DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION (CHA)

REQUEST FOR APPLICATIONS

Maternal and Child Health Services Block Grant to States Program

RFA#: CHA-MCHSP-12.18.20

AMENDED

Submission Deadline: January 25, 2021 6:00 pm

DEPARTMENT OF HEALTH (DC Health)

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.

DEPARTMENT OF HEALTH (DC HEALTH)
NOTICE OF FUNDING AVAILABILITY
COMMUNITY HEALTH ADMINISTRATION (CHA)
Request for Grant Applications (RFA)
CHA-MCHSP_12.18.20
Maternal and Child Health Services Block Grant to States Program
Amended
This notice supersedes notice published December 4, 2020 Vol 67/50

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

General Information:

Funding Opportunity Title:	Maternal and Child Health Services Block Grant to States Program
Funding Opportunity Number:	CHA-PG-00101-004
Program RFA ID#:	CHA-MCHSP-12.18.20
Opportunity Category:	Competitive
DC Health Administrative Unit:	Community Health Administration
DC Health Program	Office of the Senior Deputy Director
Program Contact:	Jasmine Bihm Program Manager titlev@dc.gov Title V Program
Program Description:	This funding opportunity seeks applications from qualified entities to develop programs and initiatives in support of selected Title V Program priorities: improving women's reproductive health: well-woman visits; breastfeeding; mental health including grief and trauma-informed care; positive youth development; medical home identification; transition; oral health. Programs and initiatives must be tailored to the identified maternal child health (MCH) populations as defined by the Health Resources and Services Administration, Maternal and Child Health Bureau: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) Adolescent Health and; 5) Children with Special Health Care Needs (CSHCN).
Eligible Applicants	Not-for profit, public and private organizations, primary care clinics and FQHCs located and licensed to conduct business within the District of Columbia and experienced in providing services to one or more of the target populations: women, infants, children, children with special health care needs, and adolescents. ~~Additionally, 40% of the organizations' annual budget must be funded from private sources.~~

Anticipated # of Awards:	Up to eight (8)
Anticipated Amount Available:	$2,400,000
Floor Award Amount:	$50,000
Ceiling Award Amount:	$300,000

Funding Authorization

Authorization (Legislation)	Social Security Act, Title V, 45CFR 96
Associated CFDA#	93.994
Associated Federal Award ID#	BO4MC33828
Cost Sharing / Match Required?	No
RFA Release Date:	December 18, 2020
Pre-Application Meeting (Date)	December 23, 2020
Pre-Application Meeting (Time)	2:00pm-3:30pm
Pre-Application Meeting (Location/ Conference Call Access)	Virtual WebEx meeting: https://dcnet.webex.com/dcnet/j.php?MTID=m0a7ed6595084479d7a0c527d7c7824c8
Letter of Intent	Not applicable
Application Deadline Date:	January 25, 2021
Application Deadline Time:	6:00 PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse: https://communityaffairs.dc.gov/content/community-grant-program DC Health EGMS https://dcdoh.force.com/GO__ApplicantLogin2

Notes:

1. DC Health reserves the right to issue addenda and/or amendments after the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DC Health grant funding.
4. Applicants must have a DUNS #, Tax ID#, be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS)
5. Contact the program manager assigned to this funding opportunity for additional information.

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District of Columbia Department of Health RFA Terms and Conditions

District of Columbia Department of Health RFA Terms and Conditions

V.01.2020

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 after 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 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: https://communityaffairs.dc.gov/content/community-grant-program
(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 DOH program staff or reviewers.

CHECKLIST FOR APPLICATIONS

☐ Applicants must be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS).

☐ Complete your EGMS registration **two weeks** prior to the application deadline.

☐ Start constructing and uploading your application components into EGMS at least a week prior to the application deadline.

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

- Table of Contents
- Application Proposal:
  - Project Abstract (No Template Provided)
  - Project Narrative (10-page limit)
  - Logic Model
  - Work Plan (Attachment 1)
  - Evaluation Plan
  - Organizational Chart (No Template Provided)
  - Staffing Plan
  - Budget Worksheet and Budget Justification (Attachment 2)
  - Partnerships Documentation
- Assurances, Certifications and Certification Documents (Appendix A)
- Business Documents

☐ Documents requiring signature have been signed by an agency head or AUTHORIZED Representative of the applicant organization.

☐ The Applicant needs a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.

☐ The Project Narrative is written on 8½ by 11-inch paper, **1.0 spaced**, **Arial or Times New Roman font using 12-point type** *(10 or 11 –point font for tables and figures)* **with a minimum of one-inch margins**. **The total size of all uploaded files must conform to the page- length guidelines outlined in the RFA. Applications that do not conform to these requirements will not be forwarded to the review panel.**

☐ The application proposal format conforms to the "Application Elements" listed in the RFA.

☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.

☐ The proposed work plan, logic model, and other attachments are complete and comply with the forms and format provided in the RFA

☐ Submit your application via EGMS by **6:00 pm** on the deadline of **January 25, 2021.**

GENERAL INFORMATION

Key Dates

- Notice of Funding Announcement Date: Friday, December 4, 2020
- Application Release Date: Friday, December 18, 2020
- Pre-Application Meeting Date: Wednesday, December 23, 2020
- Application Submission Deadline: Monday, January 25, 2021
- Anticipated Award Start Date: Monday, February 15, 2021

Overview

The Title V Maternal and Child Block Grant, established in 1935 by the Social Security Act, is the oldest Federal-State partnership that supports State efforts in improving the health of women, mothers, infants, children, including children with special health care needs, and adolescents. The District of Columbia Department of Health (DC Health), Community Health Administration (CHA), receives funds on behalf of the District from the Maternal and Child Health Bureau (MCHB) within the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS). Title V funding is used to support community-based organizations, health care institutions, DC Health and other District agencies in implementing programs that fall under the five domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Children with Special Health Care Needs, and Adolescent Health.

The Title V program is committed to improving health of the District's maternal and child health population, including children and youth with special health care needs. The Agency's Title V approach recognizes that a person's health is impacted by: factors present prior to conception; poverty and racism, which profoundly affect psychosocial well-being and contribute to disparities; and social policies, which can allow or prevent families from leading healthy lives.

