2:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					
Objective #3:					
Key Indicator(s):					
Key External Partner(s):					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A.					
B.					
C.					

Agency/Organization Name Budget Period								
Personnel								
Name of Staff	**Position Title**	**Percent Charge to Grant**	**Annual Salary**	**Salary Charged**	**Fringe Benefits Rates**	**Fringe Benefits Cost**	**Total Salary and Benefits**	**In-kind Contributions (Yes/No)**
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
		0%	$ -	$ -	0%	$ -	$ -	
Total Personnel			**$ -**	**$ -**		**$ -**	**$ -**	

Non-Personnel Costs				
Consultants/Contractual				**Total**
Occupancy (List the location of each service below)		**Cost**	**Monthly**	**Total**
		$ -	0	
		$ -	0	
		$ -	0	
		$ -	0	
Travel (List each travelers name below)	**Travel Destination**	**Time (Dates of Travel)**		**Total**
Supplies			**Quantity**	**Total**
			0	
			0	
			0	
Equipment			**Quantity**	**Total**
			0	
			0	
			0	
Client Costs				**Total**
Communication				**Total**

Total Non-Personnel Cost	**$ -**

Other Direct Costs	
Type of Service	**Total**
Total Other Direct Cost	**$ -**

Total Direct and Indirect Costs	
Direct Cost (Personnel + Non-Personnel + Other Direct)	**$ -**
Indirect Cost (10%)	**$ -**
Total Project Cost	**$**

Attachment 4 – Budget Justification

Budget Justification Instructions

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. This document should be submitted with the Excel budget template that was provided to you.

A. **Personnel:** Personnel costs should be explained by listing each staff member who will **(1)** be supported from funds and **(2)** in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for quality improvement activities, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality and reporting. **Note:** Final personnel charges must be based on actual, not budgeted labor. **Fringe Benefits:** Fringe Benefits change yearly, and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.

B. **Consultants/Contractual:** Grantees must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Grantees must provide the following information in the budget justification:

- Name of Contractor/Consultant: Who is the contractor/consultant?
  Include the name of the qualified contractor and indicate whether the contract is with an institution or organization if applicable. Identify the principle supervisor of the contract.

- Method of Selection: How was the contractor/consultant selected?
  If an institution is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services. If the contract is with an institution or organization include the contract supervisor's qualifications.

- Period of Performance: How long is the contract period?
  Include the complete length of contract. If the contract involves a number of tasks, include the performance period for each task.

- Scope of Work: What will the contractor/consultant do?
  List and describe the specific tasks the contractor is to perform.

- Criteria for Measuring Contractor/Consultant Accountability: How will contractor/consultant use the funds?
  Include an itemized line item breakdown as well as total contract amount. If applicable,

include any indirect costs paid under the contract and the indirect cost rate used. Grantees must have a written plan in place for contractor/consultant monitoring and must actively monitor contractor/consultant.

C. **Occupancy/Rent:** This costs includes rent, utilities, insurance for the building, repairs and maintenance, depreciation, etc. Include in your description the cost allocation method used to allocate this line item.

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

E. **Supplies:** Provide justification of the supply items and relate them to specific program objectives. It is recommended that when training materials are kept on hand as a supply item, that it be included in the "supplies" category. **When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized and shown in the "Other Direct Costs" category.** If appropriate, general office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget period. If total supplies are over $10,000 it must be itemized.

F. **Equipment:** Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).

G. **Client / Participant Costs:** Includes client travel. Client/Participant costs are costs paid to (or on behalf of) participants or trainees (not employees) for participation in meetings, conferences, symposia, and workshops or other training projects, when there is a category for participant support costs in the project.

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

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

Agency/Organization Name

Budget Period____Budget Justification

10. PERSONNEL

Position Title	Position Description

11. CONSULTANTS/CONTRACTUAL

Description of Services
16. Name of Contractor/Consultant: Who is the contractor/consultant? 17. Method of Selection: How was the contractor/consultant selected? 18. Period of Performance: How long is the contract period? 19. Scope of Work: What will the contractor/consultant do? 20. Criteria for Measuring Contractor/Consultant Accountability: How will contractor/consultant use the funds?

12. OCCUPANCY/RENT

Location of Services

13. TRAVEL

Traveler Name	Travel Destination	Reason for Travel

14. SUPPLIES

Item Name	Justification for Item	*Unit Cost of Each Item	*Number Needed	Total Amount

*Complete these columns only if supplies are over $10,000 total.

15. EQUIPMENT

Item Name	Justification for Item	Quantity	Unit	Unit Cost	Basis for cost estimate (actual cost or price quotation)

16. CLIENT/PARTCIPANT COSTS

Name of Client	Description of Services

17. COMMUNICATION

Item(s)	Purpose of Item

18. OTHER DIRECT

Type of Service	Purpose of Service

19. BUDGET SUMMARY:

Category	Cost
Personnel	
Salary	
Fringe	
Consultants/Contractual	
Occupancy	
Travel	
Supplies	
Equipment	
Client Costs	
Other Direct	
Total Direct Costs	
Indirect Costs	
Total Project Cost	**$**

APPENDICES

- Appendix B – Assurances, Certifications, and Disclosures

Appendix B - ASSURANCES CERTIFICATIONS & DISCLOSURES

APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

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

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by DC HEALTH, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant/Grantee is not proposed for debarment or presently

debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;

8. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them.
9. The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments.
10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.
11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;
12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses

incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

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

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

(see 18 U.S.C. § 1951); 8. Equal Pay Act of 1963, Pub. L. 88-38,

June 10, 1963; 77 Stat.56 (29 U.S.C. 201);

9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion).
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
    1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against

employees for violations of such prohibition;

2) Establish a drug-free awareness program to inform employees about:

a. The dangers of drug abuse in the workplace;

b. The Applicant/Grantee's policy of maintaining a drug-free workplace;

c. Any available drug counseling, rehabilitation, and employee assistance programs; and

d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

(3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law.

17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

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

2. Applicant/Grantee Mandatory Disclosures

A. Per OMB 2 CFR §200.501– any recipient that expends $750,000 or more in federal funds within the recipient's last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee's last fiscal year, were you required to conduct a third-party audit?	☐ **YES** ☐ **NO**

B. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.	**YES** **NO**
C. Executive Compensation: For an award issued at $25,000 or above, do Applicant/Grantee's top five executives do not receive more than 80% of their annual gross revenues from the federal government, Applicant/Grantee's revenues are greater than $25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission. *If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.*	**YES** **NO** ☐
D. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR:_____If yes, insert the name of the cognizant federal agency? ___	**YES** ☐ **NO**
E. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre- award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DC HEALTH award.	☐ **YES** ☐ **NO** ☐

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

Sign: Date:

NAME: INSERT NAME TITLE: INSERT TITLE

AGENCY NAME: _____