Our framework to improve MCH outcomes is based on the overarching goal to ensure every community understands its health risks and role in improving perinatal/MCH health outcomes. The DC Department of Health (DC Health) has identified seven core priority goals that drive our programmatic efforts:

- Every teenage girl and woman in DC is in control of her reproductive health.
- Every pregnant woman receives patient-centered, high quality prenatal care beginning in the 1st trimester.
- Every healthcare provider has the tools and resources they need to provide quality care and manage complex social needs of women and infants.
- Every healthcare facility providing maternal and infant care has the tools and resources to practice evidence-based healthcare and to document Quality Improvement and Quality Assurance (QA) activities.
- Every newborn receives high-quality neonatal care in the hospital and outpatient setting.
- Every parent has the life skills and resources needed to nurture and provide for their family.
- Every infant and parent has a safe and healthy environment to thrive and receive the support they need to promote early childhood development and learning.

This funding opportunity aims to support the implementation of programs and initiatives in support of these five population domains: Women/Maternal Health; Perinatal/Infant Health; Child Health; Children with Special Health Care Needs (CSHCN) and Adolescent Health.

Source of Grant Funding

Funding is made available under the Title V Maternal and Child Health Services Block Grant Program.

Award Information

Amount of Funding Available

This RFA will make available up to $2,400,000 to fund up to eight (8) awards in FY 2021 to implement evidence-based programs for MCH populations. Proposed budgets cannot exceed the allowable amount $300,000.

Performance and Funding Period

The anticipated project period is February 15, 2021 – September 30, 2025. The projected budget period begin date is February 15, 2021. The initial budget period will be prorated for 9 months from February 15, 2021 through September 30, 2021. Annual continuation of awards for up to five years is contingent upon the continued availability of funds, recipient performance in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Eligible Organizations/Entities

Organizations and entities that are eligible to apply for funding under this announcement include not-for profit, public and private organizations located and licensed to conduct business within the District of Columbia including primary care clinics and FQHCs. Eligible applicants must demonstrate experience in providing services to targeted populations: reproductive age women, children, and youth, including children and youth with special health care needs (CYSHCN). Priority will be given to entities with demonstrated experience implementing evidenced-based programs to the targeted populations and those serving low-income residents, African American residents, and residents of Wards 5, 7 and 8.

Organizations considered for funding must meet the above eligibility criteria and have the following experience and support in place: demonstrated success working with multiple sectors or experience working with community, or other leaders, as appropriate, and demonstrated track record of improving community outcomes (including documented evaluations) through policy, environmental, programmatic and infrastructure strategies; and demonstrated ability to meet reporting requirements related to programmatic, financial, and management benchmarks as required by the RFA. ~~Organizations must have an annual budget that is at minimum 40% funded by private sources.~~ Applicants must submit letters of commitment for existing partnerships if performance depends on another organization.

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 like the initiatives being proposed in this award.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **20 pages** when printed by DC Health. The application proposal includes the following documents:

- Table of Contents
- Project Abstract
- Logic Model
- Project Narrative
- Work Plan
- Evaluation Plan
- Organizational Chart
- Budget Worksheet and Budget Justification
- Staffing Plan
- Partnerships Documentation

BACKGROUND & PURPOSE

Background

Data on socio-economic factors and health indicators emphasize the correlation between factors like poverty concentration and health outcomes within the DC population, with emphasis on the maternal and child health population. The differences in outcomes affecting the MCH population between the wealthiest ward (Ward 3) and the least wealthy (Ward 8) areas of DC is shown in the table below.[1]

MEASURE	WARD 3	WARD 8
Child Poverty	2.9%	48.5%
Families Below Poverty with Children	1.3%	25.4%
Grandparents Responsible for Grandchildren	16.0%	47.3%
Infant Mortality Rate	2.2% per live birth	14.6% per live birth

The Covid-19 Pandemic and Impact on the District of Columbia MCH Population

District residents and families, like many across the nation have been impacted by the Covid-19 public health emergency. As the Covid-19 pandemic continues, DC Department of Health will remain at the forefront of helping to stem the health impact of this crisis. Title V funds and programming remain vital to keeping mothers, children, including, and in particular, those with special health care needs, adolescents and families, safe and healthy, in addition, these efforts must be implemented with Covid-19 considerations in mind to help maximize service delivery.

Women's/Maternal Health

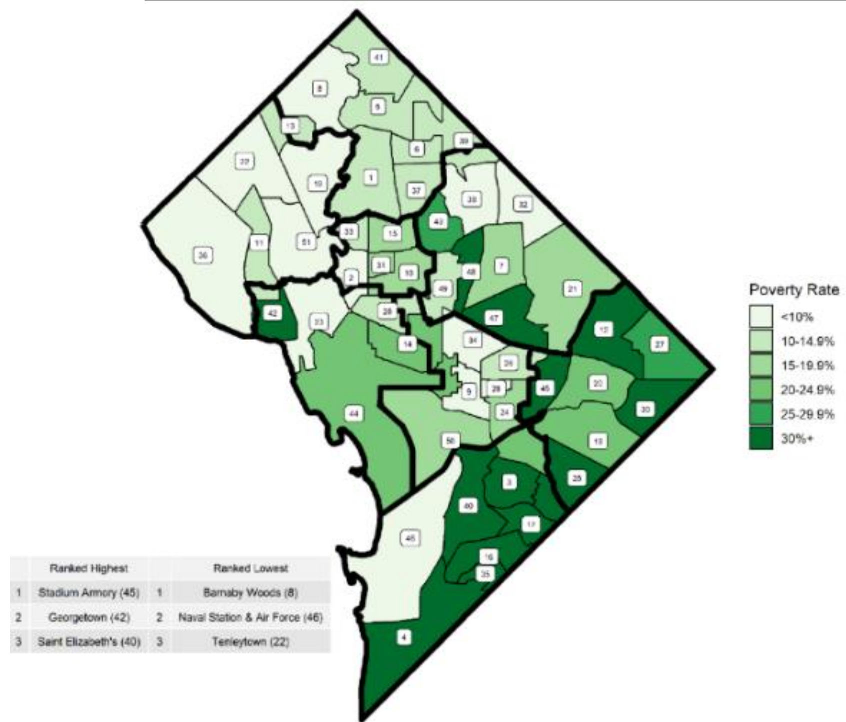
According to the American College of Obstetricians and Gynecologists and the Women's Preventative Services Initiative, a well-woman's visit is defined as an annual visit where healthcare professionals provide physical and psychosocial assessments which may include screening, evaluation, counseling, and immunizations that serve as preventive care and guidance toward practicing a healthy lifestyle.[2,3] In 2018,

[1] Merrill, C., & Rieke, A. (2019, June 28). Community health needs assessment: District of Columbia, 2019. Retrieved August 12, 2020, from https://www.dchealthmatters.org/content/sites/washingtondc/2019_DC_CHNA_FINAL.pdf

[2] Women's Preventive Services Initiative (WPSI). (2020). Women's preventive services initiative: 2020 Coding guide. Retrieved August 12, 2020, from https://www.womenspreventivehealth.org/wp-content/uploads/2020_WPSI_CodingGuide.pdf

[3] American College of Obstetricians and Gynecologists (2018). Well-woman visit. Retrieved August 13, 2020, from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/well-woman-visit

Figure 1. Women with Incomes below the Federal Poverty Line



the Behavioral Risk Factor Surveillance System (BRFSS) reported that 82.4% of women in the District had a routine check-up by a doctor within the past year.[4] Nevertheless, there continues to be a disparity in preventive care use by income levels. Those with a lower income (64%) are less likely to visit the doctor regularly than those with middle income (74%) or high income (89%).[5] The American Cancer Society recommends that women between 21– 65 receive a pap smear every three years, with women between 30 – 65 receiving a pap smear every 5 years.[6] The American Cancer Society also suggests that women between 40-44 years of age be given the option to complete a mammography, but women 45-54 years should have a mammogram annually, those 55 and older preferably every two years.[6] In 2018, 70.9% (age-adjusted) of women 40 years of age and above reported having a mammogram within the past two years.[4]

Although District women are engaging in some preventive care services, rates of women accessing prenatal care are significantly lower. Between 2009 and 2016, the percent of infants born to mothers receiving prenatal care beginning in the first trimester decreased from 74.7% to 65.7%; and the percent of women who initiated prenatal care in the third trimester or had no entry to prenatal care increased from 5.8% to 6.3%.[7] Mothers who did not initiate prenatal care were more likely to have a pregnancy that resulted in a preterm birth (26.9%) as compared to those who initiated pregnancy during their first trimester (10.2%).[8] Characteristics such as: previous preterm birth, smoking prior to pregnancy, mother being overweight or obese, history of diabetes, history of hypertension have all been associated with a higher risk of preterm birth and are disproportionately experienced by non-Hispanic black mothers. Despite advances to expand medical insurance and rates for well-women visits being relatively high, efforts must continue to increase access to well-woman visits to women across the District and throughout their life continuum.

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[4] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Jun 10, 2020]. URL: https://www.cdc.gov/brfss/brfssprevalence/

[5] District of Columbia Department of Health. (2019). Health equity report: District of Columbia 2018. Retrieved from https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw

[6] American Cancer Society (2020). Guidelines for the early detection of cancer. Retrieved August 17, 2020, from https://www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html

[7] Vyas AN, Wood SF, Landry MM, Masselink LE, Mead HK, Ku L, (2018). George Washington University Milken Institute School of Public Health, Family Planning Community Needs Assessment for the DC Family Planning Project (DCFPP), Washington DC. Retrieved August 17, 2020, from https://media.thewomensfoundation.org/wp-content/uploads/2018/09/10202208/WAWF_Report_FamilyPlanning-Assessment_Final_Web.pdf

[8] District of Columbia Department of Health, D. (2018). *District of Columbia department of health: Perinatal health and infant mortality report*. Retrieved August 17, 2020, from https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/Perinatal%20Health%20Report%202018_FINAL.pdf

Breastfeeding

The 2020 Breastfeeding Report Card (2017 data) states that 88.0% of infants in the District of Columbia have ever breastfed, this is almost 4% higher than the national rate.[9] Breastfeeding generally decreases as the age of the infant increases with rates in the District at 64.7% by six months and 39.3% by twelve months.[9] The 2020 Report Card rates demonstrate an increase over the last few years with the rate at 82.8% for ever breastfeeding, 57.4% for breastfeeding at 6 months, and 33.1% at 12 months according to the 2016 Breastfeeding Report Card.[10] While the overall ever breastfed rate is high, breastfeeding initiation rates can vary widely by race and socio-economic status – the DC WIC breastfeeding initiation rate in 2018 was 62% (up 5% from 2017, largely due to peer counselors and 24/7 access to an IBCLC from Pacify), but can be as low as 30.9% at DC WIC clinics in predominantly African American areas of the city.

Mental Health Including Grief and Trauma Informed Care

The 2017-2018 National Survey of Children's Health indicated that about 13% of children 3 – 5 years of age, 21% of children 6 – 11 years of age, and 29% of children 12 – 17 years of age have at least one reported (and/or qualified on the children with special health care needs screener) for a mental, emotional, developmental, or behavioral problem.[11] Although the national averages for children 3 – 5 years of age and 6 – 11 years of age are similar to the District's averages, the District percentage (28.7%) is higher than the national average (25%) for children between ages 12 – 17.[11]

National surveys and informants revealed that community safety continues to be a significant issue for District residents, particularly adolescents. 12.1% of parents with children under age 18 reported feeling that their child lived in a somewhat or unsafe neighborhood compared to 4.7% for the nation. A higher percentage of Non-Hispanic Black parents than non-Hispanic White parents reported that their child lived in a somewhat or unsafe neighborhood (15.9% vs 5.6%, respectively). The top three causes of death among youth between the ages of 15 – 24 in the District from 1999 – 2018 were assault (homicide), accidents (unintentional injuries), and intentional self-harm (suicide). The age-adjusted violent death rate per 100,000 in 2011-2015 was highest in neighborhoods located in Wards 7 and 8 (above 40%) compared to affluent Wards in the District (below the District's average 19.5% and as low as 1.1%).

Following traumatic death experiences, children may develop Childhood Traumatic Grief (CTG), which is a condition where trauma symptoms interfere with adaptive child grieving. A mental health key informant indicated that training teachers to identify what trauma exposure looks like in children would prevent school staff from reacting punitively toward students and that there are an insufficient number of mental health providers trained in grief and trauma.

CSHCN may be at higher risk of experiencing adverse childhood experiences (ACEs), which include witnessing violence towards a parent/guardian, experiencing violence themselves, living with someone who suffered from poor mental health, and more. Approximately 37% of CSHCN in DC were reported to have two or more ACEs which is almost double the rate of children with no special health care needs at 17.2%; the national rates are (33.1% and 15.3%, respectively). CSHCN are at increased risk of being bullied. In fact, in the District, parents of CSHCN between 12 – 17 years of age reported a higher rate of their children experiencing bullying (24.9%) compared to parents with children without a SHCN (8.5%).

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[9] Centers for Disease Control and Prevention. (2020). Breastfeeding Report Card, 2020. https://www.cdc.gov/breastfeeding/data/reportcard.htm

[10] Centers for Disease Control and Prevention. (2018). Breastfeeding Report Card: Progressing Toward National Breastfeeding Goals, United States, 2016. https://www.cdc.gov/breastfeeding/data/reportcard.htm

[11] Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [08/17/20] from [www.childhealthdata.org].

Adolescent mental health and disorders were among the health indicators that got worse over the last few years: the proportion of adolescents that experienced major depressive episodes (MDEs) increased from 6.5% in 2011 to 10.5% in 2017 - above the 2020 target goal of 5.8% within this population. The 2019 YRBS data indicated that about 33% of high school students experienced feelings of sadness or hopelessness almost every day or equal to two weeks. Students who identified as gay, lesbian, or bisexual or were unsure of their sexual identity had higher rates of feeling sad or hopeless (51.9% and 41.2%, respectively) compared to students who identified as heterosexual (29.1%).

Positive Youth Development

The U.S. Department of Health and Human Services defines positive youth development as an approach that is assistance that incorporates youths' strengths and skills and supports their development to achieve goals and effectively assume adult responsibilities. A DC Youth Advisory Council focus group identified life skills they wanted included in high school curriculums to help youth transition out of school and into adulthood including time management, tax preparation, and financial literacy skills. The youth expressed that counselors at school are limited, making scheduling appointments with current counselors difficult. They emphasized the desire for mentors and additional support to provide guidance as they complete high school and prepare for a college education.

Medical Home Identification

Nearly 19% of DC families reported that their child has a special health care need.[11] In 2017 – 2018, 35% of CSHCN in the District reported having a personal doctor or nurse, usual source for care, family-centered care, and if needed, referrals or care coordination through a medical home, compared to 39.2% of CSHCN in the previous year.[11]

Care Coordination: Despite the District's improvements in expanding access to care, CSHCN continue to face challenges accessing supportive services within the community. Approximately 35% of CSHCN in the District reported having a personal doctor/nurse, usual source for care, family-centered care, and if needed, referrals or care coordination through a medical home, compared to 39.2% of CSHCN from the previous year.

Home-based Care: Focus groups held with home-based childcare providers revealed that an insufficient amount of funding is provided to their centers in order to support CSHCN compared to Child Care Centers that can acquire funds to hire specialists since they care for more CSHCN. Home-based childcare providers stated that with limited funding, the centers could not meet the District's regulations required to support CSHCN ages 2 or younger without added staff.

Implicit Bias in Care: The systemic issues trickle down to the experience families receive when they interact with agencies to receive services. Listening sessions with families of CSHCN revealed concerns over quality of care as children transition from a community-based organization to DCPS. Families reported that the therapy services provided by school differed and were not up to par with the quality of services provided by Strong Start, for example.

Culturally and Linguistically Appropriate Services: Non-English speakers and immigrant families face difficulty when interacting with the medical system or other points of care. Listening sessions with immigrant families, and focus groups with early childcare professionals revealed barriers regarding the communication of available services. In some cases, families also felt they were being discriminated against as they were not offered the same resources as their English-speaking counterparts. Another key informant mentioned that mental health services are predominantly set up to serve English-speaking individuals, so parents who do not speak English and who depend on their children to translate, have a

difficult time when their child also has a special health care need. Healthcare professionals stated that cultural competency trainings are needed for tailored care of CSHCN.

Transition

According to the 2017-2018 National Survey of Children's Health, only 17% of families with CSHCN reported receiving services necessary to make transitions to adult health care.[11] Even when families do receive transition services, they have a difficult time transitioning to adult care because of the lack of trust and unknown around providers with whom they have no relationship. According to the NSCH 2017-2018, 21.5% of children between 12 to 17 (excluding those with special health care needs) received services needed to transition to adult care, higher than the national average of 14.2%.[11] Insight provided by three informants further identified the need for improving adolescents' self-advocacy and knowledge around navigating mental health (e.g. finding a therapist and checking eligibility to enroll in Medicaid) and medical services (e.g. requesting medication refills and understanding health insurance). Additionally, one informant stated that similar navigation barriers exist for youth with chronic conditions, behavioral conditions, and intellectual and developmental disabilities.

Oral Health

Oral health is an important marker for overall health status and has significant implications on physical and developmental outcomes. About 69.5% of parents with children between 1 – 5 years of age and nearly 96.8% of parents with children between 6 – 11 years of age reported that their child received at least one or more preventive dental care visits through a dentist or other oral health care provider, compared to a nationwide average of about 59.7% and 89.1%, respectively.[11] According to the 2017 Board of Dentistry survey, about 50 dental providers identified as specifically serving children, as compared to the 1,304 dentists available in the District.[12] Wards 1, 7, and 8 have particularly high percentages of children with fair or poor oral health status. Oral health services are limited in Wards 7 and 8, increasing the travel distance families in these Wards must embark on to receive basic dental care.[13] Additionally, there is a shortage of oral health providers who serve persons insured by Medicaid, children, and populations east of the Anacostia River. Wards 7 and 8, as well as several clinics that serve high numbers of Medicaid-insured children, have been designated as dental health professional shortage areas. With resources segregated to one side of the District, city efforts and programs must work together to ensure that resources are equitably distributed to allow access to affordable dental care.

Between 2017 – 2018, about 89% of parents with children between 12 – 17 years of age in the District reported that their child had a preventive dental visit in the past year compared to 86.3% nationwide.[11] During the same year, 18.5% of District children between the same ages were reported to have oral health issues (i.e. toothaches, bleeding gums, decayed teeth or cavities) within the past 12 months compared to 12.9% nationally.[11]

Purpose

DC Health is soliciting applications from qualified entities to develop programs and initiatives in support of the following Title V Program priorities: Improving women's reproductive health: well-woman visits; breastfeeding; mental health including grief and trauma-informed care; positive youth development; medical home identification; transition; oral health. Programs and initiatives must be focused one of the following population domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) Adolescent Health and; 5) Children with Special Health Care Needs

[12] District of Columbia Board of Dentistry (n.d). 2017 DC Board of dentistry survey. Retrieved September 2020 from DC Health.

[13] Blanchard , J. C., Towe , V. L., & Donald, S. (2013). *Oral Health in the District of Columbia Parental and Provider Perspectives.* Arlington, VA: RAND Corporation.

(CSHCN).

1. Applicants shall address only one (1) priority area in each application but may submit multiple applications.

2. The proposed programs must align to support the following outcomes:
- Well-woman visits: Women, ages 18 through 44, with a preventive medical visit in the past year
- Breastfeeding: Infants who are ever breastfed; infants breastfed exclusively through 6 months
- Mental health including grief and trauma-informed care: Children and adolescents, ages 3-17 with mental health needs and receipt of counseling
- Positive Youth Development: Provision of tailored adolescent engagement including health and life skills topics
- Medical home identification: Children with and without special health care needs, ages 0 through 17, who have a medical home
- Transition: Adolescents with and without special health care needs, ages 12 through 17, who receive services necessary to make transitions to adult health care
- Oral Health: Children, ages 1 through 17, who had a preventive dental visit in the past year

Performance Requirements

Target Population

The target population includes women and mothers, infants, children, including children with special healthcare needs and adolescents. Organizations with a focus on the following sub-populations must be given priority: Families living in neighborhood clusters with the highest poverty rates as displayed in Figure 1.

Location of Services

Services should be delivered in the District of Columbia in FQHC's or look-a-like clinics, community-based organizations or schools.

Scope of Services

- **Develop** sustainable interventions that can be shared, duplicated and-or expanded with minimal resources beyond the life of the grant;
- **Align** with DC Title V and federal Title V MCH Block Grant Program goals

PRIORITY AREAS

A. Well-Woman Visits and Preventive Care Utilization

Goal: Increase the percent of women, ages 18 through 44, that report attending a preventive medical visit by 3% by 2025.

Priority Strategies

Applicants shall use evidence-based or -informed strategies (including, but not limited to those listed below) to decrease no-shows for preventive well-woman and prenatal appointments and to otherwise encourage the appropriate use of preventive services among women of reproductive age. Proposed

strategies should have a high likelihood of sustainability (i.e. beyond the funding period). Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation. Strategies must also incorporate the Covid-19 context and address barriers to reaching woman as a result of the impact of the Covid-19 pandemic.

Scientifically Rigorous Evidence:

- Patient Reminders: Disseminate reminders (e.g., postcard, text, email, phone) to women about scheduling annual preventive visit.

Moderate Evidence:

- Community-Based Group Education: Utilize community-based education groups to promote annual preventive visits.
- Computerized Reminder System: Utilize cell phone texting programs to send reminders to patients 48 hours before scheduled annual visit.
- Designated Clinics/Extended Hours: Increase access and visibility to offer extended hours of service within proximity to MCH populations.
- Expanded Insurance Coverage/Medicaid Eligibility: Adopt a protocol ensure that all persons in maternal, child, and adolescent health programs are referred for enrollment in health insurance.
- Media Campaigns: Utilize media outlets to promote preventive medical visits.
- Patient Navigation: Adopt protocols where clinic staff (e.g., WIC) assist with scheduling preventive visits.
- Provider Education: Host a webinar series for providers about annual preventive visits and strategies to address missed opportunities.

Priority Populations

- Reproductive age women
- Women in the perinatal period
- Women in the postpartum period

Priority Settings

- Federally Qualified Health Centers and FQHC Look-Alikes

B. Breastfeeding

Goal (s): Increase the percent of infants who are ever breastfed by 5% by 2025 among the WIC-eligible population.

Increase the percent of infants breastfed exclusively through 6 months among the WIC-eligible population by 5% by 2025.

Priority Strategies

Applicants shall use evidence-based or -informed strategies (including but not limited to those listed below) to encourage and support breastfeeding among pregnant and women of reproductive age. Proposed strategies should have a high likelihood of sustainability (i.e. beyond the funding period). Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation. Strategies must incorporate the Covid-19 context and address barriers to reaching woman/families as a result of the impact of the Covid-19 pandemic.

Moderate Evidence:

- Home Visits: Provide training and coaching to MIECHV home visiting staff to promote breastfeeding best practices.
- Lactation Consultants: Maintain a 24-hour breastfeeding hotline staffed by a bilingual certified lactation consultant.
- Peer Counselors: Utilize breastfeeding peer counselors through WIC programs.

Emerging Evidence:

- Family Leave, Workplace Policies, State Laws: Provide trainings and other supports on workplace Mother-Friendly breastfeeding support policies (e.g., employer-provided break time and private space to breastfeed) across the state/jurisdiction.
- Provider Training: Provide training to health care providers around breastfeeding best practices.

Mixed Evidence:

- Group Education: Promote the use of group education for pregnant women around breastfeeding practices in the hospital setting.
- Hospital Policies: Promote Baby Friendly policies for hospital systems across the state/jurisdiction.
- WIC Food Package Change: Enhance the number of families participating in the fully breastfed WIC food package change.

Priority Populations

- Women in the prenatal and postpartum period, particularly African American and low- income populations
- Infants ages 0 to six months

Priority Settings

- Birthing facilities with a commitment to serving African American and low-income women
- Community-based organizations

C. Mental Health Including Grief and Trauma-Informed Care

Goal: Increase the percent of children and adolescents, ages 3-17 with mental health needs who receive treatment or counseling by 5% by 2025.

Priority Strategies

Applicants shall use evidence-based or -informed strategies (including, but not limited to those listed below) to improve the mental health and provide grief and trauma-informed care to children and adolescents. Proposed strategies should have a high likelihood of sustainability (i.e. beyond the funding period). Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation. Strategies must also incorporate the Covid-19 context and address barriers to reaching participants as a result of the impact of the Covid-19 pandemic.

- Provide training and consultation/crisis support on trauma and bereavement to key partner staff (i.e. teachers, administrators, social workers).
- Provide individual or group therapy to District residents, ages 6-21, who have been exposed to trauma and/or traumatic loss.
- Engage in service coordination with the DC Department of Behavioral Health and other clinical

service providers in partner schools and community organizations.
- Refer participants to appropriate mental health and other community services as needed and follow-up with parents/legal guardians to verify completion.
- Provide mental health screenings to adolescents in the District.

Priority Populations

- Children aged 6-11
- Adolescents aged 12-17

Priority Settings

- Place-based care settings
- Schools
- Community-based organizations

D. Positive Youth Development

Goal: Increase the percent of adolescents aged 12-17 that engage in tailored programming on health and life skills topics.

Priority Strategies

Applicants shall engage in implementing systems-level interventions to work with youth across the District to improve positive youth development. Proposed strategies should have a high likelihood of sustainability (i.e. beyond the funding period). Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation. Strategies must also incorporate the Covid-19 context and address barriers to reaching participants as a result of the impact of the Covid-19 pandemic. Applicants shall:

- Support entities to adopt and implement youth development approaches to their work (i.e., modify their programs to follow youth development principals/approaches)
- Support entities to adopt best practices/evidence-based approaches (including supplemental activities) that address health and life skills topics (this could include program models or curricula).
- Efforts should incorporate youth voice, for example, utilizing the "Listen Up!" Youth Listening Session Toolkit or other meaningful method of youth engagement.
- Expand health education efforts, including education on navigating the health system and utilizing best practices that focus on linguistic and cultural appropriateness.
- Include administration of intervention by ethnically similar facilitators.

Priority Populations

- Adolescents aged 12-17

Priority Settings

- Place-based care settings
- Schools
- Community-based organizations

E. Medical Home Identification

Goal: Increase the percent of children with and without special health care needs, ages 0 through 17, that report having a medical home by 10% each, by 2025.

Priority Strategies

Applicants shall use evidence-based or -informed strategies (including, but not limited to those listed below) to help increase identification and use of medical homes among children and adolescents, among those with special health care needs. DC Health is interested in strategies that incorporate reach to Medicaid-insured youth. Proposed strategies should have a high likelihood of sustainability (i.e. beyond the funding period). Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation. Strategies must also incorporate the Covid-19 context and address barriers to reaching participants as a result of the impact of the Covid-19 pandemic.

Emerging Evidence:

- Dedicated Care Coordinators: Use dedicated care coordinators to develop relationships with families to increase timely attendance of well-child visits and respond to the needs of families.
- Provider Alliance and Mid-Level Providers: Use a provider alliance and mid-level providers to create a “one-stop” medical home model to provide community outreach and coordination of services.
- Provider-School Partnerships: Develop partnerships between primary care providers (PCPs) and school-based health centers (SBHC) to create an expanded medical home model based on care coordination.
- Shared Care Coordination with Home Visiting: Develop early connections to a medical home model through care coordination and collaboration with home visiting.

Priority Populations

- Children and adolescents, in particular those with special health care needs
- Medicaid-insured youth

Priority Settings

- Community based primary care centers, serving CSHCN

F. Transition

Goal: Increase the percent of adolescents with and without special health care needs, ages 12 through 17, who receive services necessary to make transitions to adult health care by 5% each.

Priority Strategies

Applicants shall use evidence-based or -informed strategies (including, but not limited to those listed below) to help increase health care transition among adolescent, among those with special health care needs. DC Health is interested in strategies that incorporate reach to Medicaid-insured youth. Proposed strategies should have a high likelihood of sustainability (i.e. beyond the funding period). Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation. Strategies must also incorporate the Covid-19 context and address barriers to reaching participants as a result of the impact of the Covid-19 pandemic.

Moderate Evidence:

- Six Core Elements Adaptation with Quality Improvement (QI): Incorporate the Six Core Elements in a learning collaborative or medical center/hospital system with built-in QI activities.
- Transition Care Coordination Services: Use care coordinators at clinics to help with appointments, scheduling, education, and other health care transition services.

Emerging Evidence:

- Medical Home Integration: Incorporate transition strategies and billing codes into medical home systems.
- Peer Support and Mentorship: Create a peer support and mentorship program or adolescent advisory council to discuss issues around health care transition.
- Professional Training/Workforce Development: Provide transition training modules to health care professionals.
- Training/Educating Youth (Including Communications and Social Media): Provide training for adolescents with and without special health care needs who are ready for transition to adult care.

Priority Populations

- Children and adolescents, in particular those with special health care needs
- Medicaid-insured youth

Priority Settings

- Community based primary care centers, serving CSHCN
- Clinical providers serving youth and young adults with and without special healthcare needs.

G. Oral Health

Goal: Increase the percent of children, ages 1 through 17, who have a preventive dental visit within the last 12 months by 4% by 2025.

Priority Populations

- Children aged 6-11
- Adolescents aged 12-17

Priority Settings

Applicants shall use evidence-based or -informed strategies (including, but not limited to those listed below) to help increase access and utilization of preventive dental services among children and adolescents, including among those with special health care needs. DC Health is interested in strategies that incorporate reach to Medicaid-insured youth. Proposed strategies should have a high likelihood of sustainability (i.e. beyond the funding period). Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation. Strategies must also incorporate the Covid-19 context and address barriers to reaching participants as a result of the impact of the Covid-19 pandemic.

Moderate Evidence:

- Medicaid Reforms: Increase the number of dental providers who accept Medicaid through activities such as provider training, increased reimbursements, and other incentives.
- Public Insurance Coverage : Collaborate with Medicaid to increase the number of children and youth who have had a preventive dental visit in the past year.
- School/Preschool Interventions: School-Based Dental Services/Head Start Participation: Increase oral health referrals among children and youth through School Based Health Centers (SBHCs).

Emerging Evidence:

- Caregiver/Parent Education/Counseling: Share postcards or conduct motivational interviews with families that focus on the importance of dental enrollment and how to set up appointments.
- Home Visit and Dental Practice Outreach: Utilize home visiting programs to screen for caries and refer to early oral preventive services with recruited dental practices for children over age 6 months.

APPLICATION REQUIREMENTS

Project Narrative (Up to 10 pages)

Project Abstract (up to 1 page)

A one-page project abstract is required. Please provide an 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 S.M.A.R.T. goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.
- **Methodology:** Briefly list the major activities used to attain the goal(s) and objectives

Project Description

This section should provide a comprehensive description of all aspects of the proposed project. This section should detail proposed strategies and how those strategies will be implemented. It should be succinct, easy to understand and well organized.

- Participant Engagement:
  - The estimated number of individuals served;
  - Describe how participants will be recruited and enrolled; and,
  - Describe the plan for minimizing the attrition rates for participants enrolled in the program.
- Clearly identify the strategies that your organization plans to implement. These can include the priority strategies listed under the selected priority area or other evidenced-based or evidence-informed strategies.
  - For each strategy, clearly describe two or more activities for each, how they will be implemented and how the strategies will be operationalized to achieve program goals, objectives, and outcomes.
  - For each strategy, describe the rationale for selected activity. Please include assessment of current needs and assets in the organization.
- Describe how objectives will maximize public health impact of MCH Title V funding, including strength of proposed policy, environmental, programmatic, and infrastructure strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced, or contribution of innovative approaches to achieve evidence-based practices.

- Program Monitoring:
    - Explain the approach to monitoring, assessing, and supporting implementation with fidelity to the chosen intervention/program model and maintaining quality assurance;
    - Describe how ongoing continuous quality improvement will be incorporated; and,
    - Discuss anticipated challenges to maintaining quality and fidelity, and the proposed response to the issues identified.
- Describe how lessons learned will be captured and disseminated.
- Indicate plans for sustainability of the initiative beyond the projected funding period.

Organization and Partnerships

Applicants should provide information on the organizational infrastructure, as well as the organization's mission and vision; and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Applicants should detail scope of current, selected priority area focused programs that are in place within their organization. Applicants should affirm organizational leadership commitment to complete the project as proposed in the work plan.

- Describe the extent to which staff reflect the cultural, racial, linguistic, and geographic diversity of the populations and community (communities) served.
- Describe experience in serving the target population(s) the applicant proposes to serve.
- Describe the applicant's experience engaging communities to improve community capacity supporting improved health and social determinant of health outcomes.
- A one-page organization chart is required (no template provided) that includes position titles, staff names (noting vacancies), contractors, and other significant collaborators,
- The applicant's staffing plan must be submitted (no template provided). The staffing plan should describe staff qualifications and include type and number of FTEs. Staff CVs, resumes, and position descriptions may also be submitted.
- Describe fiscal practices to capture funds leveraged from other sources and additional sources of funding the program will pursue.
- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to participate actively in the implementation, and evaluation, if applicable to the applicant's implementation plan.
- Describe past successes working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.

Partnerships

- Provide letters of commitment (not included in page limit) and evidence of support and connections with other agencies and organizations across multiple relevant sectors pertinent to the accomplishment of the selected outcome measures.

Project Attachments (Up to 10 pages)

Some attachments for this application have required templates that the applicants must use. The sections below indicate which documents have templates by indicating the attachment number.

Logic Model (1-page)

A one-page logic model is required *(no template provided)*. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic

model should summarize the connections between the:

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

Work Plan

The Work Plan is required (Attachment 1). The work plan describes key process objectives and goals for successful program implementation. Under each objective, provide a list of 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).
- Applicant's work plans should include a startup work period and implementation work plan period.

Evaluation Plan

Applicants should provide a description of how project goals will be assessed and monitored during project implementation including data to be collected and data sources used. The applicant should describe how key performance measure data will be collected and used to assess project outcomes.

Budget

The application should include a project budget using the form provided in Attachment 2. The project budget and budget justification should be directly aligned with the work plan and project description. The Budget should also list all in-kind supports and funding sources.
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. Promotional gifts and other expenditures which do not support the program are unallowable. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability.

Budget Justification

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

Partnerships Documentation
Provide letters of commitment (not included in page limit) and evidence of support and connections with other agencies and organizations across multiple relevant sectors pertinent to the accomplishment of the selected outcome measures.

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. Where appropriate, the driving principles of the DC Title V program should be incorporated into the applicants' proposal. They include:

- Implementing systems-level interventions;
- Using a life course perspective,
- Recognizing that a person's health is determined by factors present prior to conception;
- Addressing social determinants of health (including safe and affordable housing and community safety)
- Recognizing that poverty and racism profoundly affect psychosocial well-being and are major contributors to disparities in birth outcomes and lifelong health;
- Recognizing that addressing underlying social policies have broad impacts on improving health;
- Building collective impact;
- Recognizing that sectors beyond public health and medicine must have a role in realizing long lasting equitable outcomes for all families.

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

- Does the applicant well describe the target population and priority area to be addressed and its ability to engage the District's maternal and child health populations?
- Does the applicant well describe the area in which the project will be located and the intervention population to be served including the health status of the target population and any health disparities that characterize the population?
- Does the applicant identify an evidence-based or evidence-informed intervention/program model to be used?
- Does the applicant describe clear goals for the project?

Criterion 2: RESPONSE (30 points) – *Corresponds to Sections: Project Description*

- Does the applicant clearly describe participant engagement: estimated number of individuals served; how participants will be recruited and enrolled; and plan for minimizing the attrition rates for participants?
- Does the applicant clearly describe the activities that will be implemented and rationale for these activities?
- Does the applicant describe S.M.A.R.T. objectives to achieve project goals?
- Describes program describe monitoring approaches, how continuous QI will be incorporated and anticipated challenges to program fidelity?

- Does the program indicate a specific plan for sustainability of the initiative beyond the projected funding period?

Criterion 3: CAPACITY (15 points) – *Corresponds to Section: Organization and Partnerships, Budget and Budget Justification*

The extent to which the applicant can fulfill the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- Does the applicant well describe how staff reflect the cultural, racial, linguistic, and geographic diversity of the populations and community (communities) served?
- Do project personnel have 2+ years of experience in serving the target population(s) the applicant proposes to serve?
- Does the applicant possess experience and past successes working collaboratively with government agencies and non- government organizations from a variety of sectors to implement health and/or public health initiatives aimed to advance a public health goal?
- Does the applicant describe fiscal practices to capture funds leveraged from other sources and additional sources of funding the program will pursue?

Criterion 4: IMPLEMENTATION FRAMEWORK (20 points) – *Corresponds to Sections: Project Description, Logic Model, and Work Plan*

The feasibility and likely effectiveness of plans for dissemination and scaling of project results; and the degree to which the project activities are replicable in additional communities.

- Does the applicant include a work plan that is a logical and a realistic plan of action for timely and successful achievement of objectives that support program goals?
- Does the applicant include a logic model that is clear, concise and demonstrates achievable inputs, activities, outputs, and outcomes of the project?
- Does the applicant describe service delivery implementation with Covid-19 safety and engagement considerations in mind as they relate to the project target population?

Criterion 5: Evaluation (20 points) – *Corresponds to Section: Evaluation*

- Does the applicant identify staff who will be responsible for data collection and analysis?
- Does the applicant specify a process to collect and analyze data that tracks progress towards project goals?
- Does the applicant demonstrate how the implementation of QI projects will lead to improvements of the population level outcomes?
- Does the applicant identify measurable indicators that align with the project goal?

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, 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 project will be accepted. The total size of the applicable attachments may not exceed the equivalent of **20 pages** when printed by DC Health.

The following applicable documents **are** included in the 20-page limit:

- Project Abstract (1 page)
- Project Narrative
- Logic Model (1 page)
- Work Plan – Attachment 1
- Evaluation Plan
- Organizational Chart (1 page)
- Staffing Plan
- Budget Worksheet and Justification – Attachment 2

The following documents **are not** included in the 20-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.
- Partnership documentation
- Assurances Certifications and Disclosures. Reviewed and Accepted via EGMS. (Appendix A).

- DC Health Standard Grant Terms and Conditions (Reviewed and Accepted via EGMS)
- Mandatory Certification Documents (Scan and upload)

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,
   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, Official list of Board of Directors for the current year and the position that each member holds on letterhead and signed by the authorized executive of the applicant organization; not the CEO.
   d. Medicaid Certifications, if applicable
   e. Current business license
   f. FQHC designation letter, if applicable
   g. Appendix B (signed Assurances Certifications & Disclosures). Scan and upload one SIGNED copy (Appendix B) by the Agency Head or authorized official.)

2) **Application Proposal -** Upload **ONE .**pdf file containing:
   a. Tables of Contents
   b. Project Abstract
   c. Project Narrative
   d. Logic Model (1 page)
   e. Work Plan (attachment 1)
   f. Evaluation Plan
   g. Organizational Chart (1 page)
   h. Staffing Plan
   i. Budget Worksheet and Budget Justification (Attachment 2)

3) **Other**
   a. Partnerships Documentation

Note: Failure to submit ALL 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

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 apply 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 apply 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 ® Version11
- 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 (202) 306- 9684. Here are the most common registration issues:

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

Deadline is Firm

Submit your application via EGMS by 6:00 p.m., on the deadline date of **Monday, January 25, 2021.** Applications will not be accepted after the deadline.

PRE-APPLICATION MEETING

A Pre-Application Meeting will be held on **Wednesday, December 23, 2020, from 2:00 pm to 3:30 pm via virtual meeting:**
https://dcnet.webex.com/dcnet/j.php?MTID=m0a7ed6595084479d7a0c527d7c7824c8
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."

Assurances Required to Submit Applications (Pre-Application Assurances)

- City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands).
- 501 (c) 3 certification
- 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

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
- Copy of Cyber Policy
- Certificate of insurance

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 Conditions for all DC Health – issued grants. The Terms and Conditions are 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 the Office of Risk Management (ORM) 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, NE
Washington, DC 20002
brenda.ramsey-boone@dc.gov

Program Contact
Jasmine Bihm
Program and Evaluation Manager
Community Health Administration
District of Columbia Department of
Health 899 North Capital Street NE
Washington, DC 20002
titlev@dc.gov

Attachments

- Attachment 1 - Work Plan
- Attachment 2 – Budget Worksheet & Budget Justification

Government of the District of Columbia
Department of Health

Community Health Administration
Grantee Work Plan

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

Guidance:

Using the following instructions please complete the chart below:

- Goal: Make sure your goals are clear and reachable, each one should be:
    - Specific (simple, sensible, significant)
    - Measurable (meaningful, motivating)
    - Achievable (agreed, attainable)
    - Relevant (reasonable, realistic and resourced, results-based)
    - Time bound (time-based, time limited, time/cost limited, timely, time-sensitive)
- Objective (SMART): Measurable steps your organization would take to achieve the goal

- Key Indicator: A measurable value that effectively demonstrates how you will achieve your objective(s)
- Key External Partner: Who you work with outside of your organization to achieve the goal
- Key Activity: Actions you plan carry out in order to fulfill the associated objective
- Start Date and Completion Date: The dates you plan to complete the associated activity
- Actual Start Date and Completion Date: The dates you started and completed the activity
    - Note: These columns should be entered by you and submitted to your project officer at the end of the budget period
- Key Personnel: Title of individuals from your organization who will work on the activity

GOAL 1: *Expand the availability of health care transition (HCT) training to school-based health centers (SBHCs) and to community-based mental health providers using evidence-informed HCT interventions and tested quality improvement (QI) methodologies.*					
Measurable Objectives/Activities:					
Objective #1: *By the end of month 12, partner with School-Based Health Centers and move from customizing and piloting the Six Core Elements of HCT to full implementation in routine preventive and primary care.*					
Key Indicator(s): *Number of students completing HCT readiness assessments, preparation of article on DC SBHC transition quality improvement initiative, number of presentations of SBHC transition results locally and nationally.*					
Key External Partner(s): *DC DOH and SBHCs*					
Key Activities to Meet this Objective:	**Start Date:**	**Completion Date:**	**Actual Start Date:**	**Actual Completion Date:**	**Key Personnel (Title)**
A. *In months 1-9, continue training/coaching SBHC clinical teams as they incorporate transition into routine clinic processes.*	*10/1/17*	*6/30/18*			*Primary Investigator Consultant*
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.					

<table>
<tr><td colspan="6"><u>GOAL 3</u>:</td></tr>
<tr><td colspan="6" align="center">Measurable Objectives/Activities:</td></tr>
<tr><td colspan="6">Objective #1:</td></tr>
<tr><td colspan="6">Key Indicator(s):</td></tr>
<tr><td colspan="6">Key External Partner(s):</td></tr>
<tr><th>Key Activities to Meet this Objective:</th><th>Start Date:</th><th>Completion Date:</th><th>Actual Start Date:</th><th>Actual Completion Date:</th><th>Key Personnel (Title)</th></tr>
<tr><td>A.</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>B.</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>C.</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="6">Objective #2:</td></tr>
<tr><td colspan="6">Key Indicator(s):</td></tr>
<tr><td colspan="6">Key External Partner(s):</td></tr>
<tr><th>Key Activities to Meet this Objective:</th><th>Start Date:</th><th>Completion Date:</th><th>Actual Start Date:</th><th>Actual Completion Date:</th><th>Key Personnel (Title)</th></tr>
<tr><td>A.</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>B.</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>C.</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="6">Objective #3:</td></tr>
<tr><td colspan="6">Key Indicator(s):</td></tr>
<tr><td colspan="6">Key External Partner(s):</td></tr>
<tr><th>Key Activities to Meet this Objective:</th><th>Start Date:</th><th>Completion Date:</th><th>Actual Start Date:</th><th>Actual Completion Date:</th><th>Key Personnel (Title)</th></tr>
<tr><td>A.</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>B.</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>C.</td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

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.					

Budget/ 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:

1. 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.

2. 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.

3. 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.

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

5. **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 cost 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 _

Personnel

Name of Staff	Position Title	Percent Charge to Grant	Annual Salary	Salary Charged	Fringe Benefits Rate s	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%	$ -	$ -	
		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 traveler name below)	Travel Destination	Time (Date s 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	**$ -**

APPENDICES

- Appendix A – Assurances, Certifications, and Disclosures

APPENDIX A: 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 can 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 can 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 following the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is following the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

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

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

8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29
U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42
U.S.C. 6101 et. seq.)
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat.
602 (29
U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
    1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is

prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

2) Establish a drug-free awareness program to inform employees about:
   a. The dangers of drug abuse in the workplace;
   b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
   c. Any available drug counseling, rehabilitation, and employee assistance programs; and
   d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;

17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31
U.S.C. 1352); and
22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.) (CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

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

2. Applicant/Grantee Mandatory Disclosures

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.	☐ **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.

Date:

Sign:

NAME: INSERT NAME TITLE: INSERT TITLE

AGENCY NAME: