

REQUEST FOR APPLICATION No. RM0 CCM042525



**Government of the District of Columbia
Department of Behavioral Health**

**TITLE: Comprehensive Care Management for Individuals with
Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)
Target Population #6 Population Located in and around Federal City
Shelter**

RELEASE DATE: Friday, April 25, 2025

SUBMISSION DEADLINE: Friday, May 9, 2025, by 12:00 pm ET

**PRE-APPLICATION CONFERENCE:
Friday, May 2, 2025
12:00 PM**

DC Department of Behavioral Health (DBH)
 Adult Services Administration
Notice of Funding Availability (NOFA)
RFA RM0 CCM042525
**Comprehensive Care Management for Individuals with
 Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)**

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

General Information:

Funding Opportunity Title:	Comprehensive Care Management for Individuals with Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)
Funding Opportunity Number:	RFA RM0 CCM042525
Opportunity Category:	Competitive
DBH Branch/Division Unit:	Adult Services Administration
DBH Administrative Unit:	State Opioid Response Program
Program Contact:	Maura Gaswirth maura.gaswirth1@dc.gov
Program Description:	This RFA identifies opportunities for organizations in the District to facilitate prevention, harm reduction, treatment, and recovery services and support for individuals with OUD and STUD through a comprehensive care management program. The focus of this RFA is specific to the subpopulation in and around the Federal City/CCNV Shelter (2 nd and D Street, NW) shelter.
Eligible Applicants:	Eligible applicants must have at least two (2) years of experience in providing comprehensive care management services to District residents with OUD and/or STUD.
Anticipated Number of Awards:	One (1) award
Anticipated Amount Available:	\$150,000
Floor Award Amount:	N/A
Ceiling Award Amount:	Up to \$150,000

Funding Authorization:

Legislative Authorization:	Title II Division H of the Consolidated Appropriations Act 2020
Assistance Listing#	93.788
Associated Federal Award ID#:	No. TI-22-005
Cost Sharing/Match Required?	No
RFA Release Date:	Friday, April 25, 2025
Pre-Application Conference (Microsoft Teams):	Please find web link access information in Request for Application.
Application Deadline Date:	Friday, May 9, 2025
Application Deadline Time:	12:00 p.m. ET
Links to Additional Information about this Funding Opportunity:	Serve DC: https://communityaffairs.dc.gov/content/community-grant-program#4 DBH RFA Opportunities: https://dbh.dc.gov/page/request-applications-001

Funding Authorization:**Notes:**

- A. DBH reserves the right to issue addenda and/or amendments subsequent to the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.**
- B. Awards are contingent upon the availability of funds.**
- C. Individuals are not eligible for DBH grant funding.**
- D. Applicants must have a UEI#, Tax ID#, and be registered in the federal Systems for Award Management (SAM).**
- E. Contact the program manager assigned to this funding opportunity for additional information.**

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DC Department of Behavioral Health (DBH)
Adult Services Administration
DBH RFA Terms and Conditions

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

- Funding for a DC DBH award/sub-award is contingent on DBH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- The RFA does not commit DBH to make an award.
- DBH may suspend or terminate any RFA pursuant to its own grant making rule(s) or any applicable federal law, regulation, or requirement.
- Individual persons are not eligible to apply or receive funding under any DBH RFA.
- Eligible applicants must also have the ability to enter into an agreement with DBH requiring compliance with all governing federal and District of Columbia laws and regulations.
- DBH reserves the right to accept or deny any or all applications if DBH determines it is in the best interest of DBH to do so. An application will be rejected if it does not comply with eligibility requirements outlined in the RFA. DBH shall notify the applicant if it rejects that applicant's proposal for review.
- DBH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g., Serve DC, DBH Website).
- DBH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded to the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of this application.
- DBH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended. In addition, DBH may review the fiscal system and programmatic capabilities to ensure that the organization has adequate systems in place to implement the proposed program.
- DBH 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.
- Any entity registering to do business with the government in terms of contracts or grants and assistance awards is required to have a Unique Entity Identification (UEI) number prior to award. UEI's are issued by the federal System for Award Management (SAM) and are a part of an entity's record. (<https://sam.gov/content/home>).
- DBH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period.

- DBH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant’s proposal that may result from negotiations.
- If funded, the applicant will receive a Notice of Grant Award (NOGA), which shall incorporate the requirements of this RFA and identify the project period and budget period.
- Continuation 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.
- OMB 2 CFR Part 200 (effective December 26, 2014) and 45 CFR Chapter 75, and Title 22A, D.C. Municipal Regulation, Chapter 44, apply to all grants issued under this RFA.
- 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://is.dc.gov/book/citywide-grant-manual-and-sourcebook> (City-Wide Grants Manual and Sourcebook).

If your agency would like to obtain a copy of the DBH RFA Dispute Resolution Procedures, please contact the DBH Grants Management Office at DBH.Grants@dc.gov or find on the DBH website, www.dbh.dc.gov under Opportunities, Request for Applications. Your request for this document **will not** be shared with DBH program staff or reviewers.

CHECKLIST FOR RFA APPLICATION

A complete DBH RFA Application Package shall **adhere** to the following guidance:

- Documents requiring signature have been signed by the agency head or **AUTHORIZED** Representative of the applicant’s organization.
- The application must have a UEI number to be awarded funds. Go to SAM.gov to apply for and obtain a UEI # if needed.
(<https://sam.gov/content/home>)(<https://sam.gov/content/home>)
- The Project Narrative is typed using the following formats: 8½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font 12-point type (10-point font for tables and figures), and a minimum of one-inch margins. **Applications that do not conform to these requirements will not be forwarded to the review panel.**
- The application proposal format conforms to the “Application Requirements” listed in the RFA.
- The proposed budget is complete and complies with the allowable items provided in the RFA. All data is captured using the “Budget and Budget Justification” (Attachment F) provided with the RFA. The budget justifications are complete and describe the items proposed in each category.
- The proposed work plan, staffing plan, Work Plan (Attachment D), Staffing Plan (Attachment E), and any other requested attachments are complete and comply with the forms and format provided in the RFA.
- Submit your application via email to DBH Grants, DBH.Grants@dc.gov by 12:00 pm ET on the deadline of **Friday, May 9, 2025. Applications will not be accepted late. Applicants are encouraged to submit their applications 24 hours prior to the deadline for any necessary electronic/technical troubleshooting.**

A complete DBH RFA Application Package shall **include** the following:

- Notice of Eligibility and Experience Requirements (Attachment A)
- Letter of Intent Notification (Attachment B)
- Application Profile (Attachment C)
- Project Abstract (Attachment C)
- Table of Contents
- Project Narrative
- Work Plan (Attachment D)
- Staffing Plan (Attachment E)
- Budget and Budget Justification (Attachment F)
- Advance Payment Request Form (Attachment G)
- Letters of Agreement
- Organizational Required Documents:
 - Business License
 - Certificate of Clean Hands
 - IRS Tax-Exempt Determination Letter (for nonprofits only)
 - IRS 990 Form from most recent tax year (for nonprofits only)
 - IRS W-9 Form, if applicable
 - Audited Financial Statements

- Separation of Duties Policy
- Board of Directors
- Active UEI Number (Unique Entity ID via System for Award Management (SAM))
- Partner Document(s) (if applicable)
- Proof of Insurance for Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Assurances, Certifications, & Disclosures (Attachment 2)
- Program Income and Financial Disclosure (Attachment 3)
- DC Contribution and Solicitation Certification (Attachment 4)
- Federal Assurances and Certifications (Attachment 5)
- Special Terms of Award Funding (Attachment 6)
- DC Tax Certification (Attachment 7)
- Sub-Grantee Single Audit Certification (Attachment 8)
- DBH Grant Terms and Conditions (Attachment 9)
- Special Terms of State Opioid Response Funding (Attachment 10)

GENERAL INFORMATION

Key Dates

Notice of Funding Announcement Date:	Friday, April 25, 2025
Request for Application Release Date:	Friday, April 25, 2025
Pre-Application Conference Date	May 2, 2025, at 12:00 pm ET
Letter of Intent Due Date:	Tuesday, May 6, 2025
Application Submission Deadline:	Friday, May 9, 2025 by 12:00 pm ET
Anticipated Award Start Date:	Monday, June 2, 2025

Authority for the Grant

The Department of Behavioral Health (DBH) was established, effective October 1, 2013, by the Department of Behavioral Health Establishment Act, D.C. Law 20-0061, D.C. Official Code § 7-1141.01, et seq., and is the successor-in-interest to the Department of Mental Health, established by the Mental Health Establishment Amendment Act of 2001, effective December 18, 2001 and the Department of Health Addiction Prevention and Recovery Administration, established in the Department of Health by Reorganization Plan No. 4 of 1996, effective July 17, 1996. DBH is responsible, inter alia, for developing and monitoring comprehensive and integrated behavioral health systems of care for adults and for children, youth and their families, and serves as the state mental health authority and as the single state agency for substance abuse services. The Director of DBH has the authority to make grants pursuant to D.C. Official Code § 7-1141.06(7) and has implemented this authority by rulemaking in Title 22A, D.C. Municipal Regulation, Chapter 44.

Overview

The Government of the District of Columbia, Department of Behavioral Health, Adult Services Administration is soliciting applications from qualified organizations to implement a comprehensive care management program for residents with OUD and/or STUD. The District of Columbia (DCOR) grant, guided by LIVE.LONG.DC. 3.0, the District's Plan to Reduce Opioid Use, Misuse, and Related Deaths (LLDC 3.0), is focused on increasing access to medication for opioid use disorder treatment (MOUD), reducing unmet treatment needs, and reducing opioid overdose-related death in the District of Columbia through the provision of prevention, harm reduction, treatment, and recovery services and supports to individuals with OUD/STUD. This grant supports a strategy in LLDC 3.0 which is to “develop and implement a comprehensive care coordination/care management system to care for and follow clients with STUD/OUD.”

This solicitation includes one (1) application opportunity:

One (1) competition with one (1) targeted population.

Targeted Population 6: Population Located in and around Federal City Shelter

AWARD INFORMATION

Source of Grant Funding

Funding is made available from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, State Opioid Response grant program.

Award Funding Available

This RFA will make available \$150,000 for one (1) award for four (4) months for the base year, with 4 option years.

Targeted Population 6: Organization that can support individuals who are utilizing the Federal City/Community for Creative Non-Violence (CCNV) Shelter. This competition will make available up to \$150,000 for one (1) award for four (4) months for the base year. Option years will be funded up to \$400,000 each for a 12-month period.

Performance and Funding Period

The anticipated performance and funding period is June 1, 2025, through September 30, 2025. Subsequent to the first 4-month period, funding will be awarded in 12-month grant periods for up to 4 option years. **The number of awards, budget periods and award amounts are contingent upon the continued availability of funds and the recipient performance.**

Eligibility Requirements

Eligible applicants must have at least two (2) years of experience in providing comprehensive care management services to District residents with OUD and/or STUD.

Non-Supplantation

Recipients must supplement, and not supplant, funds from other sources for initiatives that are the same or similar to the initiatives being proposed in this award. Further, 45 CFR Chapter 75 contains additional restrictions for for-profit commercial entities that may require a reduction of approved grant awards based upon program income earned.

Application Page Limit

The documents that will be counted in the page limit may not exceed the equivalent of eight (8) pages. Letters of agreement are not included in the page limit. The page limit includes the following documents:

- a) Project Narrative – Up to (7) pages
- b) Project Abstract – One (1) page

BACKGROUND & PURPOSE

Background

LIVE.LONG.DC, 3.0, the District of Columbia Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths is the guide for accomplishing the work funded through the DCOR

grant. The specific goals of the DCOR grant are to 1) Educate District residents and stakeholders on opioid use disorder (OUD), its risks, and prevention and harm reduction approaches through coordinated community efforts; 2) Support the awareness, availability of, and access to, harm reduction services in the District of Columbia; 3) Implement a robust communications plan to disseminate knowledge of, and ensure equitable access to, high-quality, trauma-informed, recovery-oriented, equity-based SUD treatment; 4) Expand reach and impact of the highest quality recovery support services (RSS) available and promote a recovery-oriented system of care; 5) Implement a shared vision between justice and public health agencies to address the needs of individuals who come into contact with the criminal justice system; 6) Strengthen the District of Columbia's opioid response by cultivating a skilled workforce, advancing professional development opportunities, and implementing strategic communication methodologies to drive meaningful change.

Purpose

The purpose of this RFA is to help the District's most vulnerable residents successfully navigate the physical and behavioral health care systems and connect them to prevention, harm reduction, treatment, and recovery services and supports for OUD and STUD. Comprehensive care management can be implemented to both improve outcomes for clients with complex needs and reduce costs by reducing emergency department visits and proactively managing chronic conditions.

For this initiative, DBH aims to fund grantees who can provide comprehensive care management services to the District's most complex clients who meet the following criteria:

1. Does not have private insurance.
2. Have an OUD or STUD; and
3. Can identify with the following population:
 - a. Population located in and around Federal City Shelter (2nd and D Street, NW).

Applicants are required to identify the specific population they intend to serve through this grant, their experience serving this demographic, and how they plan to conduct outreach with these individuals. Grantees will be responsible for working with individuals to manage their care in a way that improves positive outcomes (e.g., retention in behavioral health treatment and improved physical health) and reduces negative outcomes (e.g., overdoses and emergency department visits).

Upon award, DBH will identify the target population for the grantee to focus on based on its' application. Grantees may be asked to coordinate with each other based on the specific and changing needs of the population(s) they are serving.

Effective care management uses a high-touch approach to help individuals navigate the continuum of healthcare and behavioral health in the District and assist with immediate needs while providing ongoing support for individuals as they engage in OUD/STUD services (including MOUD), develop healthy behaviors, and access social services and recovery supports. For the purposes of this initiative, care management is the provision of

individualized, comprehensive, frequent, and ongoing services subject an individualized care plan and composed of the specific services outlined in the Scope of Services below.

Outreach, for the purposes of this initiative, is defined as intensive, sustained, and person-centered engagement with individuals with OUD and/or STUD in order to enroll or re-enroll them in care management and subsequently connect them to harm reduction and treatment services and supports and RSS as well as to healthcare. Effective outreach includes implementing multiple strategies for engagement and meeting individuals where they live, socialize, and seek care.

If an organization applying for the grant cannot meet intensive outreach needs to initially engage clients or re-engage an enrolled client, it may partner with another organization that can conduct comprehensive outreach activities as described above.

PERFORMANCE REQUIREMENTS

Experience Criteria

1. At least two (2) years of experience providing care management to individuals with complex physical and behavioral health needs; specifically, OUD and/or STUD. Applicants must demonstrate that they have experience conducting outreach and providing care management to the subpopulation in and around the Federal City/CCNV Shelter (2nd and D Street, NW) shelter. Applicants must also specify in their application what model of care management they use and how the components of that model lead to improved outcomes.
2. Demonstrated knowledge of the District's publicly funded behavioral health system, including regulations and financing.
3. Demonstrated ability to start work within thirty (30) calendar days of award and provide services on weekends and/or nights in order to reach the target population, if needed.
4. Demonstrated ability to coordinate with other organizations providing care management.
5. Demonstrated ability to respond to community and/or DBH needs with intensive outreach and care management to address emerging OUD/STUD issues or reach the subpopulations. This requirement could be satisfied with a partner organization and a letter of commitment included in the application.

Additional Experience Requirements

1. A functioning accounting system that is operated in accordance with generally accepted accounting principles.
2. A connection to health information exchange with ability to achieve Level 3 or 4 bidirectional exchange connectivity to DC's designated HIE, CRISP, and own electronic health system. Will need to understand and implement the CRISP Consent to Share and ensure providers involved with the client's care can share information through this platform.

Target Population

The target population is residents of the District of Columbia with OUD/STUD who do not have private insurance and fit the identified subpopulation. The specific subpopulation is in and around the Federal City/CCNV Shelter (2nd and D Street, NW) shelter.

Location of Services

Services associated with this grant must take place in the District of Columbia in and around the Federal City/CCNV Shelter (2nd and D Street, NW) shelter.

Scope of Services

Services to be provided under the Comprehensive Care Management initiative shall include the following:

1. Enroll at a minimum 40 individuals with OUD and/or STUD belonging to the DBH-assigned target population. Engaging clients only through outreach does not count toward the minimum; they must be enrolled and engaging with a care manager. (Grantees will have six months to achieve full capacity. If minimum capacity is not met at six months or maintained, grantees will be reimbursed at a lower rate based on the percent of clients enrolled.)
 - a. Provide monthly roster of individuals enrolled in care management services to DBH.
2. Outreach to individuals in the target population to engage them to participate in harm reduction, treatment services and supports, and RSS as well as healthcare through a formal enrollment process in care management. Outreach should focus on both new clients and re-engagement with clients who have stopped receiving services and were enrolled and working with a care manager. Outreach staff should engage and re-engage clients using a variety of documented strategies. These strategies will vary based on individual needs, but may include the following for new clients:
 - a. Distribution of fliers and other resources with information about OUD/STUD and other social services; and
 - b. Community and street-level outreach.
When a client has been lost to care, outreach to re-engage them should include at least four attempts over two weeks, and at least two attempts during the first week. At least three of the outreach attempts shall be made using face-to-face strategies. These strategies will vary based on individual needs, but may include:
 - a. In-person engagement with clients where the member lives, socializes, and seeks care or services; and
 - b. Mail, email, texts, and calls (these strategies should be limited).
3. Receive referrals from DBH, other governmental partners, and other care management grantees. Referrals will be made based on:
 - a. Population of focus.
 - b. Individuals recently hospitalized or have experienced an overdose.
4. Provide individualized, comprehensive, frequent, and ongoing care management to the individuals identified above. The exact services provided will vary based on an individual's needs, but may include:

- a. Arranging transportation to and from treatment and other services;
 - b. Scheduling and keeping track of appointments;
 - c. Providing transitional care to support individuals when they are admitted, discharged, or transferred from one setting or level of care to another, including communicating with relevant providers, developing strategies to reduce avoidable admissions and readmissions, coordinating follow-up appointments or services, and arranging for home and community-based services and supports (e.g., personal care aid, Elderly and Persons with Physical Disability waiver and Money Follows the Person).
 - d. Interfacing with different service providers to ensure that the client is receiving the most effective level of care;
 - e. Coordinating medications and treatment plans between different physical and behavioral health providers;
 - f. Helping the client acquire housing, food assistance, legal assistance, employment training, and other services as needed;
 - g. Providing overdose education and naloxone distribution and other harm reduction services to program participants to help mitigate risk of future overdose fatality;
 - h. Facilitating MOUD initiation and retention, including making warm handoffs to providers with same day availability for MOUD initiation and ensuring transportation to follow-up appointments;
 - i. Connecting individuals to social and RSS (e.g., recovery housing, recovery coaching, employment support) and encouraging involvement in recovery-oriented activities.
5. Develop individualized goals and care plans for each individual enrolled. Care plans should:
- a. Identify and assess physical and behavioral health needs (mental health and SUD), and health-related social needs;
 - b. Identify client strengths, risks, and goals;
 - c. Identify strategies and resources to address needs and leverage client strengths; and,
 - d. Ensure appropriate follow up with the client to improve adherence to the care plan.
6. Coordinate with other outreach and care management teams operating in the District to ensure minimal duplication of services.
7. Develop a sustainability plan that includes a description of how these grant funds will support start-up costs and facilitate the provision of Medicaid-billable services.

Data Collection and Reporting Government Performance Results Act Data (GPRA)

Collection:

GPRA Data Collection

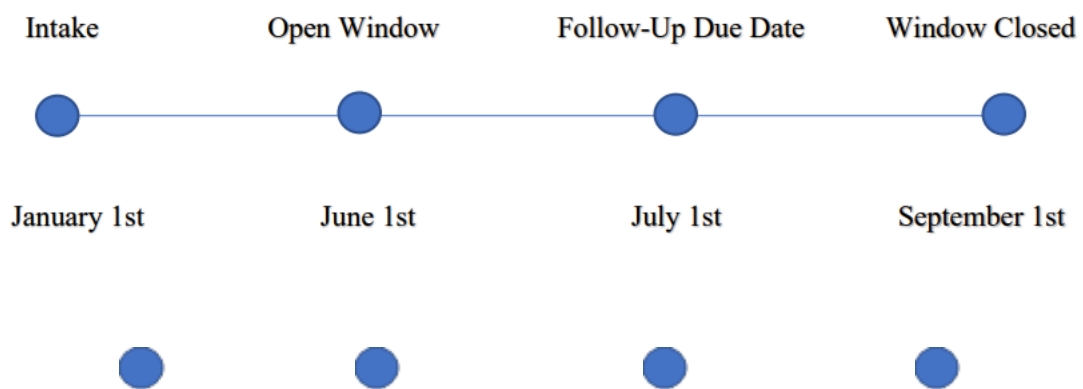
Grantee will collect GPRA data for all clients enrolled in SOR-funded services. The GPRA mandate increases accountability and performance-based management by federal grants and contracts must be used. This has resulted in greater focus on results or outcomes in evaluating the effectiveness of federal activities, and in measuring progress toward achieving goals and objectives. GPRA will be collected at three stages of program

involvement: Baseline/intake, follow up, and discharge. Up-to-date GPRA information and training materials can be found here - [GPRA](#).

1. **Baseline:** A baseline GPRA will be collected as soon as possible, after the client is officially enrolled in the program (i.e., has an assigned care manager). The baseline GPRA interview should be conducted no later than three days after enrollment in residential programs and four days after enrollment in outpatient programs. Clients who participate in drop-in or outreach services do not need to participate in GPRA interviews and will not count toward an organization's GPRA goals.
2. **Follow Up:** A follow-up GPRA interview should be conducted within the follow-up window (see below). Efforts should be made to complete all follow-up interviews; however, the minimum expectation is 80% of program enrollment.

Sample Follow Up Window

The image below is an example of the approved follow-up window period.



The GPRA follow-up interview must be conducted between the 5-month mark and 8-month mark.

3. **Discharge:** A discharge GPRA should be completed for clients no longer participating in services; however, it is not required for clients discharged less than or equal to seven calendar days from the GPRA intake/baseline interview. A face-to-face GPRA discharge interview is not required.

GPRA Submission Deadline: All GPRA interviews must be submitted within five days of the interview date.

GPRA Communication: The SOR Data Coordinator will provide monthly notifications to providers regarding GPRA submissions (including intakes, follow-up, and discharge data). Providers must review this information monthly and notify the Data Coordinator of discrepancies within five business days of each notification.

Programmatic Data Collection

In addition to collecting GPRA data, grantees will be required to collect, track, and report (to DBH) information on SOR-funded services provided and individuals served under this initiative. data reporting must include:

Aggregate Data to Report to DBH Monthly

1. The number of individuals actively receiving care management services each month, segmented by the number of individuals belonging to the target population.
2. The number of individuals enrolled in Care Management each month, overall and for each category:
 - a. OUD
 - b. STUD
 - c. Multiple SUD
 - d. SUD and Mental health
 - e. SUD and somatic health condition
 - f. Target population(s)
3. The number of individuals discharged from Care Management each month
4. Referrals and linkages (could be internal to organization), by service for
 - a. MOUD
 - b. Non-MOUD SUD Treatment
 - c. Mental Health
 - d. Physical Health/Primary Care
 - e. RSS (e.g., employment, recovery housing, recovery coaching)
 - f. Other (e.g., social determinants of health [SDOH])
5. Clients induced on MOUD
6. Adverse events, including (but not limited to)
 - a. Fatal overdose
 - b. Suspected overdose (non-fatal)
 - c. Unexpected hospitalization
 - d. Arrested
7. Naloxone kits distributed
8. Overdose reversal attempts
9. New client outreach encounters
10. Re-engagement client encounters
11. For each enrolled individual, grantees will submit monthly:
 - a. Behavioral and physical health diagnoses.
 - b. Behavioral health treatment services received (including receipt of MOUD, by drug type).
 - i. Whether client initiated MOUD in last 30 days.
 - ii. Whether MOUD prescription filled in last 30 days or is actively engaged in MOUD.
 - iii. Number of follow-up MOUD visits attended in last 30 days.
 - c. Physical health services received.
 - d. Number of hospitalizations or emergency department visits (and reason for hospitalizations or emergency department visits).
 - e. Number of interactions with the justice system (arrests, court appearances and incarcerations).
 - f. Housing status
 - g. Employment status
 - h. Key updates to care plan or key components of care plan if new client

- i. Most pressing physical and mental health needs, SUD needs, and health related social needs, including updates on which if any needs have been addressed.
 - ii. Client strengths, risks, and goals
 - iii. Identified strategies and resources to address needs and plan for follow-up
- i. Number of engagements with staff in the last month (attempted and successful).
 - i. Mode of outreach (e.g., call, in-person) for each attempted and successful engagement
- j. Number of referrals
 - i. For successful referrals, service received and follow up conducted (or plan for follow up)
 - ii. For unsuccessful referrals, reason for failure and follow-up conducted (or plan for follow-up).
- k. Number of linkages (client attended first appointment after referral)
- l. Numbers successfully enrolled in Medicaid

Data Collection and Project Evaluation

1. Grantees will identify a point of contact for all data matters pertaining to the initiative (including GPRA collection).
2. Grantee will be responsible for ensuring that all individuals receiving services under this funding opportunity will be included in the grant data collection and submit monthly data report by the 10th day of each month.
3. Grantee will be responsible for tracking and evaluating grant activities.
4. Grantee will submit monthly progress reports that detail strides toward meeting the deliverables as outlined in the DBH approved Scope of Work.

APPLICATION REQUIREMENTS

Project Narrative – up to seven (7) pages

A. Organizational Capacity

Applicants should include the following information to highlight their experience and capacity to provide comprehensive care management in the District:

1. Have among its organizational purposes significant activities related to providing complex comprehensive care management;
2. Describe relevant experience, and duration of that experience, in delivering the services or partnering with others to deliver the services proposed under this RFA;
3. Describe relevant experience, and duration of that experience, in conducting outreach, managing care, and identifying and tracking behavioral health and physical health-related outcomes for individuals belonging to the target population identified by DBH. List relevant experience and duration of experience for each target population, including how outreach and care

management services are tailored to this population. Note that outreach could be fulfilled with a partner organization and a letter of commitment demonstrating a willingness to work together on this grant.

4. Describe the staff who will work on this initiative, including anyone that would be hired to run or provide oversight of the initiative and staff responsible for GPRA compliance;
5. Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise; and,
6. Describe the organization's plan to be fully operational within thirty (30) calendar days of the new grant agreement.

B. Project Need

Applicants should describe the unmet need for comprehensive care management in the District for this specific population they would like to focus on.

C. Project Description

Applicants should describe:

1. Clearly defined measurable goals, objectives, and anticipated outcomes;
2. Existing relationships with any partners that will help deliver the services outlined in this RFA including an Opioid Treatment Program, other MOUD provider, and a physical health provider (NOTE: letters of commitment are required from all key partners and these commitment letters will not count towards page limitations. DBH will always retain the right of approval for potential partnerships in service delivery);
3. The process for submitting referrals for this service.
4. A timeline for implementation that clearly defines milestones, inclusive of start-up;
5. A plan to reach 80% of GPRA completion upon enrollment and program activities that will support collection of follow-up GPRAs. Explain specific steps that will be taken to ensure compliance with the GPRA interview submission deadline;
6. Demonstrate the ability to ensure data submission is consistent for all reports (including GPRA, monthly reporting, and narratives);
7. An approach or plan for how and when the grantee will bill Medicaid for care management services rendered;
8. A sustainability plan that explains how these services will be funded beyond the conclusion of the grant term;
9. Any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise; and,
10. For each target population that the applicant indicated experience conducting outreach and managing care for, please describe a plan for identifying and conducting outreach to clients (including re-engagement with clients who have stopped receiving services), a plan for providing comprehensive care management to clients, and a plan for developing individualized goals and a care plan with each client and objectively tracking

and reporting on their progress.

D. Project Evaluation

The applicant must include clear, quantitative goals and objectives for the grant period and present a sound and feasible evaluation plan that meets the goals in this application. Applicants should describe the plan to evaluate the initiative, including how the organization will track work plan progress to ensure deliverables are achieved by September 29, 2025, and reported on no later than October 15, 2025.

The section should describe the applicant’s plan to evaluate the initiative. The description should include the proposed targets for the following key grant outcomes:

1. The number of individuals actively receiving care management services each month, segmented by the number of individuals belonging to the target population.
2. The number of individuals enrolled in Care Management each month, overall and for each category:
 - a. OUD
 - b. STUD
 - c. Multiple SUD
 - d. SUD and mental health
 - e. SUD and somatic health condition
 - f. Target population(s)
3. The number of individuals discharged from Care Management each month
4. Referrals and linkages (could be internal to organization), by service for:
 - a. MOUD
 - b. Non-MOUD SUD Treatment
 - c. Mental Health
 - d. Physical Health/Primary Care
 - e. RSS (e.g., employment, recovery housing, recovery coaching)
 - f. Other (e.g., social determinants of health [SDOH])
5. Clients induced on MOUD
6. Adverse events, including (but not limited to)
 - a. Fatal overdose
 - b. Suspected overdose (non-fatal)
 - c. Unexpected hospitalization
 - d. Arrested
7. Naloxone kits distributed
8. Overdose reversal attempts
9. New client outreach encounters
10. Re-engagement client encounters
11. For each enrolled individual, grantees will submit monthly:
 - a. Behavioral and physical health diagnoses.
 - b. Behavioral health treatment services received (including receipt of MOUD, by drug type).

- i. Whether client initiated MOUD in last 30 days.
 - ii. Whether MOUD prescription filled in last 30 days or is actively engaged in MOUD.
 - iii. Number of follow-up MOUD visits attended in last 30 days.
- c. Physical health services received
- d. Number of hospitalizations or emergency department visits (and reason for hospitalizations or emergency department visits)
- e. Number of interactions with the justice system (arrests, court appearances and incarcerations)
- f. Housing status
- g. Employment status
- h. Key updates to care plan or key components of care plan if new client
 - i. Most pressing physical and mental health needs, SUD needs, and health related social needs, including updates on which if any needs have been addressed
 - ii. Client strengths, risks, and goals
 - iii. Identified strategies and resources to address needs and plan for follow-up
- i. Number of engagements with staff in the last month (attempted and successful)
 - i. Mode of outreach (e.g., call, in-person) for each attempted and successful engagement
- j. Number of referrals
 - i. For successful referrals, service received and follow up conducted (or plan for follow up)
 - ii. For unsuccessful referrals, reason for failure and follow-up conducted (or plan for follow-up).
- k. Number of linkages (client attended first appointment after referral)
- l. Numbers successfully enrolled in Medicaid.

For this initiative, the GPRA mandates increase accountability and performance-based management by federal grants and contracts must be used. This has resulted in greater focus on results or outcomes in evaluating the effectiveness of federal activities, and in measuring progress toward achieving goals and objectives. The grantee should also briefly describe the infrastructure that will support evaluation activities and the collection of GPRA data.

The grantee may propose additional outcome measures specific to the initiative, subject to DBH approval.

GPRA Collection/Project Evaluation

The applicant should outline the process measures and targets it will use to track services delivered under the grant. The section should describe the infrastructure that will support evaluation activities and GPRA data collection. The applicant should:

1. Document the number of GPRA intakes the grantee expects to complete, based on consumer enrollment.
2. Document the number of follow-up GPRAs the grantee projects to complete, based on consumer enrollment. The minimum expectation is 80% of enrollment.
3. Document the program activities that support collection of follow-up GPRAs.
4. Explain specific steps that will be taken to ensure compliance with the GPRA interview submission deadline.
5. Demonstrate the ability to ensure data submission is consistent for all reports (including GPRA, monthly reporting, and narratives).

Note: Data submission must be consistent across all forms of submission.

Project Attachments

Some of the attachments for this application include required templates that the applicants must use, as indicated below.

A. Project Abstract (1 page)

A one-page project abstract is required (**see Attachment C**). Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. The project abstract must be typed on 8 ½ 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, **limited to one page in length**, and include the following sections (*no template provided*):

1. **Project Description:** Briefly outline how the organization will implement the initiative in service of the goal and objectives.
2. **Performance Metrics:** Outline the key outcome and process metrics and associated targets that will be used to assess grantee performance.

B. Work Plan (not counted in page limit)

The work plan template (**see Attachment D**) provided by DBH is required. The work plan describes key activities and tasks to successfully deliver the Care Management scope of services and aligns with the Project Description narrative under Application Requirements. Add additional activities and tasks. The activities and tasks should be organized chronologically, and each should have an identified responsible staff, target completion date, and associated output.

C. Staffing Plan (not counted in page limit)

The applicant's staff plan template (**see Attachment E**) provided by DBH is required. The staffing plan should describe staff duties, qualifications, and the percent of time to be spent on project activities, and whether the time will be charged to the grant. The plan should clearly indicate which staff positions will need to be hired. Staff CVs, resumes, and position descriptions shall be submitted and will not count towards the page limit. Staffing should include, at a minimum, a senior staff person responsible for the oversight and day-to-day management of the proposed program; staff responsible for service delivery; staff responsible for monitoring programmatic

activities and use of funds; and staff responsible for data collection, quality, and reporting. The individual who will be responsible for GPRA data collection should be specified. Staff will need to be involved in direct care in order to charge the grant for direct services. If not, they should be charged under the 10% allowable administrative costs.

D. Project Budget and Justification (not counted in page limit)

The application should include a project budget (**see Attachment F**) with justification using the provided template and include modified total direct costs (MTDC). The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes, including the following activities:

1. Providing comprehensive care management to clients with OUD/STUD who have complex behavioral and physical health care needs.

The budget should reflect a four-month period. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures budgeted for in the grant must be for services that will occur during the six-month grant period. Applicants must describe how they are going to bill Medicaid for services, if possible, and provide a sustainability plan as part of the Project Description. **The applicant must confirm that these funds are not being spent on Medicaid-billable services, specify how start-up activities will facilitate the provision of Medicaid-billable services, and provide a timeline for achieving sustainability.**

Restrictions:

Per the terms of the grant award, receipt of funds is contingent upon the following terms:

1. SOR grant funds must be used to provide services or practices that have a proven evidence base and are appropriate for the population(s) of focus.
2. SOR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, (e.g., HHS, CDC, CMS, HRSA, and SAMHSA, DOJ (OJP/BJA)), and non-federal funds, third party insurance, and sliding scale self-pay among others.
3. SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address opioid or stimulant misuse issues. If either an opioid or stimulant misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with opioids or stimulants misuse shall not receive treatment or recovery services with SOR grant funds.
4. Recipients are required to work with SAMHSA-funded SOR/Tribal Opioid Response Technical Assistance Training (TA/T) grant as the primary means of TA provision.

5. Funds may not be expended through the award or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA approved medications for the treatment of substance use disorders (e.g., methadone; buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine mono product formulations; naltrexone products, including extended-release and oral formulations; or long-acting products, such as extended release injectable or buprenorphine.). Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a practitioner who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's OUD. Similarly, medications available by prescription or office-based injection must be permitted if it is appropriately authorized through prescription or administration by a licensed prescriber or provider. In all cases, MOUD must be permitted to be continued for as long as the prescriber or treatment provider, in conjunction with the patient, determines that the medication is clinically beneficial. Recipients must ensure that clients will not be compelled to no longer use MOUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
6. Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder and stimulant use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
7. For programs including contingency management as a component of the treatment program, clients may not receive contingencies totaling more than \$75 per budget period. The incentive amounts may be subject to change.
8. Food can be included as a necessary expense¹⁴ for individuals receiving SAMHSA-funded mental and/or substance use disorder prevention, harm reduction, treatment, and recovery support services, not to exceed \$10.00 per person per day.
9. Only medications approved by the U.S. Food and Drug Administration (FDA) for treatment of opioid use disorder and/or opioid overdose can be purchased with SOR funds.

10. Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. 1320a-7b).
Note: A recipient or treatment or prevention provider may provide up to \$30 noncash incentive to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required follow-up interview. For programs including contingency management as a component of the treatment program, clients may not receive contingencies totaling more than \$75 per budget period. The incentive amounts may be subject to change.
11. Recipients must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in Section H of the Application Guide.
12. Grant funds may not be used to pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
13. Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the program.
14. Grant funds may not be used to provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
15. Consolidated Appropriations Act, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

The following categories and descriptions should be covered in the Budget/Justification:

- i. **Personnel:** Include the title of the position, name (or indicate vacancy), annual salary (cannot exceed \$212,100) and level of effort (percentage of time) dedicated to this project. All proposed salaries must be reasonable and not exceed (1) the local market rates for specific roles, responsibilities, and experience, and (2) the prior salaries paid by the prospective grantee prior to the grant. Proposed salary increases from previously approved budgets or the organization's historical salary payments must be no more than the annual federal cost of living allowance (COLA) unless the Department finds good cause to justify a larger increase. (See COLA policy.) Personnel must only include individuals working directly to provide services to individuals enrolled in care management and cannot include indirect activities such as accounting and payroll, data monitoring and evaluation, IT support, etc., but those services may be charged to indirect.

- ii. **Fringe:** Provide the position, name (or indicate vacancy), total fringe benefit rate used. Fringe must be broken out by category (e.g., health insurance, FICA, etc.).
- iii. **Travel:** Only local travel related to the care management grant and for the project staff will be approved in the grant budget. Provide purpose, destination, and type of travel.
- iv. **Equipment:** Provide the item, quantity, amount, and percent charged to the grant. Vehicles cannot be purchased as a part of this grant.
- v. **Supplies:** Include the items being requested and rate. Description should also include how the supplies directly support the project.
- vi. **Contractual:** Provide the name of entity and identify whether it's a sub-recipient, contractor, consultant, or service. Also provide the entity's rate. Any vendors selected under this RFA will be required to provide a breakdown of its personnel costs for each person performing services under the contract. This breakdown shall include: the actual salary paid, the actual fringe rate applied to the salary, any overhead applied and the profit amount.
- vii. **Other Direct Costs:** List any costs not included in any of the other cost categories.
- viii. **Indirect Costs:** Indirect costs should not exceed 10% of direct costs. Please reference 45 CFR §75.414.
- ix. **Program Income:** If the possibility of generating program income as a result of DBH funding exists, list source and amount as budget line items.

Applicant's indirect costs calculation

An Applicant may include its indirect costs in its budget calculation. (See the Nonprofit Fair Compensation Act of 2020, DC Act 23-565 [effective March 2021]). Indirect costs should not exceed 10% of direct costs.

(The cited statute required DBH to provide for at least one of these listed methods. However, the statute excludes the following from the requirement: foundation; hospital; university; college.) If the Applicant proposes to use the services of a nonprofit subgrantee or contractor, it must propose to apply the same indirect cost rate to that entity's services. (See Attachment-1. General Terms & Conditions, Establishing and Managing Subgrant, #8)

Federal rules always control federal funding. For federal funding that passes through the District to the grantee, the indirect cost rate must be consistent with federal regulation 2 CFR 200.331 or its successor.

E. Advances

An applicant seeking an advance, must submit a completed Advance Payment Request form signed by the organization's Chair of the Board of Directors and Executive Director, or equivalent positions. Applicants must detail the amount requested per budget category in the budget and justification (see **Attachment G**). **No advance payment will be considered without prior official request and DBH approval.**

F. Letters of Agreement

Applicant must submit all letters of agreement, from other agencies and organizations that will be actively engaged in the proposed project (no template provided).

G. Business License

The applicant must submit a current business license with Active Charitable Solicitation issued by the District of Columbia Department of Licensing and Consumer Protection. If the applicant does not have a current license, a copy of the business license application and receipt filed **before** the due date of the grant application must be submitted.

H. Certificate of Clean Hands

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax requirements as established in the District of Columbia. Each applicant must submit a current Certificate of Clean Hands from the District of Columbia Office of Tax and Revenue (OTR). A Certificate of Clean Hands can be requested via OTR's online portal, <https://mytax.dc.gov/>. DBH requires that the submitted Certificate of Clean Hands reflect a date within a **60-day period** immediately preceding the application's submission. **Self-Certification and Certificates of Good Standing will not be accepted.**

I. IRS Tax-Exempt Determination Letter (for Non-Profits Only)

The applicant must submit the organization's determination letter approving and/or confirming the tax-exempt status. Please see <https://www.irs.gov/charities-non-profits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letter-from-irs> for more information. If the group has a supporting organization with an IRS tax-exempt status determination, then that organization's tax exemption affirmation letter should also be submitted.

If there is no IRS tax exemption letter because the organization is a religious organization, then the applicant may submit the best evidence it can of its status. Examples of potential best evidence for this purpose include, but are not limited to (i) a letter from the leader of the organization verifying that the organization is a religious group; (ii) a letter from the group's board chair or similar official, verifying that the organization is a religious group; (iii) If relevant, for the applicant's most recently submitted state sales business status and any correspondence or other tax exemption form, if it exists (Form 164 in the District of Columbia); or (iv) the state's issued tax exemption certificate or card, if it exists. (See IRS publication no. 1828, Tax Guide for Churches and Religious Organizations).communication received from the IRS within the three (3) years before submission of grant application that relates to the applicant's tax status.

J. IRS 990 Form from most recent tax year (for nonprofits only)

The applicant should provide the most recent IRS Form 990 tax return from the most recent tax year.. Please see <https://www.irs.gov/forms-pubs/about-form-990> for

more information. If no return has yet been filed, the organization can submit its application for tax-exempt status.

K. IRS W-9 Tax Form (if applicable)

If the applicant is not a current vendor (receiving funding) from the Department of Behavioral Health, the applicant must submit a completed W-9 form. The form prepared for the U.S. Internal Revenue Service (IRS). The form can also be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

L. Audited Financial Statements

If the applicant has undergone an audit or financial review, it must provide the most recent audited financial statements or reviews. If audited financial statements or reviews are not available, the applicant must provide the Organizational Budget, Income Statement (Profit and Loss Statement), and Certified Balance Sheet certified by an authorized representative of the organization, and any letters, filings, etc. submitted to the IRS within the three (3) years before date of grant application.

M. Separation of Duties Policy

The applicant must state how the organization separates financial transactions and duties among people within the organization in order to prevent fraud or waste. This may be a statement that already exists as a formal policy of the organization, or the applicant may create the statement for purposes of the application. The applicant should state which of these situations apply.

This statement should:

- i. Describe how financial transactions are handled and recorded;
- ii. Provide the names and titles of personnel involved in handling money;
- iii. Identify how many signatures the financial institution(s) require on the organization's checks and withdrawal slips; and,
- iv. Address other limits on staff and board members' handling of the organization's money.

N. Board of Directors

The applicant must submit a **separate** official list of the current board of directors. This document must be on applicant's letterhead, signed and dated by the certified official from the Board (not the Executive Director).

O. Unique Entity Identifier (UEI) and Active SAM Registration

The Applicant must have a UEI and an active registration in the System of Award Management (www.sam.gov). To provide evidence of this registration as part of the application package, a copy of the applicant's SAM Entity Overview shall be submitted. If awarded funding, documentation of an active UEI is required.

P. Partner Documents

If applicable, the applicant must submit the partnering organization's Certificate of Clean Hands from the DC Office of Tax and Revenue (OTR) and documentation of the partner's tax-exempt status.

Q. Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation (not counted in page limit)

The applicant must provide in writing the name of all its insurance carriers and type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, worker's compensation insurance carrier), fidelity bond holder (if applicable), and before execution of the grant award, a copy of the binder or cover sheet of the current policy for any policy that covers activities that might be undertaken in connection with performance of the grant award, showing the limits of coverage and endorsements.

All policies, except the Worker's Compensation, Errors and Omissions, and Professional Liability policies that cover activities that might be undertaken in connection with the performance of the grant award shall contain additional endorsements naming the Government of the District of Columbia and its officers, employees, agents, and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the grant award. The applicant shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors, and subcontractors.

EVALUATION CRITERIA

Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information 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.

Criterion 1: Capacity (Corresponds to Organizational Capacity Section) – 30 points

Applicants should:

1. Have among its organizational purposes significant activities related to providing complex comprehensive care management **(5 points)**;
2. Describe relevant experience, and duration of that experience, in delivering the services or partnering with others to deliver the services proposed under this RFA **(5 points)**;
3. Describe relevant experience, and duration of that experience, in conducting outreach, managing care, and identifying and tracking behavioral health and physical health-related outcomes for individuals belonging to the target populations identified by DBH and specifically the target population(s) you are applying to serve. List relevant experience and duration of experience for each

target population, including how outreach and care management services are tailored to different populations. Note that outreach could be fulfilled with a partner organization and a letter of commitment demonstrating a willingness to work together on this grant. **(10 points)**;

4. Describe the staff who will work on this initiative, including anyone that would be hired to run or provide oversight of the initiative and staff responsible for GPRA compliance **(3 points)**;

5. Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise **(2 points)**; and,

6. Describe the organization's plan to be fully operational within thirty (30) calendar days of the new grant agreement **(5 points)**.

Criterion 2: Need (Corresponds to Project Need Section) – 10 points

Applicants should describe the unmet need for comprehensive care management in the District for the specific population(s) they would like to focus on. **(10 points)**

Criterion 3: Strategic Approach (Corresponds to Project Description Section) – 40 points

Applicants should describe:

1. Clearly defined measurable goals, objectives, and anticipated outcomes **(5 points)**;

2. Existing relationships with any partners that will help deliver the services outlined in this RFA including an Opioid Treatment Program, other MOUD provider, and a physical health provider (NOTE: letters of commitment are required from all key partners and these commitment letters will not count towards page limitations. DBH will always retain the right of approval for potential partnerships in service delivery) **(7.5 points)**;

3. The process for submitting referrals for this service **(2.5 points)**;

4. A timeline for implementation that clearly defines milestones, inclusive of startup **(2.5 points)**;

5. A plan to reach 80% of GPRA completion upon enrollment and program activities that will support collection of follow-up GPRAs. Explain specific steps that will be taken to ensure compliance with the GPRA interview submission deadline **(2.5 points)**;

6. Demonstrate the ability to ensure data submission is consistent for all reports (including GPRA, monthly reporting, and narratives) **(2.5 points)**;

7. An approach or plan for how and when the grantee will bill Medicaid for care management services rendered **(2.5 points)**;

8. A sustainability plan that explains how these services will be funded beyond the conclusion of the grant term **(2.5 points)**;

9. Any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise **(2.5 points)**; and,

10. For each target population that the applicant indicated experience conducting outreach and managing care for, please describe a plan for identifying and conducting outreach to clients (including re-engagement with clients who have stopped receiving services), a plan for providing comprehensive care

management to clients, and a plan for developing individualized goals and a care plan with each client and objectively tracking and reporting on their progress **(10 points)**.

Criterion 4: Evaluation (Corresponds to Project Evaluation Section) – 10 points

The applicant must include clear, quantitative goals and objectives for the grant period and present a sound and feasible evaluation plan that meets the goals. Applicants should describe the plan to evaluate the initiative, including how the organization will track work plan progress to ensure deliverables are achieved by September 29, 2025, and reported on no later than October 15, 2025.

The section should describe the applicant’s plan to evaluate the initiative. The description should include the proposed targets for the following key grant outcomes. **(5 points)**:

1. The number of individuals actively receiving care management services each month, segmented by the number of individuals belonging to the target population(s).
2. The number of individuals enrolled in Care Management each month, overall and for each category:
 - a. OUD
 - b. STUD
 - c. Multiple SUD
 - d. SUD and Mental health
 - e. SUD and somatic health condition
 - f. Target population(s)
3. The number of individuals discharged from Care Management each month
4. Referrals and linkages (could be internal to organization), by service for
 - a. MOUD
 - b. Non-MOUD SUD Treatment
 - c. Mental Health
 - d. Physical Health/Primary Care
 - e. RSS (e.g., employment, recovery housing, recovery coaching)
 - f. Other (e.g., social determinants of health [SDOH])
5. Clients induced on MOUD
6. Adverse events, including (but not limited to)
 - a. Fatal overdose
 - b. Suspected overdose (non-fatal)
 - c. Unexpected hospitalization
 - d. Arrested
7. Naloxone kits distributed
8. Overdose reversal attempts
9. New client outreach encounters
10. Re-engagement client encounters
11. For each enrolled individual, grantees will submit monthly:
 - a. Behavioral and physical health diagnoses.
 - b. Behavioral health treatment services received (including receipt of MOUD, by drug type).

- i. Whether client initiated MOUD in last 30 days.
 - ii. Whether MOUD prescription filled in last 30 days or is actively engaged in MOUD.
 - iii. Number of follow-up MOUD visits attended in last 30 days.
- c. Physical health services received
- d. Number of hospitalizations or emergency department visits (and reason for hospitalizations or emergency department visits)
- e. Number of interactions with the justice system (arrests, court appearances and incarcerations)
- f. Housing status
- g. Employment status
- h. Key updates to care plan or key components of care plan if new client
 - i. Most pressing physical and mental health needs, SUD needs, and health related social needs, including updates on which if any needs have been addressed
 - ii. Client strengths, risks, and goals
 - iii. Identified strategies and resources to address needs and plan for follow-up.
- i. Number of engagements with staff in the last month (attempted and successful)
 - i. Mode of outreach (e.g., call, in-person) for each attempted and successful engagement.
- j. Number of referrals
 - i. For successful referrals, service received and follow up conducted (or plan for follow up)
 - ii. For unsuccessful referrals, reason for failure and follow-up conducted (or plan for follow-up).
- k. Number of linkages (client attended first appointment after referral)
- l. Numbers successfully enrolled in Medicaid.

The applicant should outline the process measures and targets it will use to track services delivered under the grant. The section should describe the infrastructure that will support evaluation activities and GPRA data collection. The applicant should: **(5 points):**

1. Document the number of GPRA intakes the grantee expects to complete, based on consumer enrollment.
2. Document the number of follow-up GPRA the grantee projects to complete, based on consumer enrollment. The minimum expectation is 80% of enrollment.
3. Document the program activities that support collection of follow-up GPRA.
4. Explain specific steps that will be taken to ensure compliance with the GPRA interview submission deadline.
5. Demonstrate the ability to ensure data submission is consistent for all reports (including GPRA, monthly reporting, and narratives).

Note: Data submission must be consistent across all forms of submission.

Criterion 5: Project Budget and Justification – 10 points

The applicant provided a budget and budget narrative justification of the items included in their proposed budget **(10 points)**.

REVIEW AND SCORING OF APPLICATION

Pre-Screening Technical Review

All submitted applications will initially be reviewed by DBH Grants Management Office personnel for completeness, formatting, and eligibility requirements prior to being forwarded to the review panel. Applications that did not adhere to the complete guidance, formatting provided, and eligibility requirements will be considered **“Incomplete”, and will not advance to be reviewed**. You may not request updates to this process, as DBH will notify applicants of all results after the review panel has closed.

Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in behavioral health fields, and the administrative requirements mandated by the source of funds, as applicable. The panel will review, score and rank each applicant’s proposal based on the criteria outlined in the RFA. Reviewers are required to provide a summary of strengths and weaknesses found in the application.

Internal Review Panel

DBH program managers will evaluate the individual and summary recommendations of the review panel. Program Managers will weigh the results of the review panel against other factors such as, but not limited to; a past performance review, risk assessment and eligibility assessment, including a review of assurances and certification, and business documents submitted by the applicant, as required in the RFA in making the final decision.

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

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

APPLICATION PREPARATION & SUBMISSION

Only one (1) application per organization will be accepted, unless multiple competitions included in a single RFA allow multiple submissions per competition by one organization. An application package consists of an Application Profile and Table of Contents, Project Narrative, Project Budget and Justification, and all related Attachments.

Application Package

The following attachments are not included in the up to the **8-page limit**:

- A. Notice of Eligibility and Experience Requirements (**Attachment A**)
- B. Letter of Intent Notification (**Attachment B**)
- C. DBH Application Profile (**Attachment C**)
- D. 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.
- E. Work Plan (**Attachment D**)
- F. Staffing Plan (**Attachment E**)
- G. Project Budget and Justification (**Attachment F**)
- H. Advance Payment Request Form (**Attachment G**)
- I. Letters of Agreement
- J. Business License
- K. Certificate of Clean Hands
- L. IRS Tax-Exempt Determination Letter (for nonprofits only)
- M. IRS 990 Form from most recent tax year (for nonprofits only)
- N. IRS W-9 Form, if applicable
- O. Audited Financial Statements
- P. Separation of Duties Policy
- Q. Board of Directors
- R. Active UEI Number (Unique Entity ID via System for Award Management (SAM))
- S. Partner Document(s) (if applicable)
- T. Proof of Insurance for Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker’s Compensation.
- U. General Terms and Conditions (**Attachment 1**)
- V. Assurances, Certifications & Disclosure (**Attachment 2**)
- W. Program Income and Financial Disclosure (**Attachment 3**)
- X. DC Contribution and Solicitation Certification (**Attachment 4**)
- Y. Federal Assurances and Certifications (**Attachment 5**)
- Z. Special Terms of Award Funding (**Attachment 6**)
- AA. DC Tax Certification (**Attachment 7**)
- BB. Sub-Grantee Single Audit Certification (**Attachment 8**)
- CC. DBH Grant Terms and Conditions (**Attachment 9**)
- DD. Special Terms of State Opioid Response Funding (**Attachment 10**)

The following attachments are included in the up to **8-page** limit:

- A. Project Abstract – **1 page**
- B. Project Narrative – **Up to (7) pages**

Note:

Failure to adhere to ANY procedural guidance, and/or failure to submit ANY of the above attachments will result in a rejection of the application, and therefore, will not qualify for review.

Submission

Applications are due to be submitted electronically **Friday, May 9, 2025, no later than 12:00p.m., Eastern Time (ET)** to DBH.

No applications will be accepted by fax, on-site and/or in-person. Applications are to be emailed to DBH.Grants@dc.gov. Each email must be clearly labeled in the “Subject” with the **organization’s name, DBH RFA number, project name, and selected geographic designation.**

To ensure receipt, we ask that you attach all documents as a PDF and split documents as such:

1. File #1 – Table of Contents, Notice of Eligibility and Experience Requirements, Applicant Profile, Abstract and Project Narrative.
2. File #2 – Work Plan, Staffing Plan, Budget & Budget Justification, and Advance Payment Request Form (if applicable).
3. File #3 – Letters of Agreement (if applicable), Partner Documents (if applicable), Business License, Active UEI Number, Certificate of Clean Hands.
4. File #4 – 501 (c) (3) Letter, IRS W-9 Form (if applicable), IRS Tax Exemption Letter, Current Fiscal Year Budget, Financial Statements, Separation of Duties Policy, and Board of Directors, and Certificate of Insurance.
5. File #5 - Attachment 2*, Attachment 3*, Attachment 4*, Attachment 5*, Attachment 6*, Attachment 7*, Attachment 8*, Attachment 9*, and Attachment 10*.

***These Attachments are in a fillable PDF. Complete, “Save As” with organization’s name, and send PDF.**

Please note: Attachment 1, Terms and Conditions does not have to be provided in the application submission.

Complete submissions will be date and time stamped upon receipt in the Grants inbox. An automated message will be sent to each applicant upon receipt of their complete application prior to the stated due date and time.

Applications received at or after **May 9, 2025, 12:01 p.m. ET**, will not be forwarded to the Review Panel for funding consideration. Any additions or deletions to an application will not be accepted after the deadline of 12:00 p.m., ET. If you are able to email documents in fewer files, please feel free. If you need to send multiple emails, that is acceptable. Application must be labeled and completely packaged for receipt by DBH. Unidentified emails and files of applications will not be accepted.

Application submissions will be confirmed according to the date and time received in the Grants inbox (dbh.grants@dc.gov). An automated email message will be sent to the submitting email address confirming only the **“receipt”** of that submission. You may not request updates to the **“status”** of a submission, as DBH will notify applicants of results after the review panel has closed.

PRE-APPLICATION MEETING

A virtual Pre-Application Webinar will be held on **Friday, May 2, 2025**, at **12:00 pm ET** via Microsoft Teams with the following link, Meeting ID, and Passcode:

Link: [Join the meeting now](#)

Meeting ID: 231 033 697 3996

Passcode: dS28fM2t

Phone Number: +1 202-594-9550

Phone Conference ID: 337 288 191#

The meeting will provide an overview of the RFA requirements and address specific issues and concerns about the RFA. Do not submit drafts, outlines, or summaries to DBH for review, comment, or technical assistance prior to this meeting.

ADDITIONAL INFORMATION

Applicants who wish to receive updates and/or addenda to this RFA shall provide the information listed below to the District of Columbia, Department of Behavioral Health, Adult Services Administration by contacting maura.gaswirth1@dc.gov. Please be sure to put “RFA Contact Information” in the subject box and in the body of the email include:

1. Name of Organization
2. Key Contact Mailing Address
3. Telephone Number, Second Contact Email Address

GRANTEE REQUIREMENTS

If the applicant is considered for funding based on the results of the competition, the following requirements are in effect:

Grant Terms & Conditions

All grants awarded under this program will be subject to the DBH Standard Terms and Conditions for all DBH – issued grants. The Terms and Conditions are located in the Appendix A for signature and acceptance.

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 DBH to ensure compliance with the approved budget and work plan. The Department of Behavioral Health requires sub-grantees to identify and document program income that is directly generated by a supported activity or earned as a result of the federal award during the period of performance. The award package will provide more information on how to report program income on a monthly, no less than quarterly, basis.

Conditions of Award

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

1. 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.
2. Adhere to mutually agreed upon terms and conditions of a grant award issued by the Department of Behavioral Health and accepted by the grantee organization. The grant award shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
3. Utilize Performance Monitoring & Reporting tools developed and/or approved by DBH.

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. Pursuant to 45 CFR 75.414 and 75.352, subgrant recipients who are funded under federal awards will be reimbursed for indirect costs under a default *de minimis* rate of 10% of the modified total direct costs.

Insurance

During the term of the grant, all organizations will be required to obtain and keep in force insurance coverage as detailed in the grant award and must provide in writing the name of all its insurance carriers and the type of insurance provided.

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 documentation available, and submit as requested, the most recent audit reports when requested by DBH 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

DBH 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 Behavioral Health and provided and held for record and use by DBH in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DBH Grants Office.

AGENCY CONTACT INFORMATION

Program Manager

Maura Gaswirth, (202) 654-6178 or maura.gaswirth1@dc.gov
(main point of contact for this funding effort)

Fiscal Management Office

Tywana Reed, tywana.reed@dc.gov

Grants Management Office

Renee Evans Jackman, renee.evans@dc.gov

ATTACHMENTS A – G

Attachment A – Notice of Eligibility and Experience Requirements



**Comprehensive Care Management for Individuals with
Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)
RFA RM0 CCM042525**

Notice of Eligibility and Experience Requirements

Eligibility Requirements

*Applicants must meet the stated **eligibility** requirements in the RFA. Please describe your organization’s eligibility in the applicable boxes below. You may include supporting documents.*

Eligible entities who can apply for grant funds under this RFA must:

1. Eligible applicants must have at least two (2) years of experience in providing comprehensive care management services to District residents with OUD and/or STUD.

Justification:

Experience Requirements

*Applicants must meet the stated **experience** requirements in the RFA. Please describe your organization’s experience in the applicable boxes below. You may include supporting documents.*

Eligible entities who can apply for grant funds under this RFA must:

1. At least two (2) years’ experience providing care management to individuals with complex physical and behavioral health needs; specifically, OUD and/or STUD (applicants must specify in their application what model of care management they use and how the components of that model lead to improved outcomes).

Justification:

2. Demonstrated knowledge of the District’s publicly-funded behavioral health system, including regulations and financing.

Justification:

3. Demonstrated ability to work within thirty (30) calendar days of award.

Justification:

4. A functioning accounting system that is operated in accordance with generally accepted accounting principles.

Justification:

5. A connection to health information exchange with ability to achieve Level 3 or 4 bidirectional exchange connectivity to DC's designated HIE, CRISP and own electronic health system

Justification:

Attachment B – Intent to Apply Notification



**Comprehensive Care Management for Individuals with
Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)
RM0 CCM042525**

**Due Date: Tuesday, May 6, 2025
Intent to Apply Notification**

TO: Department of Behavioral Health, Grants Management Office
www.dbh.grants@dc.gov

FROM: _____
Name of Organization

RE: Intent to Apply for Comprehensive Care Management for Individuals with
Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)

Select targeted population:

1. Population Located in and around Federal City Shelter Yes No

Organization Address: _____

Contact Person/Title: _____

Contact Person Telephone Number: _____

Contact Person Email: _____

This notification serves as intent to apply for the abovementioned Request for Application. The notification is due **Tuesday, May 6, 2025** to dbh.grants@dc.gov **Notifications are to be sent to this email address only and will not be received via telephone, fax, any email other than address noted, or in-person.**

Print Name

Date

Signature

Attachment C – Applicant Profile



Government of the District of Columbia
Department of Behavioral Health (DBH)
Comprehensive Care Management for Individuals with
Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)
RFA RMO CCM042525
Applicant Profile
Application for Targeted Population: 6

Applicant Name: _____

Type of Organization: Non-Profit Commercial (For-Profit)
 Religious

EIN/Federal Tax ID No.: _____

UEI No.: _____

Primary Contact Person/Title: _____

Email/Phone Number: _____

Fiscal Contact Person/Title: _____

Email/Phone Number: _____

Street Address: _____

City, State ZIP: _____

Telephone: _____

Email: _____

Serving Ward(s): _____

Organization Website: _____

Name of Authorized Representative
(Official Signatory): _____

Title: _____

Email/Phone Number: _____

Signature of Authorized
Representative: _____

Please complete RFA Abstract on next page

RFA Abstract (Required, Limit One Page)

Attachment D – Work Plan

WORK PLAN (Template Provided)

Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year XX											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Goal 1: Directions: State clearly the goal your program/project will pursue to address the issues identified.																
Objective 1: <i>Directions: Provide key activity which will directly contribute to the project goal.</i>	<i>Directions: Name the key actions to be implemented to achieve this objective.</i>	<i>Directions: List the results you expect to achieve which directly contribute to the objective for the goal identified.</i>	<i>Directions: Indicate the staff member, group, or other person responsible for overseeing the activity.</i>	<i>Directions: Indicate the duration of the activity (for example, 2 weeks, 3 months, etc.). Next, put an 'X' in the corresponding month(s) this activity will occur.</i>												
Objective 2:																
Objective(s)	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year XX											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Goal 2:																

Attachment E – Staffing Plan

STAFFING PLAN (Template Provided)

The staffing plan provides a presentation and justification of all staff required to implement the project. The staffing plan needs to identify the total personnel who will be supported under grant funding and include resumes or curriculum vitae. Include the following elements in the staffing plan:

1. Position Title (e.g., Chief Executive Officer)
2. Staff Name (Note: If the individual has not been identified to occupy this position, please indicate “To Be Determined”)
3. Education/Experience Qualifications
4. General Responsibilities
5. Annual Salary
6. Percentage of Full Time Equivalent (FTE) for staff involvement
7. Amount Requested (list the DBH grant funds requested for each position)

Position Title	Staff Name	Education / Experience Qualifications	Resume or CV Included	General Responsibilities	Annual Salary	Percent FTE	Amount Requested
Example... Project Director	Janet Doe	PMP Certification, 2019	Yes	Overseeing all operations of the project.	\$64,890	10%	\$6,489

Attachment F – Budget and Budget Narrative
BUDGET AND BUDGET NARRATIVE (Template Provided)

The following is provided as an example using theoretical data.

Department of Behavioral Health
Detailed Project Budget and Narrative Justification

Provide the total proposed project period and funding as follows:
This form is used to apply to DBH grant programs, as it explains how costs were estimated and justifies the need for the cost. This narrative includes descriptive tables for clarification purposes. Applicants must submit budgets based upon the total estimated costs for the project including all known funding sources. Applicants should also refer to 2 CFR § 200, (Uniform Administrative Requirements, Subpart E - Cost Principles, and Audit Requirements for Federal Awards), and 45 CFR § 75 (Administrative Requirements & Cost Principles) cited within these instructions.

Funding Source: <u>RFA RMO MAX082522</u>	Project Title: <u>Operation Streamline Processes</u>
Proposed Project Period: Start Date: <u>10/1/2022</u>	End Date: <u>9/30/2023</u>

A. PERSONNEL (SALARY AND WAGES) 2 CFR §200.430(b) Compensation - Personal Services			2 CFR §200.430(b)		45 CFR §75.400			
DESCRIPTION - A. PERSONNEL (SALARY AND WAGES)			CALCULATION					
Position	Name	Key Staff	Annual Salary	% Level of Effort (LOE)	Total Salary Cost	Requested Advance	In-Kind Salary Total	
Project Director	John Doe	Yes	\$ 64,890.00	45%	\$ 29,200.50	\$ 10,000.00	\$ -	
Grant Manager	Scrooge McDuck	Yes	\$ 55,000.00	55%	\$ 30,250.00	\$ 10,000.00	\$ -	
Program Director	Julie Doe	Yes	\$ 60,000.00	100%	\$ 60,000.00	\$ 15,000.00	\$ -	
Community Outreach Specialist	Vacant	Yes, In-Kind	\$ 35,000.00	100%	\$ 35,000.00		\$35,000.00	
		Choose...			\$ -		\$ -	
		Choose...			\$ -		\$ -	
		Choose...			\$ -		\$ -	
		Choose...			\$ -		\$ -	
		Choose...			\$ -		\$ -	
A justification must be provided for each item listed in any category.					REQUEST	\$ 154,450.50	\$ 35,000.00	\$ 35,000.00

JUSTIFICATION - A. PERSONNEL (SALARY AND WAGES)

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.
(2) The Program Director will coordinate project services and project activities, including training, communication and information dissemination.
(3) The Grant Manager will provide necessary guidance to staff for services under this project.
(4) The Community Outreach Specialist will be provided in-kind by Street Works! Organization and will be responsible for connecting all 8 Wards of DC.

**Department of Behavioral Health
Detailed Project Budget and Narrative Justification**

B. FRINGE BENEFITS 2 CFR §200.431 Compensation - Fringe Benefits		2 CFR §200.431				
DESCRIPTION - B. FRINGE BENEFITS		CALCULATION				
Position	Name	Personnel Cost	Total Fringe Rate (%)	Fixed Lump Sum Fringe (if any)	Total Fringe Benefits Cost	Requested Advance
Project Director	John Doe	\$ 29,200.50	11.50%		\$ 3,358.06	\$ 1,500.00
Grant Manager	Scrooge McDuck	\$ 30,250.00	11.50%		\$ 3,478.75	\$ 1,500.00
Program Director	Julie Doe	\$ 60,000.00	11.50%		\$ 6,900.00	\$ 1,500.00
Community Outreach Specialist	Vacant	\$ 35,000.00	0.00%	\$ -	\$ -	
0	0	\$ -			\$ -	
0	0	\$ -			\$ -	
0	0	\$ -			\$ -	
0	0	\$ -			\$ -	
0	0	\$ -			\$ -	
0	0	\$ -			\$ -	
A justification must be provided for each item listed in any category.				REQUEST	\$ 13,736.81	\$ 4,500.00

Our organization's fringe benefits consist of the components shown below:	
Fringe Component	Rate (%)
Social Security	2.00%
Unemployment	3.00%
Worker's Compensation	1.00%
FICA	5.00%
Paid Vacation	0.50%
Choose...	
Choose...	
Choose...	
Choose...	
Choose...	
Other....	
Total Fringe Rate	11.50%

JUSTIFICATION - B. FRINGE BENEFITS

Fringe reflects current rate for the organization. The Street Works! Organization will provide fringe benefits for donated Community Outreach Specialist position according to the related MOU.

**Department of Behavioral Health
Detailed Project Budget and Narrative Justification**

C. TRAVEL 2 CFR §200.475 Travel Costs		2 CFR §200.475						
DESCRIPTION - C. TRAVEL		CALCULATION						
Purpose	Destination	Item	Basis	Cost/Rate Per Item	Quantity Per Person	Number of Persons	Total Travel Cost	Requested Advance
Grantee Conference	Chicago, IL	Airfare	Round Trip	\$ 350.00	1	4	\$ 1,400.00	\$1,400.00
		Hotel/Lodging	Night	\$ 99.00	3	4	\$ 1,188.00	\$1,188.00
		Per Diem (Meal)	Day	\$ 46.00	3	4	\$ 552.00	\$ 552.00
		Per Diem (Incidental Expenses)	Day	\$ 25.00	3	4	\$ 300.00	\$ 300.00
		Baggage Fees	Round Trip	\$ 60.00	1	4	\$ 240.00	\$ 240.00
		Choose....	Choose...				\$ -	
		Choose....	Choose...				\$ -	
		Choose....	Choose...				\$ -	
		Choose....	Choose...				\$ -	
		Choose....	Choose...				\$ -	
A justification must be provided for each item listed in any category.							REQUEST \$ 3,680.00	\$ 3,680.00

JUSTIFICATION - C. TRAVEL

(1) Four staff (Project Director, Grant Manager, Program Manager, and Community Outreach Specialist) to attend mandatory grantee training event and meeting in Chicago, IL.

**Department of Behavioral Health
Detailed Project Budget and Narrative Justification**

D. EQUIPMENT <i>2 CFR §200.439 Equipment and Other Capital Expenditures</i>		<u>2 CFR §200.439</u>			
DESCRIPTION - D. EQUIPMENT					
Item	Quantity	Purchase or Rental/Lease Cost	% Charged to the Award	Total Equipment Cost	Requested Advance
Xerox AltaLink C8045 Printer, Xerox C8045/H2	1	\$ 12,786.00	45%	\$ 5,753.70	\$ 2,000.00
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
A justification must be provided for each item listed in any category.			REQUEST	\$ 5,753.70	\$ 2,000.00

JUSTIFICATION - D. EQUIPMENT

Xerox AltaLink C8045 Printer, Xerox C8045/H2 is necessary to provide the quantity of materials required for each training session and per client. Forty-five percent of its use will come from project activities under this grant award, as training sessions are required three days of the week, on a bi-weekly term. Maximum capacity of each session is 30 participants. The unit is available "new", from JTF Equipment Suppliers.

**Department of Behavioral Health
Detailed Project Budget and Narrative Justification**

E. SUPPLIES & MINOR EQUIPMENT <i>2 CFR §200.453 Materials and supplies costs, including costs of computing devices.</i>		<u>2 CFR §200.453</u>			
DESCRIPTION - E. SUPPLIES					
Item(s)	Basis (UOM)	Unit Cost	Quantity	Total Supplies Cost	Requested Advance
General Office Supplies	Month	\$ 50.00	12	\$ 600.00	\$ 150.00
Laptop Computer	Each	\$ 1,500.00	3	\$ 4,500.00	\$ 4,500.00
Projector with Mobile Screen	Each	\$ 2,000.00	1	\$ 2,000.00	\$ 2,000.00
	Choose...			\$ -	
	Choose...			\$ -	
	Choose...			\$ -	
	Choose...			\$ -	
	Choose...			\$ -	
	Choose...			\$ -	
A justification must be provided for each item listed in any category.			REQUEST	\$ 7,100.00	\$ 6,650

JUSTIFICATION - E. SUPPLIES

(1) Office supplies are needed for general operation of the project.

(2) The laptop computers are needed for community visits, project work, and presentations for Project Director and Clinical Director.

(3) The projector is needed for training presentations and workshops. All costs were based on retail values at the time the application was written.

**Department of Behavioral Health
Detailed Project Budget and Narrative Justification**

F. CONTRACTUAL SERVICES <i>2 CFR §200.331(b) Subrecipient and contractor determinations.</i>		2 CFR §200.331(b)				
DESCRIPTION - F. CONTRACTUAL SERVICES						
Name	Type of Agreement	*Budget Category for Agreement	Period of Performance	Total Contractual Cost	Requested Advance	MTDC AMOUNT
PPE Allday Distribution Services	Vendor/Distributor	Supplies	10/1/2022-9/30/2023	\$ 12,000.00	\$ 2,000.00	\$ 12,000.00
Quality Assurance Inspector	Contract	Personnel	10/1/2022-9/30/2023	\$ 35,000.00	\$ 5,000.00	\$ 25,000.00
	Choose...	Choose...				\$ -
	Choose...	Choose...				\$ -
	Choose...	Choose...				\$ -
	Choose...	Choose...				\$ -
	Choose...	Choose...				\$ -
	Choose...	Choose...				\$ -
	Choose...	Choose...				\$ -
	Choose...	Choose...				\$ -
A justification must be provided for each item listed in any category.				REQUEST \$ 47,000.00	\$ 7,000	\$ 37,000

**Represents separate/distinct requested funds by cost category*

JUSTIFICATION - F. CONTRACTUAL SERVICES

(1) PPE Allday Distribution Services has an annual contract provide PPE items and to sanitize all client training areas and meeting spaces, twice a day, for \$1000 a month, for 12 months. This is an additional regulation per the Department of Health's communicable disease prevention protocol. (2) A Quality Assurance Inspector is necessary to maintain the highest quality of services and to ensure compliance in local and federally regulated areas of the project. Two assessments will be conducted on 3/31/23 and 9/1/23.

**Department of Behavioral Health
Detailed Project Budget and Narrative Justification**

G. MISCELLANEOUS OTHER COSTS <i>2 CFR §200.405 Allocable costs.</i>		<u>2 CFR §200.405</u>				
DESCRIPTION - G. MISCELLANEOUS OTHER COSTS						
Expense/Item	Purpose	Quantity	Rate	Duration	Total Miscellaneous Other Cost	Requested Advance
Zoom Meeting Space, Zoomer Inc.	Client Treatment Services	1	\$ 1,250.00	10/1/2022 - 9/30/2023	\$ 1,250.00	\$ 625.00
Cellular Telephone, Alltalk Wireless	Business and Client Communication	3	\$ 200.00	10/1/2022 - 9/30/2023	\$ 600.00	\$ 300.00
\$50 Visa Gift Cards, Vanilla Visa Inc.	Client Incentives	64	\$ 55.00	10/1/2022 - 9/30/2023	\$ 3,520.00	\$ 600.00
DHS Streamline Training, DCHR	Mandatory Staff Training	4	\$ 450.00	10/1/2022 - 12/31/2022	\$ 1,800.00	\$ 1,800.00
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
A justification must be provided for each item listed in any category.					REQUEST \$ 7,170.00	\$ 3,325.00

JUSTIFICATION- G. MISCELLANEOUS OTHER COSTS

(1) Video meeting services necessary to perform required treatment services for clients. Additionally, video services will facilitate regular meetings and missed training sessions due to client's excused absence.

(2) Telephone for 3 staff at a rate of \$200 for 12 months, totaling \$600. This service is strictly project based and will have a dedicated number for these purposes only.

(3) The \$50 incentive is provided to encourage attendance to meet program goals for 32 clients in two parts of program, namely midpoint and end. Includes a \$5 processing fee.

(4) Staff required to carry out the purpose of Operation Streamline by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery, and must be DHS certified within 90-days of award.

**Department of Behavioral Health
Detailed Project Budget and Narrative Justification**

H. PROGRAM INCOME 2 CFR §§200.307 & 1201.80 Program income.		<u>2 CFR §200.307</u>	<u>2 CFR §1201.80</u>
DESCRIPTION - H. PROGRAM INCOME Please list the item, program activity, and source that may/will generate program income during the period of performance of this award.			
Item	Program Activity	Source	Anticipated Amount
CHOOSE THE ADDITIVE OR DEDUCTIVE ALTERNATIVE FOR PROGRAM INCOME:		Additive	\$ -

I. INDIRECT COSTS & RATE 2 CFR §200.414 Indirect (F&A) costs.		<u>2 CFR §200.414</u>	*If an expense can be linked directly to the grant, it would be a direct cost, and not an indirect cost.
DESCRIPTION - I. INDIRECT COST RATE Select from the drop down menu the type of IDC Rate you will use to charge Indirect Costs to the award: We elect to charge the de minimis rate of 10% to the award.			
Calculation	Indirect Cost Charged to the Award		
10.00%	\$	22,313.73	
Request	\$	22,313.73	

BUDGET SUMMARY	
Category	Amount
Total Personnel	\$ 154,450.50
Total Fringe	\$ 13,736.81
Total Travel	\$ 3,680.00
Total Equipment	\$ 5,753.70
Total Supplies & Minor Equipment	\$ 7,100.00
Total Consultant & Contractual	\$ 47,000.00
Total Other	\$ 7,170.00
Total Direct Charges	\$ 238,891.01
Total Indirect Charges	\$ 22,313.73
Total Project Cost	\$ 261,204.74
Less Program Income	N/A
Requested Advance Totals	
Total Advance Personnel	\$ 35,000.00
Total Advance Fringe	\$ 4,500.00
Total Advance Travel	\$ 3,680.00
Total Advance Equipment	\$ 2,000.00
Total Advance Supplies	\$ 6,650.00
Total Advance Contractual	\$ 7,000.00
Total Advance Other Costs	\$ 3,325.00
Total Requested Advance Funds	\$ 62,155.00
Advanced Percentage of Award	23.80%



Fiscal Helpful Hints

To assist you in the submission process, Fiscal Services has prepared a few general tips to keep in mind:

- **All Fields should be completed** (Funding Source, Project Title, Start/End Date and Organization Name).

BUDGET CATEGORIES:

- **Personnel (Salaries and Wages):** Compensation should be calculated using the Annual salary for each position. Personal services include all remuneration, paid currently or accrued, for services of employees rendered during the period of performance under this award. The "Level of Effort" (LOE) the position will devote to the project is expressed as a percentage. Remember to consider other grants the staff may be listed on in order not to exceed 100% across all grants.

- **Personnel Justification:** Should include a detailed description of every position listed and the following calculation: % full time equivalent (FTE) x number of hours x hourly rate = Salary

Examples:

Keisha Smith, Outreach worker - 1.0 FTE, 2,080 hours @ \$30.00/hr. = \$62,400

Henry Clay, Program Director .36 FTE, 749 hours @ \$60.08 = \$44,999.92 There are 2,080 work hours in a year. By providing this information, you know you have properly calculated the amount in this budget category, and this can also be helpful when invoicing monthly.

- **Equipment:** Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost of at least \$5,000. Special purpose equipment is allowable as direct costs, provided that items with a unit cost of \$5,000 or more have the prior written approval of the awarding agency or pass-through entity.
- **Supplies & Minor Equipment:** Should include materials and supplies for specific program efforts, including costs of computing devices.

- **Contractual Services:** Costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill.
- **Miscellaneous Other Costs: Includes costs not identified in other budget categories, e.g., occupancy, communications, client costs/participant support costs.** The cost is allocable to a particular award or other cost objective if the goods or services involved are chargeable or assignable to the award or cost objective in accordance with relative benefits received.

This standard is met if the cost:

- 1) incurred specifically for the award;
- 2) can be distributed in proportions that may be approximated using reasonable methods
- 3) is necessary to the overall operations in accordance with the principles in this subpart.

- **Indirect Costs:** Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified with an individual project; but are necessary to the operations of an organization.

Indirect Costs may be charged to the award if:

Grantee has a federally approved indirect cost rate; or

Grantee has never received a negotiated indirect rate and elects to charge a de minimis rate of ten percent (10%) of modified total direct costs (MTDC).

The MTDC indirect cost rate may be applied to:

- All direct salaries and wages charged to the award;
- Applicable fringe benefits;
- Materials and supplies;
- Services
- Travel
- Sub-contracts (first \$25,000 of each sub-contract).

The MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition reimbursement, scholarships and fellowships, participant support costs, and the portion of each sub-award in excess of \$25,000.

- **Advance Payment Request** should not exceed 25% of the total direct cost.

Attachment G – Advance Payment Request Form (Template Provided)

Department of Behavioral Health ADVANCE PAYMENT REQUEST FORM		
I. GRANTEE AND GRANT IDENTIFICATION		
Organization/Applicant Name:		
RFA No.:		
RFA Title:		
II. FUNDING AWARD & ADVANCE		
Total Award: \$	Advance Requested: \$ <small>(Amount allowed is the lesser of the first 30 days or 25% of the award)</small>	Percent of Total Award: ()%
1. An applicant responding to a RFA shall identify in the application the need for an advance payment and acknowledge that, if selected, provide the information requested as part of the advance payment request. 2. The advanced funds shall be spent by the awarded grantee within the same DC Government fiscal year during which the advance is made. 3. Only one advance payment can be made per grant each fiscal year. If the awarded requests a second advance for a subsequent fiscal year, each advance shall be reviewed for approval. 4. The use of an advance payment shall be consistent with all terms and conditions of the grant.		
III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE If attached separately, it must be signed by the representatives identified in section V of this form.		
IV. TERMS AND CONDITIONS		
The applicant must submit a statement of need for the specified amount of advance payment (please attach and sign).		
The applicant must submit documentation of the use of advanced funds (invoices, receipts, payroll documentation, etc.) to the DBH grant project director and/or fiscal monitor before the end of the grant performance period, or sooner, if explicitly requested by the DBH grant project director. The approved awardee must use the advanced funds in accordance with all the terms and conditions of the grant award.		
Identify the type of documentation that will be submitted to verify the use of the advance funds, as required by the RFA:		
<input type="checkbox"/> Receipts <input type="checkbox"/> Paid invoices <input type="checkbox"/> General ledger accounts <input type="checkbox"/> Cancelled checks <input type="checkbox"/> Other _____		
The DBH grant project director will withhold the final reimbursement payment equal to the amount advanced or up to 25% of the grant award (whichever is higher) until documentation supporting use of the advance payment is received from the grantee.		
V. SIGNATURES OF AUTHORITY		
I certify that I am the <u>Executive Director</u> of the applicant organization and am authorized to submit this Advance Payment Request on behalf of the applicant.		
Signature:		Date:
Print Name:		Title:
I certify that I am the <u>Chairperson of the Board of Directors</u> of the applicant organization and am authorized to submit this Advance Payment Request on behalf of the applicant.		
Signature:		Date:
Print Name:		Title:
VI. THIS SECTION IS FOR DBH APPROVAL ONLY		
Notification of need for the advance payment was included in the original application <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approved Advanced Amount: \$		
Project Director Approval Signature:	Print Name:	Date:
Chief Operating Officer Approval Signature:	Print Name:	Date:
Initial the checkbox below to acknowledge advanced payment approval.		
<input type="checkbox"/> Grants Management Division	Print Name:	Date:
<input type="checkbox"/> Administrative Services Manager	Print Name:	Date:
<input type="checkbox"/> Office of the Chief Financial Officer	Print Name:	Date:

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Attachment 1 – General Terms and Conditions



ATTACHMENT 1 – GENERAL TERMS AND CONDITIONS

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This Document

This document outlines standard terms and conditions for any award issued by the District of Columbia Department of Behavioral Health (“DBH”) as a grant, sub-grant or sub-award whose fund source and authorization requires the Grantor (DBH) and the Recipient to be in compliance with local and federal terms of Agreement and statutes for issuing and administering a sub-award. The terms and conditions apply to both competitive and non-competitive awards in new or continuation status. Administrative units within DBH may apply additional terms and conditions of award based on the requirements of the funding, funding authorization or regulations required by federal or local statute for specific programs or types of services. **Any reference herein to “this Agreement” or “the Agreement” applies to a fully executed Notice of Grant Award (NOGA) and Grant Agreement issued by DBH to a Grantee organization. The NOGA is the official, legally binding document, signed by the Director/designee of DBH.** It notifies the grant recipient of the award of a grant; contains or references all the terms and conditions of the grant and funding (federal/local) limits and obligations; and provides the documentary basis for recording the financial and programmatic obligations.

The grant award for is subject to and must comply with applicable general terms and conditions outlined below, and in Attachment 1 - General Terms and Conditions (GT&C). These terms and conditions are in addition to any terms, conditions, or restrictions in the NOGA.

Each entity applying for the grant (Applicant) advertised in the Request for Applications (RFA), the successful Applicant (Grantee), and a sub-recipient of funds under the grant provided in response to applications under the RFA (the Grant), is subject to and must comply with applicable general terms and conditions outlined below, and in Appendix A - General Terms and Conditions (GT&C). These terms and conditions are in addition to any the terms, conditions, or restrictions in the NOGA.

Order of Precedence

In the event of inconsistency among the provisions of the grant, the inconsistency shall be resolved by giving precedence in the following manner:

1. 2 CFR 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards*;
2. 45 CFR 75, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards*;
3. District of Columbia Budget Support Act for the most current fiscal year;
4. Department of Behavioral Health Establishment Act (D.C. Code §§ 7-1141.01, *et seq.*);
5. Title 22-A, D.C. Municipal Regulations, Chapter 44, *Mental Health Grants*;
6. District of Columbia City-Wide Grants Manual;
7. Substance Abuse Mental Health Services Administration (SAMHSA) Award Standard Terms (for SAMHSA-funded grants);

8. United States Department of Health and Human Services Grants Policy Statement;
9. DBH Grant Terms and Conditions Appendices and Attachments;
10. The Grantee's budget and any amendment approved by DBH;
11. District of Columbia Grant Administration Act of 2015; and
12. Grantee submissions that present as appendices and attachments to the application or award as follows:
 - a) Approved Work Plan;
 - b) Approved Budget and Narrative Justifications, including standard DBH forms for budgets, cost allocation, source of fund/use match;
 - c) Staffing Plan;
 - d) Fund Disbursement Plan and Schedule;
 - e) Reporting Requirements and
 - f) Special Program Provisions.

Documents Incorporated by Reference

The following documents are hereby incorporated by reference and made part of the DBH Grant Terms and Conditions:

1. The Notice of Grant Award (NOGA) and all subsequent amendments and addenda issued by the authorizing entity;
2. All submissions, including all standard forms, assurances and certifications, and other supporting documents contained in the application;
3. The Grantee's work plan and any amendments approved by DBH;
4. The Grantee's budget and any amendments approved by DBH;
5. 2 CFR 200 *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards*;
6. 45 CFR 75, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards*;
7. District of Columbia Grant Administration Act of 2015;
8. Mayor's Order 2017-313, Sexual Harassment Policy, Guidance and Procedures
9. The District of Columbia City-Wide Grants Manual and Sourcebook;
10. Substance Abuse Mental Health Services Administration (SAMHSA) Award Standard Terms (for SAMHSA-funded grants);
11. United States Department of Health and Human Services Grants Policy Statement; and
12. Grantee submissions that present as appendices or attachments to the application or award as follows:
 - a. Scope of Work, including a schedule of deliverables, narrative descriptions of services and targets;
 - b. Approved Work Plans, Performance Plan, Quality Management/Quality Improvement Plans;
 - c. Approved Budget Tables and Narrative Justifications, including standard DBH forms for Budget, Cost Allocation, Source of Fund/Use and Match;

- d. Staffing Plan;
- e. Fund disbursement plans and schedules;
- f. Reporting schedules; and
- g. Special program provisions.

Award Authorization

1. The Grantee shall not start any activity, expend funds, or request reimbursement for expenditures unless there is a fully executed Agreement and purchase order issued by DBH to the Grantee.
2. The start and end dates for the award shall be the project period indicated on the fully executed NOGA, unless amended by the Department of Behavioral Health. The project period is the total time DBH has programmatically approved a project (federal/local) for support.
3. The budget period is usually 12 months long. However, shorter or longer budget periods may be established for programmatic or administrative reasons. The budget period will be indicated on the NOGA and will show the total approved budget for the applicable budget period.
4. The Grantee shall provide services and conduct activities for the purpose established by the terms of the Agreement and the authorizing fund source, which is located on the NOGA and purchase order assigned to the award.
5. DBH shall issue a NOGA for each budget period, subject to satisfactory performance of the Grantee, Grantee eligibility and the availability of funding.
6. The project period, budget period and allocations of funding in each period shall be outlined in the NOGA. The fund source (e.g., federal or local funds administered by DBH) will also be stated in the NOGA. The total obligation by DBH under the grant shall not exceed the amount stated as maximum amount for the planned project period. The total award amount shall be apportioned by budget period outlined on the NOGA. The Grantee shall not exceed the amount of the total award that is apportioned to the budget period. The Grantee's spending plan must reflect the funding obligations and approved apportionments for the budget period, unless Grantee submits a written request for a deviation from the spending plan and such request has received approval from the assigned Project Director/delegate. Option years beyond the planned project period shall be considered for this award based only on the availability of source funding, additional funding and the satisfactory performance of the Grantee.
7. The Grantee shall submit an overall budget, including a detailed line item budget for each service area and shall operate programs in accordance with the budget approved by the project director/delegate prior to the issuance of a NOGA.
8. The Grant Agreement shall be subject to the availability of funding and an appropriation for the program or grant funding that is the subject of the grant. The Grant Agreement shall be subject to termination at any time, in whole or in part, if: (1) adequate funds are not made available to DBH or appropriated by DBH for the program in question; or (2) for the convenience of the government should DBH

determine that such termination is in the best interest of the public or the government.

9. The Grantee must be eligible for funding at the time the award is issued and maintain eligibility as established by the terms of this Agreement, the Request for Applications and statutory and/or regulatory requirements (local and/or federal).
10. The Grantee must supplement, not replace, deliberately reduce or reallocate (supplant) non-grant funds due to the existence of funding available for this award. Grantees must ensure that funds do not supplant resources that have been budgeted for the same purpose through other sources. Applicants or award recipients may be required to demonstrate and document that a reduction in resources for programs occurred for reasons other than the receipt of grant funds.
11. The Grantee shall establish a system of accounting that ensures that funds awarded under the NOGA are not commingled with other funding sources (i.e., same funding source as another NOGA, similar service area). Where the Grantee's accounting system cannot comply with this requirement, the Grantee shall establish a system to provide adequate funding accountability for the program.
12. The Grantee shall establish a system of accounting that tracks program income generated through the grant award. All Grantees that generate program income must comply with 45 CFR §§ 216, 307 (as applicable) and report any program income to DBH on all invoices submitted.

Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Award Standard Terms and the United States Department of Health and Human Services (HHS) Grants Policy Statement

Grantees awarded sub-grants funded in whole or part by SAMHSA must comply with the SAMHSA Award Standard Terms for the current fiscal year (<https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>). Further, Grantees awarded sub-grants funded in whole or part by SAMHSA are subject to the requirements of the HHS Grants Policy Statement that are applicable based on the recipient type and purpose of award (<https://www.samhsa.gov/grants/grants-management/policies-regulations/hhs-grants-policy-statement>). To the extent these conflict with the DBH Grant Terms and Conditions, the SAMHSA Award Standard Terms and the HHS Grants Policy Statement control.

Communications with DBH

1. Communications shall be directed to DBH offices or DBH staff as the Grant requires.
2. Reports and other submissions shall be directed to the Project Director.
3. The Grantee shall maintain electronic mail ("e-mail") capabilities for communication with DBH. Each Grantee shall provide a valid e-mail mail address and consent to receive official correspondence at the e-mail address.
4. A notice shall be deemed timely delivered to DBH only when written confirmation of receipt is provided by DBH.

Communication of a Material Change

The Applicant and the Grantee shall advise DBH immediately orally and thereafter in writing when a material condition of the Application or performance of the grant has changed. Examples of material changes in condition may include, but are not limited to, the following:

1. The loss of a staff member proposed as a principal;
2. The lack of funds to pay bills incurred for the grant's activities;
3. The expenditure of granted funds for non-granted activities, materials, or supplies;
4. Change in the Applicant's governance;
5. The Grantee's insurance coverage has been reduced; or
6. The Grantee has been notified of a cancellation in whole or in part of its insurance.

Compliance as a Continuing Condition of Eligibility

The Applicant must continue to comply with these terms of eligibility as noted in the NOGA during the project period if awarded a grant. If as the Grantee, the Applicant fails to comply with the terms and conditions of this award, DBH may suspend, terminate, take other corrective action (including, but not limited to, recovery of funds provided under the Grant), or initiate dispute resolution.

Grant Award Contingent on Available Funding

The grant award and DBH's distribution of funds pursuant to the grant award are subject to the availability of funding from the sources identified in the NOGA for the particular grant opportunity or project.

DBH's ability to provide funds is, and shall remain subject to, the provisions of:

1. The Federal Anti-Deficiency Act, 31 U.S.C. §§ 1341, 1342, 1349, 1351;
2. The District Anti-Deficiency Act, D.C. Official Code § 47-355.01-355.08; and
3. Any amendments to these statutes.

This grant shall be subject to termination at any time, in whole or in part, if adequate funds are not made available or appropriated for the program in question.

Grant Match: Projection and Documentation

When documentation of a grant match is required:

1. In support of an application, the applicant must provide a line item budget and budget narrative including the match for the proposed project; and
2. In support of an award, the Grantee must provide the following, which must be acceptable to DBH, unless DBH revises or waives the requirement in writing:
 - a. Documentation of in-kind match, including, for example, services of an employee. These services must be valued at the employee's regular rate of pay plus an amount of fringe benefits that is reasonable, necessary,

allocable, and otherwise allowable. The value of donated space must not exceed the fair rental value of comparable space as established by an independent appraisal of comparable space and facilities in a privately owned building in the same locality.

Bonding Requirements

A bond is not required of the Grantee unless DBH states the requirement in writing. If DBH does require a bond, the Grantee before accepting the grant must secure the bond in an amount no less than the total amount of the funds awarded, against losses of money and other property:

1. Caused by fraudulent or dishonest act, and
2. Committed by an employee, board member, officer, partner, shareholder, or trainee.

Background Checks

The Grantee shall comply with all statutes and regulations governing background checks for unlicensed staff working on a grant or sub-grant, including but not limited to D.C. Code §§ 44-552 *et seq.*, D.C. Code §§ 4-1501.01 *et seq.*, and 22-B DCMR Chapter 47, as applicable. DBH reserves the right to confirm the Grantee's compliance with any applicable statutes governing background checks for unlicensed personnel who work directly on the grant or sub-grant.

The grantee must provide upon request to DBH evidence of criminal background checks for all unlicensed personnel pursuant to the criminal background check requirements contained in District Official Code §§ 44-551 *et seq.*, Unlicensed Personnel Criminal Background Check, and its implementing regulations, 22-B DCMR Chapter 47, as well as child abuse registry checks, for both the State(s) of residence and employment.

Payment

1. The Grantee will be compensated for work performed and expenses incurred of a sum not to exceed the total amount contained in the NOGA or any official revision to it.
2. DBH will not reimburse the Grantee for grant-related expenditures made before the begin date.
3. The Grantee may submit its invoices for grant-related reimbursement according to the fund disbursement schedule as stated in the NOGA. Invoices must be sent through the appropriate portal as stated in the NOGA and the related District "Purchase Order."
4. The Grantee's accounting practices must be consistent with 45 CFR Subpart E, Cost Principles and support the accrual of cost as required by the cost principles and must provide for adequate documentation to support cost charged to the grant award.

5. The Grantee's payment request must include a signed invoice on organization letterhead with federal tax identification number and supporting documentation. The submittal to DBH must include:
 - a. For employee labor: For the relevant billing period, a payroll report, with information drawn from an official book of record, like a payroll register, official time sheet or time card(s) approved by appropriate Grantee representative.
 - b. For other expenditures: Expenditures must be supported by invoices or receipts.
6. The Grantee must keep backup documentation, to show:
 - a. For Grantee AND any Grantee or sub-grantee:
 - i. For labor: the official books and records information showing employee name, title, hours worked that are charged to the grant, and pay rate for the period (typically like a payroll register, official time sheet or time card(s)); and,
 - ii. For non-labor: invoices and receipts that identify or describe the invoiced item, showing quantity, rate or price, and for procured items including contractor and sub-grantee invoices, proof of payment.
7. In most circumstances, DBH will require documents supporting an accounting entry before releasing payment. Such information may include:
 - a. General ledger screen shots or excerpts, showing paid bills or expenditures;
 - b. Copies of cancelled checks or bank statements of electronic transfers;
 - c. Statements from contractor, subcontractor and vendors that their bills have been paid; or
 - d. Reports of on-site inspections or audits.
8. In certain circumstances, and at DBH's sole discretion according to its policy, DBH may provide a portion of grant funds for the Grantee's start-up costs as an advance payment.
9. Notwithstanding the above, DBH at its sole discretion may withhold payment if DBH determines that the Grantees failed to comply with term[s] of the grant award.

Fund Disbursement

1. DBH reserves the right to withhold any payment if the Grantee is found in non-compliance with the DBH Notice of Grant Award or the Grant Agreement, and fails to correct any deficiencies within a reasonable time frame as determined by DBH. DBH shall determine the extent of the payment to be withheld under this provision.
2. Deposit and Security of Funds - The Grantee shall account for and reimburse the District Government any interest earned on advance grant award payments no later than twenty (20) business days from the end of each DC Government Fiscal Year (September 30) and no later than thirty (30) business days after the expiration of the Grant Agreement. All payments shall be made by check or money order made payable to the "D.C. Treasurer" and mailed to Office of Finance & Treasury, 1101 4th Street, SW, Suite 850W, Washington, DC 20024.

3. The Grantee shall submit expenditure reports and requests for payment in accordance with the terms and options outlined in the Fund Disbursement Schedule and Terms.

Unethical Conduct

1. The Applicant/Grantee shall avoid all unethical conduct with respect to securing and administering granted funds, with ethical conduct to be measured generally, but not wholly, against the provisions of the District Ethics Manual (most recent edition as of the time the grant is awarded), found at www.bega.dc.gov, under the heading for documents.
2. Though not an exhaustive list, the Grantee shall avoid the following:
 - a. Apparent and actual conflicts of interest;
 - b. Contributing to a violation of the District's restrictions on gifts to District personnel;
 - c. Contributing to a violation of the two-year ban on District personnel taking certain actions regarding a "particular matter" described in the District Ethics Manual;
 - d. No Applicant/Grantee shall employ or retain a person or selling agency to solicit or secure this grant, a payment under it, or an amendment, upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee. Except, an applicant or grantee may condition its compensation for a bona fide employee on grant-related job performance, and may retain an attorney for compensation permitted by the District's Rules of Professional Conduct; and
 - e. With respect to grant funds, the Grantee and Grantee's employees, officers, or agents shall not solicit or accept a gift, gratuity, favor, or anything of monetary value from a contractor, subcontractor, vendor, party to a related agreement, or a beneficiary of this grant except as may be allowed under the District Ethics Manual for items that are unsolicited and of nominal value.

Contracts, Subcontracts, or Sub-Grants

- 1. Nothing in the Grant award shall be construed to create a contractual relationship between DBH and Grantee's contractor, subcontractor, sub-grantee, or vendor.**
2. Any grant-related work and/or activity that is contracted, subcontracted, or sub-granted is subject to applicable District and federal law and DBH review and approval. The Grantee shall give DBH advance notice of contracts, subcontracts, and sub-grants sufficient to allow DBH to determine whether its approval is needed, and if so, whether approval must come before Grantee's execution of the contract or sub-grant.
3. The Grantee's contract or sub-grant shall specify that the contractor or sub-grantee, and its contractors, subcontractors, or sub-grantees, shall be subject to the conditions and prohibitions of the Grant Award.

4. Warranties for labor and materials shall be obtained for purchases of materials and labor having an aggregate value of over \$5,000. These warranties shall be valid for at least two (2) years. DBH may waive this requirement in writing for demonstration of good cause or research grants.
5. If the Grantee, its contractors, subcontractors, or sub-grantees disturbs work guaranteed under another District contract or grant, the Grantee shall be responsible to restore the disturbed work to a condition comparable to its original condition and warranty such restored work, or alternatively pay the District for the damage.
6. No grantee shall use grant funds to procure services or materials from a vendor, contractor, or subcontractor that is suspended or debarred by the District or the federal government as may be found here: <https://ocp.dc.gov/page/excluded-parties-list> (DC), and here: <https://www.sam.gov/SAM/> (Federal).

Patient Confidentiality

The Grantee shall ensure that its employees, volunteers and sub-awardees adhere to all applicable Federal and Local statutes and regulations addressing patient confidentiality, including HIPAA, the D.C. Mental Health Information Act and 42 C.F.R. Part 2.

Establishing and Managing Sub-Awards

If the Grant authorizes or provides for sub-awards, as a pass-through entity, the Grantee must:

1. Be responsible for selecting sub-awardees and as appropriate conducting sub-award competitions. When using DBH or federal pass-through funds, the Grantee will establish a fair, open, transparent competitive process for the awarding of funds either through a contract, cooperative Agreement or grant instruments. A competition is a process that provides for the following:
 - a. Notice of Funding has been publicized;
 - b. Applications are easily available to all prospective applicants;
 - c. Applications are reviewed in an objective manner against an established public scoring criteria; and
 - d. Reviewers have no conflict of interest with any of the submitting applicant organizations.
2. Funds disbursed in a non-competitive manner may be disallowed and appropriate grant management sanctions issued.
3. The Grantee will submit for approval any Requests for Proposal or Requests for Applications before released.
4. The Grantee will submit for approval the unsolicited grant submission process before it is announced.
5. The Grantee shall ensure that all sub-award agreements are in writing, meet all legal and regulatory requirements and address all of the elements for sub-award agreements identified in the NOGA.

6. The Grantee shall establish and follow a system for monitoring sub-awardee performance that includes elements required by the grant award, the SAMHSA grant award (if applicable) and this Appendix, and report the results of the monitoring in performance reports required by this document and/or the grant award.
7. The Grantee shall establish and maintain an accounting system that ensures compliance with the maximum funding limitation established in the grant award, the SAMHSA grant award (if applicable) and with the requirements for payment of costs under the grant. This includes establishment of written procedures for determining that sub-award costs are allowable under the terms and conditions of the grant award and this Appendix, and may provide for determinations on a pre-award basis, through ongoing monitoring of costs that sub-grantees incur, or a combination of both approaches, provided the Grantee documents its determinations.
8. The Grantee shall extend the Grant's DBH-approved indirect cost rate to payments made to a nonprofit sub-grantee or to a nonprofit contractor. Except that the following are excluded from this paragraph's requirement of this compensation structure: a foundation, hospital, college, and university.

Modifications of the Grant, including Extensions and Increases

The terms and conditions of the grant may be modified only upon DBH's prior written approval. The modification shall take the form of an amendment to the NOGA.

1. Through an amendment, DBH may, *inter alia*, increase or reduce the grant amount and/or extend or reduce the project period.
2. If DBH notifies the Grantee that a funding increase or an extension of the project period is available, the Grantee must apply for the increase or extension in writing according to the terms of the DBH notification.
3. All grantees must apply for no-cost extensions sixty (60) calendar days in advance of the grant's then-current end date. The application must justify the amendment, and include a description of proposed changes to scope, performance schedule, description of proposed outcomes, and budget.

Staffing Plan, Work Plan, Budgets and Organizational/Personnel Requirements

Upon signing the Grant Agreement, the Grantee shall have and maintain on file with DBH an approved staffing plan, work plan and budget. The Grantee must implement the funded program in accordance with requirements outlined in approved staffing plan, budgets and work plans. Any revision or alteration of these plans must have prior approval by the Project Director or his/her designee. Further:

1. The Grantee shall maintain a current organizational chart, which displays organizational relationships and demonstrates who has responsibility for administrative oversight and supervision over each priority service activity.

2. The Grantee shall ensure that adequate, competent and trained personnel are provided to oversee the implementation of the activities supported by the grant.
3. The Grantee shall ensure that personnel records, background checks (if applicable under the governing statutes or regulations), job descriptions, application for employment, licensing or certification criteria, descriptions of duties, hours of work, salary range and performance evaluation criteria are maintained in individual personnel records for staff assigned to the funded project.
4. The Grantee must maintain record of personnel actions, including time records, documentation of all training received, notation of any allegations of professional or other misconduct including a detailed description of the allegations, and if terminated, the date and reason for the termination from employment. All these personnel materials shall be made available to the Project Director upon request.
5. The Grantee shall provide orientation session for staff members that addresses the Health Information Portability and Accountability Act (HIPAA), the D.C. Mental Health Information Act (D.C. Code § 7-1201.01 *et seq.*), 42 CFR Part 2 (if applicable), administrative procedures, program goals, cultural sensitivity, language access, conflict of interest, workplace sexual harassment policies and policies and procedures to be adhered to under the terms of the grant Agreement.
6. The Grantee must notify the Project Director if there is a change in staffing or operations management of the organization that impacts the project funded under the Agreement.
7. The Grantee shall seek approval of any changes in staffing plans or job descriptions for staff assigned to the grant.

Profit and Program Income Requirements for Commercial Organization Grantees

All commercial organizations awarded DBH sub-grants funded in whole or part by the United States Department of Health and Human Services (HHS) shall comply with 45 CFR § 75.216 and any other applicable federal or District law or regulation governing profit and program income. Specifically, with the exceptions of grant awards made under the Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs, no HHS funds may be paid as profit to any for[-profit] commercial organization even if the grantee is a commercial organization. Profit is any amount in excess of allowable direct and indirect costs.

Except for grants for research, program income earned by a commercial organization may not be used to further eligible project or program objectives except in the SBIR or STTR programs.

Commercial organizations that receive awards (including for-profit hospitals) have two options regarding audits:

- (a) A financial related audit of a particular award in accordance with Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States, in those cases where the commercial organization receives awards under

- only one HHS program; or if awards are received under multiple HHS programs, a financial audit of all awards in accordance with Generally Accepted Government Auditing Standards issues by the Comptroller General of the United States; or
- (b) An audit that meets the requirements of 45 CFR Subpart F.

Commercial organizations that receive annual awards totaling less than the audit requirements of 45 CFR Subpart F are exempt from the audit requirements for that year. However, records must be available for review by appropriate officials of federal agencies or the Government Accountability Office.

Profit and Program Income Requirements for Non-Federal Entities

Pursuant to 45 CFR §§ 75.2, 75.307, a non-federal entity (a state, Local government, Indian tribe, institution of higher education (IHE) or nonprofit organization that carries out a federal reward as a recipient or a sub-recipient) is encouraged to earn income to defray program costs where appropriate. All non-federal entities in receipt of sub-grants funded in whole or part by HHS must adhere to the requirements of 45 CFR §§ 75.307, 75.407 concerning program income.

Indirect Cost

Facilities and Administration Classification. For major IHEs and major nonprofit organizations, indirect (F&A) costs must be classified within two broad categories: “Facilities” and “Administration.” “Facilities” is defined as depreciation on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment and capital improvements, and operations and maintenance expenses. “Administration” is defined as general administration and general expenses such as the director’s office, accounting, personnel and all other types of expenditures not listed specifically under one of the subcategories of “Facilities” (including cross allocations from other pools, where applicable).

Identification with a Federal award rather than the nature of the goods and services involved is the determining factor in distinguishing direct from indirect (F&A) costs of Federal awards. However, typical examples of indirect (F&A) cost for many nonprofit organizations may include depreciation on buildings and equipment, the costs of operating and maintaining facilities, and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration, and accounting.

Any non-Federal entity that has never received a negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in 45 CFR§ 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.

Any non-Federal entity that has a current federally negotiated indirect cost rate may apply for a one-time extension of the rates in that agreement for a period of up to four years. This extension will be subject to the review and approval of the cognizant agency for indirect costs. If an extension is granted the non-Federal entity may not request a rate review until the extension period ends. At the end of the 4-year extension, the non-Federal entity must re-apply to negotiate a rate. Subsequent one-time extensions (up to four years) are permitted if a renegotiation is completed between each extension request.

Indirect Costs Calculation

An Applicant may include its indirect costs in its budget calculation. (See the Nonprofit Fair Compensation Act of 2020, DC Act 23-565 [effective March 2021]) This may be done through use of a cost rate. In budget backup materials the Applicant should identify the basis for the calculation, addressing one of the following bases that District law permits it to choose:

1. Its current, unexpired, federal Negotiated Indirect Cost Rate Agreement (NICRA) rate, a negotiated rate with the federal government;

OR

2. One of the following methods:
 - a. 10% of the grant's direct costs;
 - b. A new negotiated rate with DBH;
 - c. The same indirect rate that it has used with any District agency in the past years; or
 - d. An independent Certified Public Account's (CPA) calculated rate using federal Office of Management and Budget (OMB) guidelines.

(The cited statute required DBH to provide for at least one of these listed methods. However, the statute excludes the following from the requirement: foundation; hospital; university; college.) If the Applicant proposes to use the services of a nonprofit subgrantee or contractor, it must propose to apply the same indirect cost rate to that entity's services. (See Attachment-1. General Terms & Conditions, Establishing and Managing Subgrant, #8)

Federal rules always control for federal funding. For federal funding that passes through the District to the grantee, the indirect cost rate must be consistent with federal regulation 2 CFR 200.331 or its successor.

Client Records (if there are no client services provided, this term is not applicable)

1. The Grantee shall establish and maintain a protocol for maintaining and storing client records that is compliant with the HIPAA security and privacy rules, the Mental Health Information Act (D.C. Code § 7-1201.01 *et seq.*) and 42 CFR Part 2 (as applicable). This protocol shall be available to the project director on request.
2. The Grantee shall provide the Project Director, and other authorized representatives of the DBH access to program evaluators, quality assurance specialists, data management analysts and clinical records as may be necessary for monitoring purposes.

3. The Grantee shall retain all records for at least three (3) years following closeout of the grant.
4. The Grantee will ensure that information in client files is current. Client files will be considered inactive if not updated within a 6-month period.
5. DBH reserves the right to remove client records from the Grantee's location or property to review and /or copy records.

Facilities Controlled By the Grantee

1. The Grantee's facilities used during the performance of this agreement shall meet all applicable federal, state, and local regulations for their intended use throughout the duration of this agreement. The Grantee shall maintain current all required permits and licenses for the facilities. The Grantee's failure to do so shall constitute a failure to perform the agreement and shall be a basis for termination of the agreement for default.
2. The Grantee shall identify an emergency site facility to finish the grant activities in the event that the primary facility becomes unavailable for use due to a catastrophic event.
3. Each facility controlled by the Grantee that is used for activities under the grant shall be accessible to mobility-limited persons consistent with the Rehabilitation Act of 1973 as amended, 29 U.S.C. §§ 701 *et seq.*, and the Americans with Disabilities Act, 42 U.S.C. §§ 12101 *et seq.*
4. All supplies and services routinely needed for maintenance and operation of the facility, including but not limited to, security, janitorial services, and trash pick-up, shall be provided by the Grantee.

Entry onto a Project Site and to Records

The Grantee shall provide DBH and its designee with access to books and records for the funded project. The Grantee also shall secure from the relevant property owners permission in writing for DBH and its designee to access a project site(s) at reasonable times to inspect the work performed by the Grantee, its contractor, subcontractor, sub-grantee, or vendor. The Grantee shall obtain the written consent in advance of performing the work.

Grant Purchases, including Equipment, exceeding \$5,000 per unit, if applicable

1. The Grantee shall not purchase with grant funds equipment or supplies exceeding \$5,000 per unit cost ("Big Grant Purchase") without DBH's prior written agreement.
2. For each Big Grant Purchase, the Grantee shall give advance written notice to DBH to allow DBH to approve or disallow the purchase.
3. Identification of a Big Grant Purchase in DBH-approved proposal constitutes approval of the Big Grant Purchase. If a Big Grant Purchase is not identified in a DBH-

- approved proposal, advance notice shall be given four (4) weeks in advance of the commitment to purchase. DBH may waive this time period in writing for good cause.
4. Within sixty (60) calendar days of execution of the award, the Grantee must provide the Project Director with an inventory of all equipment and supplies with a purchase price not exceeding \$5,000 (per item) purchased with grant funds.
 5. For all Big Grant Purchases, the Grantee shall maintain an inventory record (“Big Grant Purchase Inventory”) showing:
 - a. Purchase price;
 - b. Grant number;
 - c. Name of item;
 - d. Manufacturer’s name;
 - e. Serial number (if applicable);
 - f. Acquisition history (purchase order, invoice, packing slip);
 - g. Guarantee or warranty lapse date;
 - h. Storage location;
 - i. Unit price; and
 - j. Additional costs, if any, for transportation, installation, and taxes, each as a separate item.
 6. The Big Grant Purchase Inventory shall be updated annually, or at the expiration of the budget period, whichever occurs first.
 7. All equipment and products purchased above \$5,000 with grant funds should be American-made when possible.
 8. DBH may inspect and reclaim all or part of the inventoried equipment within 12 weeks after the expiration of the grant.

Major and Unusual Incident (MUI/UI) Reporting

The Grantee shall adhere to the DBH Policy 480.1A, Reporting a Major Unusual Incident and an Unusual Incident, and any succeeding policy, for reporting major unusual incidents and unusual incidents to DBH. Specifically, the Grantee shall report by telephone or email each unusual incident or major unusual incident involving or affecting the Grantee’s performance of the Grant award to the person identified as the Project Director within twenty-four (24) hours of the incident or learning of the incident. The initial report may be oral or by e-mail. The Grantee shall also communicate a full description of the unusual incident or major unusual incident in writing within five calendar (5) days after the initial report pursuant to the requirements of DBH Policy 480.1A. The Grantee shall not send any communication to DBH regarding an unusual incident or major unusual incident by fax.

An unusual incident is an event that is significantly different from the regular routine or established procedure that does not rise to the level of a major unusual incident (MUI). Examples include, but are not limited to, an injury, a traffic accident, a theft, of the firing or resignation of a principal staff member or contractor identified in the Application.

A major unusual incident (MUI) is an adverse event that can compromise the health, safety or welfare of persons; employee misconduct; fraud; and actions that are volatile of law or policy. Examples include, but are not limited to: unusual injury or death; unexplained absence of a client from a residence or program; physical, sexual, or verbal abuse of a client by staff or other clients; fire, theft, destruction of property, or sudden serious problems in the physical plant; complaints from families or visitors of clients; requests for information from the press, attorneys, or government officials outside of DBH; client behavior(s) requiring attention of staff not usually involved in their care; and/or any other unusual events that may require Project Director intervention.

Termination

The Grant, and the offer of the Grant, shall be subject to termination by DBH:

1. At any time, in whole or in part, for the convenience of the Government should DBH determine that such termination is in the best interest of the public or the Government;
2. Immediately for:
 - a. Lack of funding;
 - b. Failure of Grantee to follow District or applicable federal law, including statutes, rules, and regulations;
 - c. Failure of the Grantee to carry out DBH's ordered grant corrective action plan;
 - d. An ethics violation involving the grant, pursuant to ethical standards in the most recent version of the Districts Ethics Manual, published by the District's Board of Ethics and Accountability (bega.dc.gov), as of the date that the Grant Award Notice was sent, or violation of any ethics law or regulation; or
 - e. Fraud, waste or abuse by the Grantee.

Termination for Force Majeure or Cause

1. For *force majeure* DBH may terminate the grant and Grantee may seek certain reimbursement, as described in this section.
2. For cause DBH may terminate the grant, but the Grantee may not receive the reimbursement allowed for termination on the basis of *force majeure*.
3. Cause and *force majeure* defined:
 - a. Cause is a basis for DBH's termination of the grant, when DBH determines that the Grantee has:
 - i. Failed to achieved the intended outputs within the time frame that has been approved;
 - ii. Performed incompetently; or
 - iii. Performed recklessly.
 - b. *Force majeure* is a condition or occurrence which provides a valid excuse for failure to perform within the time frame of the grant, an unexpected and

disruptive event which DBH determines could not have reasonably been anticipated or controlled, and includes:

- i. Timely applying for a government permit or approval but not timely receiving same from the government agency;
 - ii. A change in applicable law;
 - iii. An unforeseen weather event;
 - iv. Organized labor strike or slowdown; and
 - v. Refusal of a necessary third party to approve, agree or participate following the Grantee's reasonable attempts to secure the same.
4. The Grantee may not invoke *force majeure* as an excuse for poor planning, failure to accommodate foreseeable delays by suppliers, or the Grantee's failure to manage its own resources.
 5. For *force majeure*, the Grantee may seek reimbursement for otherwise-reimbursable expenditures incurred up to the date of termination, as well as reasonable costs incurred for demobilization.

Transition Plan for Continuity of Services

It is essential that continuity of services be maintained under this grant for the residents of the District of Columbia and applicable jurisdictions. Therefore, if the awarded grant expires or is terminated:

1. The Grantee shall cooperate with both the Project Director, and any successor Grantee to enable an efficient transition from one Grantee to another.
2. If the Grantee should cease services for any reason, the Grantee is required to develop a transition plan to ensure the appropriate referral of clients to other providers. A transitional plan must be developed and available for review by DBH within ten (10) business days upon determination that services will cease. Failure to provide this contingency plan will be deemed as non-compliance and could result in the termination of this grant, or other appropriate action.
3. DBH reserves the right to assume responsibility for services supported by the grant.
4. An acceptable transition plan will include, but not be limited to, the following:
 - a. Identify providers and/or resources to ensure continued care for clients who receive services funded by this grant. These resources will be programs that are DBH and/or Medicaid approved;
 - b. Develop a contingency plan with entities specifically stating what services will be provided;
 - c. Develop procedure for transfer to include:
 - i. Notification to the client;
 - ii. Name, address, and phone number of the receiving provider organization to which the client is being transferred;
 - iii. Date the transfer will be effective;
 - iv. Case summary reports to receiving provider organization;

- v. Method to ensure that clients who take medications have a sufficient supply to sustain them through the transfer period; and
- vi. Transfer of client files in accordance with Federal and District of Columbia laws and regulations, including but not limited to Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Mental Health Information Act (D.C. Code § 7-1201.01 *et seq.*).

Unspent Funds

Funds provided under this Grant, but not spent to fulfill the terms of the Grant, shall be returned immediately to DBH either upon completion or termination of the Grant, or at the end of the Term of the Grant.

Accounting and Audits

1. The Grantee shall maintain an accounting system which conforms to generally-accepted accounting principles permitting an audit of all income and expenditures received or disbursed by the Grantee in the provision of services under the grant. Accounting records shall be supported by source documentation such as canceled checks, paid bills and payrolls.
2. The Grantee shall make provisions upon request, for inspection of financial records, including audited financial statements and tax returns, by DBH and/or its representative(s).
3. The Grantee shall assist, and shall require that its contractors, subcontractors, and sub-grantees assist, upon request, in the inspection and provision of financial records relevant to the Grant, including financial statements and tax returns. The Grantee shall seek such assistance from each vendor of a Big Grant Purchase.
4. At any time before final payment on this Grant, or the end of the District fiscal year in which the Grant ends, whichever is later, and for three (3) years thereafter, the District may audit the Grantee, its contractors, subcontractors, or sub-grantees. The District may, during this period, seek to audit vendors of Big Grant Purchases. If federal funds have been granted or sub-granted, a federal agency may undertake such audits. The Grantee shall assist the District in obtaining the cooperation of its contractors, subcontractors and vendors in such audits.
 - i. If federal funds have been included in a DBH sub-grant, the Grantee is subject to the audit requirements of 45 CFR Subpart F.
5. If a federal agency undertakes an audit of the Grantee in connection with the Grant, the Grantee shall make available to DBH all information that the audit requires, including information from its contractors, subcontractors, vendors, and sub-grantees.
6. The Grantee shall reimburse DBH for any cost or expenditure disallowed as a result of an audit, in accord with federal and District Law, including Title 22-A, D.C. Municipal Regulations, Chapter 44, Mental Health Grants

7. Financial records, supporting documents, statistical records, and all other records pertinent to a [grant award](#) must be retained for a period of three (3) years from the date of submission of the final [expenditure report](#). Upon DBH's request, the Grantee must be able to produce for review the documentation, including for DBH audit or, if applicable, federal audit.
8. DBH, SAMHSA, the Inspectors General, the Comptroller General of the United States or any of their authorized representatives, must have the right of access to any documents, papers, or other records which are pertinent to the [grant award](#) in order to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to the [non-Federal entity's](#) personnel for the purpose of interview and discussion related to such documents.
9. If a claim, litigation, or audit is filed or commenced before the expiration of the three-year period, the documentation retention period shall be tolled and documentation must be preserved until the claim, litigation, or audit has been finally resolved.
10. The Grantee shall secure the agreement to the provisions of this section in writing from a person subject to an audit requirement.

Reporting Requirements

1. The Grantee shall comply with the plan and schedule for the provision of data collection, narrative and statistical reporting for activities funded under the terms of the NOGA. Additional requirements for data collection, narrative reporting, performance specific to a given service program may be provided by the Project Director.
2. Required reports which discuss grant activities for the preceding quarter will be due on each of the following dates:
 - a. Quarter 1 (October – December): January 30
 - b. Quarter 2 (January – March): April 30
 - c. Quarter 3 (April – June): July 30
 - d. Quarter 4 (July – September): October 30

In the event a due date falls on a weekend or District holiday, the report will be due on the next business day.

3. Data Collection – The Grantee shall obtain and maintain all hardware, software and training necessary to collect and report all required client, service and program data. Data shall be collected and submitted in formats and timelines provided by or approved by the Project Director/delegates.
4. Narrative Report – The Grantee will provide a brief narrative report for each service program supported under this agreement using formats and timelines provided by or approved by the Project Director or agents in accordance with the following terms:
 - a. The narrative programmatic report must include a work plan status, indicating the extent to which established milestones have been accomplished during the reporting month, and identifying proposed revisions to the work plan to address problem areas.
 - b. The narrative report will include:

- i. Implementation progress to date;
- ii. Discussion of any challenges to service delivery, including plans for addressing them;
- iii. Any change in personnel supported by the grant in this service program;
- iv. A thorough description of any waitlist for the service program, including the number of clients on the wait list, the average length of time for clients on the wait list and the longest period for any client currently on the wait list;
- v. A discussion of the reasons for any significant under- or over-expenditure of funds budget relative to expected expenditure to date for any line item in the budget, along with a plan to address the under- or over-expenditure;
- vi. Progress towards implementation of any corrective action plan that is open;
- vii. A summary of quality assurance measures conducted on the delivery of services;
- viii. Current contact information for each staff person supported by this agreement, including name, title, mailing address, email address and telephone number; and
- ix. Request for technical assistance, if any.

Performance Monitoring and Corrective Action Plan

To ensure responsible oversight of the funded project and its implementation by the Grantee, and to provide cooperative technical support for the Grantee, DBH shall:

1. Monitor the performance of the Grantee in the implementation of the funded program in accordance with the terms of the NOGA and the approved monitoring plan.
2. Assign a staff person to monitor the project. The Project Director or designee shall review all written policies and procedures applicable to the project, review all monthly reports, conduct site inspections, and hold periodic conferences with the Grantee to assess the Grantee's performance in meeting the requirements of the Grantee agreement.
3. Assess the Grantee's performance with respect to the number of people receiving services, quality of services delivered, and the Grantee's ability to deliver services according to the deadlines established in the NOGA.
4. Monitor performance by identifying the any instance where the Grantee falls 25% behind (during any one month) in client or service units which they were to provide under the grant.
5. Once the deficiency is identified, DBH will develop, in collaboration with the Grantee, a corrective action plan (CAP) to remedy the program deficiencies. If the Grantee fails to correct the deficiencies in the time prescribed by the DBH-approved CAP, DBH shall take appropriate action, including termination of the grant.

6. Conduct an evaluation of program effectiveness for each service-area based on criteria approved by the Project Director or his/her designee.

Fiscal Performance and Corrective Action Plan

By the end of Quarter 2, but certainly no later than Q3 of the signing of the NOGA, all new and continuing Grantees receive a risk assessment. The results of this review shall be shared by the Fiscal Monitor or designee. This will be repeated at the end of Q4 for grants that are ending (closeout). DBH may perform a complete grant fiscal compliance review to determine patterns and rates of expenditures.

If DBH identifies deficiencies, DBH may require that the Grantee undertake a CAP to improve and correct fiscal problems. If the Grantee fails to correct the deficiencies in the time prescribed by the DBH-approved CAP, DBH shall take appropriate action, including termination of the grant.

Program Close-Out

1. Within ninety (90) days of termination or expiration of the Grant, the Grantee shall submit to the Project Director a final Programmatic Report and a final Expenditure Report, providing a year-end accounting of expenditures for the grant. The final Expenditure Report shall include:
 - a. All costs paid by the Grantee in support of the activities of the grant.
 - b. A summary of the cumulative obligation and disbursement of funds to sub-contractors.
 - c. A financial statement from each sub-contractor identifying funds received and expended for each category of service.
2. The Grantee shall immediately any balance of unobligated cash advance that is not authorized to be retained for use on other grants.

Public Notification of Funding

When issuing statements, press releases, and request for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all Grantees shall clearly state the following:

1. The percentage of the total costs of the program or project which will be financed with federal funds;
2. The dollar amount of federal funds for the project or program; and
3. The percentage and dollar amount of the total costs of the project or program that will be financed by non-government sources.

Attribution Policy

All Grantees are required to identify their affiliation with DBH in all programs and services funded by DBH and administered by the DBH Administrative Unit. The usage includes, but is not limited to:

1. The incorporation of the current approved DBH logo/symbol with attribution statement on letterhead, newsletters, brochures, public service announcements, media publications, and all other forms of advertisement.
2. The clearly visible display of the DBH logo/symbol transparency at each Grantee's office, on their doors, or, near the entrances to all business offices, or and in reception areas, or other places of public business.
3. The clearly visible DBH logo/symbol with attribution statement at all functions and events sponsored by the Grantee.



“This program is funded wholly, or in part, by the Government of the District of Columbia, Department of Behavioral Health, INSERT ADMINISTRATION.”

4. Neither DBH nor Grantee will use the name of the other, or its employees, staff or students, either expressly or by implication, in any news, publicity release, or other fashion without the express written approval of the other party to this Agreement.
5. The Grantee is required to submit to the Project Director for review and approval prior to production all print and electronic media developed in conjunction with the grant and paid for directly from funding sources received from DBH. This includes: camera-ready copy for fliers, posters, brochures, newsletters, and other printed media; story boards and/or scripts for paid and public service advertising (radio or TV); videotapes, audiocassettes, DVDs, CDs, flash drives, questionnaires, and surveys. DBH reserves the right to disallow all payments relative to these materials if the Grantee is found in non-compliance with these guidelines.

Rights in Data and Other Information

1. If applicable, for the type of services provided under the Agreement, DBH retains ownership of all information produced pursuant to this Grant, including data regarding persons surveyed, interviewed, and/or counted, and any information regarding to whom services or things were provided.
2. To ensure the protection of persons' confidentiality and compliance with District law and policies regarding confidentiality, the Grantee shall not publish scientific or technical articles based on these data and/or information without DBH's prior written consent.
3. DBH will not unreasonably withhold consent to a request by Grantee for a nonexclusive license to use aggregated, non-confidential data, including for publication in professional and scientific journals and meetings.

4. Any research activity conducted under this Grant Agreement by the Grantee must have the prior approval and written consent of the Project Director. Applicable U.S. Department of Health and Human Services policies and federal regulations shall govern any research involving the use of human subjects. The Grantee shall review any research activities involving human subjects by designated Institutional Review Board (IRB) and to continue annual monitoring to assure compliance with requirements for the protections of human subjects. At such time, a copy of HHS Form 596, "Protection of Human Subjects Assurances, Certification, Declaration," must be submitted to the Project Director.
5. The documents for this grant are public documents and may be disclosed under the District's Freedom of Information Act, D.C. Official Code §2-531-40. DBH shall have the right to disclose to a third party the identity of a person providing a service or good under this Grant and the terms of insurance obtained pursuant to this Grant.

Indemnification

The Grantee shall indemnify and hold harmless the District of Columbia and all of its officers, agents and servants against any and all claims of liability or lawsuits arising from or based on, or as a consequence of or result of, any act, omission or default of the Grantee, its employees or its subcontractors, in the performance of the Grant.

Waiver/Exception Requests

Requests for consideration of a special provision, waiver or exception to any term or condition can be sent to DBH Grants Management Office at dbh.grants@dc.gov; Subject Line: "Waiver Request". There is no guarantee that the final review and disposition by DBH would result in an exception or revision to the terms stated herein.

Insurance

1. Unless DBH waives insurance requirements in writing, the following are conditions in receipt of funds under the Grant:

A. GENERAL REQUIREMENTS. The Grantee at its sole expense shall procure and maintain, during the entire period of performance under this contract, the types of insurance specified below. The Grantee shall have its insurance broker or insurance company submit a Certificate of Insurance to the Grant Manager giving evidence of the required coverage prior to commencing performance under this contract. In no event shall any work be performed until the required Certificates of Insurance signed by an authorized representative of the insurer(s) have been provided to, and accepted by, the Grant Manager. All insurance shall be written with financially responsible companies authorized to do business in the District of Columbia or in the jurisdiction where the work is to be performed and have an A.M. Best Company rating of A-/VII or higher. Should the Grantee decide to engage a contractor/vendor for segments of the work under this contract, then, prior to

commencement of work by the contractor/vendor, the Grantee shall submit in writing the name and brief description of work to be performed by the contractor/vendor on the Contractor/vendors Insurance Requirement Template provided by the Grant Manager, to the Office of Risk Management (ORM). ORM will determine the insurance requirements applicable to the contractor/vendor and promptly deliver such requirements in writing to the Grantee and the Grant Manager. The Grantee must provide proof of the contractor/vendor's required insurance to prior to commencement of work by the contractor/vendor. If the Grantee decides to engage a contractor/vendor without requesting from ORM specific insurance requirements for the contractor/vendor, such contractor/vendor shall have the same insurance requirements as the Grantee. All required policies shall contain a waiver of subrogation provision in favor of the Government of the District of Columbia.

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

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

- i. Commercial General Liability Insurance ("CGL") - The Grantee shall provide evidence satisfactory to the Grant Manager with respect to the

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

- ii. Automobile Liability Insurance - The Grantee shall provide evidence satisfactory to the Grant Manager of commercial (business) automobile liability insurance written on ISO form CA 00 01 10 13 (or another form with coverage at least as broad and approved by the Grant Manager in writing) including coverage for all owned, hired, borrowed and non-owned vehicles and equipment used by the Grantee, with minimum per accident limits equal to the greater of (i) the limits set forth in the Grantee’s commercial automobile liability policy or (ii) \$1,000,000 per occurrence combined single limit for bodily injury and property damage.
- iii. Workers’ Compensation Insurance - The Grantee shall provide evidence satisfactory to the Grant Manager of Workers’ Compensation insurance in accordance with the statutory mandates of the District of Columbia or the jurisdiction in which the contract is performed.
- iv. Employer’s Liability Insurance - The Grantee shall provide evidence satisfactory to the Grant Manager of employer’s liability insurance as follows: \$500,000 per accident for injury; \$500,000 per employee for disease; and \$500,000 for policy disease limit. All insurance required by this paragraph 3 shall include a waiver of subrogation endorsement for the benefit of Government of the District of Columbia.
- v. Cyber Liability Insurance - The Grantee shall provide evidence satisfactory to the Grant Manager of Cyber Liability Insurance, with limits not less than \$2,000,000 per occurrence or claim, \$2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Grantee in this agreement

and shall include, but not limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations. This insurance requirement will be considered met if the general liability insurance includes an affirmative cyber endorsement for the required amounts and coverages.

- vi. Professional Liability Insurance (Errors & Omissions) - The Grantee shall provide Professional Liability Insurance (Errors and Omissions) to cover liability resulting from any error or omission in the performance of professional services under this Contract. The policy shall provide limits of \$1,000,000 per claim or per occurrence for each wrongful act and \$2,000,000 annual aggregate. The Grantee warrants that any applicable retroactive date precedes the date the Grantee first performed any professional services for the Government of the District of Columbia and that continuous coverage will be maintained or an extended reporting period will be exercised for a period of at least ten years after the completion of the professional services.
- vii. Sexual/Physical Abuse & Molestation - The Grantee shall provide evidence satisfactory to the Grant Manager with respect to the services performed that it carries \$1,000,000 per occurrence limits; \$2,000,000 aggregate of affirmative abuse and molestation liability coverage. Coverage should include physical abuse, such as sexual or other bodily harm and non-physical abuse, such as verbal, emotional or mental abuse; any actual, threatened or alleged act; errors, omission or misconduct. This insurance requirement will be considered met if the general liability insurance includes an affirmative sexual abuse and molestation endorsement for the required amounts. So called “silent” coverage under a commercial general liability or professional liability policy will not be acceptable.
- viii. Commercial Umbrella or Excess Liability - The Grantee shall provide evidence satisfactory to the Grant Manager of commercial umbrella or excess liability insurance with minimum limits equal to the greater of (i) the limits set forth in the Grantee’s umbrella or excess liability policy or (ii) \$2,000,000 per occurrence and \$2,000,000 in the annual aggregate, following the form and in excess of all liability policies. **All** liability coverages must be scheduled under the umbrella and/or excess policy. The insurance required under this paragraph shall be written in a form that annually reinstates all required limits. Coverage shall be primary to any insurance, self-insurance or reinsurance

maintained by the District and the “other insurance” provision must be amended in accordance with this requirement and principles of vertical exhaustion.

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

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

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

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

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

G. NOTIFICATION. The Grantee shall ensure that all policies provide that the Grant Manager shall be given thirty (30) days prior written notice in the event of coverage and/or limit changes or if the policy is canceled prior to the expiration date shown on the certificate. The Grantee shall provide the Grant Manager with ten (10) days prior written notice in the event of non-payment of premium. The Grantee will also provide the Grant Manager with an updated Certificate of Insurance should its insurance coverages renew during the contract.

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

**Enterprise Grants Management System
The Government of the District of Columbia**

And mailed to the attention of:
(Name of Grant Manager/Agency)
(Address)
(Phone Number)
(E-mail Address)

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

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

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

2. The Grantee shall require each Grant-related subcontractor or sub-grantee to carry the insurance required herein, or the Grantee may, at its option, provide the coverage for a subcontractor or sub-grantee.
3. Unless otherwise prohibited by law, each policy (excluding Workers' Compensation and Professional Liability, if applicable) shall:
 - a. Name the District as an additional insured with respect to work or services performed under the grant or sub-grant;
 - b. Provide that the insurance coverage provided thereunder will be primary and noncontributory with any other applicable insurance; and
 - c. Contain a waiver of subrogation in favor of the District of Columbia.
4. The requirements of this section shall not apply to an agency that provides one of the following:
 - a. For an agency of the District of Columbia, a written statement that agency complies with the intent of the paragraph by requiring insurance for all activities not carried out by District employees; and
 - b. For a non-District government agency, a written statement (a) that the agency is self-insured, (b) that the self-insurance is primary and non-

contributory with any other insurance maintained by the District of Columbia, and (c) identifying the self-insurance fund.

Requests for Reconsideration of Certain DBH Decisions

In certain limited circumstances DBH provides the following procedure for an applicant to seek review or reconsideration of a grant-making decision:

1. The Request for Reconsideration

- a. When DBH decides to award a grant to a successful applicant, it will notify by e-mail each applicant whose application was not selected for award. At DBH's discretion this notification may include a statement regarding eligibility, a reviewer's evaluation and comments, or a summary. DBH will not identify the reviewer. If an unsuccessful applicant wishes to better understand the decision, the applicant may ask DBH's Grants Management Office for further information. DBH may meet with the applicant, explain the decision, and may provide reviewer evaluation, comment, or a summary.
- b. An unsuccessful applicant may only ask DBH to reconsider its decision based on a material error in the determination of eligibility.
- c. If an unsuccessful applicant wishes DBH to reconsider the decision, the applicant must file a "Request for Reconsideration" in writing within seven (7) business days of the date of DBH's e-mail notification that an applicant did not receive an award. The filing should be addressed to the Department Director.
- d. A written Request for Reconsideration may be made by e-mail to the published e-mail address for the grant competition. A Request for Reconsideration must include a concise statement of the reason(s) for the request, and all documentation and other evidence supporting the request.

2. Department Response

- a. A change to the award decision will be made only because of a material error in the determination of eligibility.
- b. The Department Director, or designee, will consider the Request for Reconsideration and the evidence provided.
- c. Ordinarily a decision will be issued within seven business (7) days of receipt of the Request for Reconsideration. The Director may extend that time to respond for good cause. Any such extensions will be communicated to the requester by e-mail at the address included on the Grant Application.
- d. The Director may halt the award of the grant while the Request for Reconsideration is pending.
- e. After reconsideration, the Director will inform the requestor in writing of the determination.
- f. If the Director determines that a valid basis for a change to the award exists, the Director may:

- i. Reopen the grant application process, in whole or in part;
- ii. Revise or revoke an award; or
- iii. Take other appropriate action to address an error.

3. Effect of the award

Unless DBH states otherwise in writing, either (i) seven (7) business days after a grant award's announcement, or (ii) upon affirmation of a grant award after considering a Request for Reconsideration, a grant award shall be considered final action by DBH.

Attachment 2 – Assurances, Certifications and Disclosures



ATTACHMENT 2 – 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. By signing below, the Applicant/Grantee certifies that the information provided is accurate, and that the organization will adhere to the following terms and conditions, statutes and regulations in their entirety

A. Applicant/Grantee Representations

- The Applicant/Grantee has provided the individuals, by name, title, address, email, and phone number who are authorized to negotiate with the Department of Behavioral Health on behalf of the organization;
- The Applicant/Grantee is able to maintain adequate files and records and will meet all reporting requirements as stated in the grant documentation;
- 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 by the grant documentation and all applicable District of Columbia and Federal laws and regulations;
- 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)
- 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;
- If required by DBH, 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; and,
- 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;

- The Applicant/Grantee has the resources and expertise necessary to perform the grant, or, has the ability to obtain such through submitted and approved sub-grants;
- The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- 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;
- The Applicant/Grantee has a satisfactory record of integrity and business ethics;
- 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;
- The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder;
- The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award;
- 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;
- Consistent with 45 C.F.R. 75.113, the Applicant/Grantee must disclose in a timely manner, in writing to the SAMHSA, and the United States Department of Health and Human Services (HHS) Office of Inspector General (OIG) all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to SAMHSA and to the HHS OIG at the following addresses:

SAMHSA

Attention: Office of Financial Advisory Services
560 Fishers Lane
Rockville, MD 20857

AND

U.S. Department of Health and Human Services
Office of Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201

Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or email:
MandatoryGranteeDisclosures@oig.hhs.gov

- Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, "Remedies for Noncompliance" including suspension and disbarment (See 2 CFR Parts 180 and 376 and 31 U.S.C. 3321).
- The Applicant/Grantee certifies that it will comply with the non-procurement and disbarment regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 376, and 45 CFR § 75.213. These regulations restrict awards, sub-awards and contracts with parties that are debarred suspended or otherwise excluded from or ineligible from participation in federal assistance programs or activities. A list of federally excluded health care programs can be found at: (<http://exclusions.oig.hhs.gov/>). The D.C. Excluded Parties List can be found at (<https://ocp.dc.gov/page/excluded-parties-list>).
- The Applicant/Grantee certifies that it will comply with drug free workplace requirements in Subpart B (or Subpart C of the recipient is an individual) of part 382, which adopts the Government wide implementation (2 CFR part 182) of section 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title .S.C. 701-V, Subtitle D; 41 U.S.C. 701-707);
- The Applicant/Grantee certifies that it will comply with all federal and District whistleblower statutes and regulations, including but not limited to 10 U.S.C. §§ 2324, 2409, and 41 U.S.C. §§ 4304, 4310, 4712; and
- In accordance with the United States Supreme Court decisions in *United States v. Windsor* and in *Obergefell v. Hodges*, the Applicant/Grantee must treat as valid the marriages of same-sex couples.

B. Statutory and Regulatory Assurances and Certifications

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

- The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat.

327 (42 U.S.C. 12101 *et seq.*);

- Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C.701 *et seq.*);
- The Hatch Act, Ch. 314, 24 Stat. 440 (5 U.S.C. 1501; 7321 *et seq.*;) D.C. Law 20-4, D.C. Official Code § 1-1171 *et seq.*; D.C. Law 19-124; D.C. Official Code § 1-1161.01;
- The Fair Labor Standards Act, Ch. 676, 52 Stat. 1060 (29 U.S.C. 201 *et seq.*);
- The Clean Air Act Pub. L. 108-201, February 24, 2004; 42 USC 85 *et seq.*);
- The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (29 U.S.C. 651 *et seq.*);
- The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (18 U.S.C. § 1951);
- Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat. 56 (29 U.S.C. 201);
- Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 *et seq.*);
- Age Discrimination in Employment Act, Pub. L. 90-202 § 2, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 *et seq.*);
- Military Selective Service Act of 1973, Pub. L. 92-129, July 1, 1973, 85 Stat. 358 (50 U.S.C. 460);
- Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
- Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
- Executive Order 12459 (Debarment, Suspension and Exclusion);
- Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 *et seq.*);
- District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 *et seq.*);
- District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 *et seq.*), including the prohibition against sexual harassment found in 4 DCMR § 100 *et seq.*;
- Child and Youth, Safety and Health Omnibus Amendment Act of 2004, D.C. Law §15-353; D.C. Official Code § 4-1501.01 *et seq.*..

C. Mandatory Disclosures

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 Project Director within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification.

<p>Covered Entity Disclosure: During the two-year period preceding the execution of the attached Agreement, were any key personnel or agents of the Applicant/Grantee/Recipient organization, a candidate for public office, or a contributor to a campaign of a person who is a candidate for public office as defined in Section 1092(3) of the “Grant Administration Amendment Act of 2015,” effective October 22, 2015 (D.C. Law 21-36; D.C Official Code 1-328.11(3)?</p>	<p>c YES c NO</p>
<p>Are any of the aforementioned personnel presently or anticipate becoming a candidate for public office, or a contributor to a campaign of a person who is a candidate for public office, as defined in Section 1092(3) of the “Grant Administration Amendment Act of 2015,” effective October 22, 2015 (D.C. Law 21-36; D.C Official Code 1-328.11(3)?</p>	<p>c YES c NO</p>
<p>The Applicant/Grantee Organization must report the names and total compensation of its five (5) most highly compensated officers during the preceding fiscal year if it:</p> <ol style="list-style-type: none"> 1) Received eighty (80) percent or more of its annual gross revenues in federal grants, sub-awards, contracts and subcontracts; and 2) Received \$25,000.00 or more in annual gross revenues from federal grants, sub-awards, contracts and subcontracts; and 3) Had gross income, from all sources, of \$300,000.00 or more; and 4) The public does not have access to this information through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>c YES c NO</p>
<p>The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: _____</p>	<p>c YES</p>

If yes, insert the name of the cognizant federal agency? _____	c NO
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 DBH award.	c YES c NO

Signature

Name and Title

Date



ATTACHMENT 3 – PROGRAM INCOME AND FINANCIAL DISCLOSURE

What is Program Income?

Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity earned as a result of the Federal award during the period of performance. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income.

The Department of Behavioral Health (DBH) requires sub-grantees to identify and document program income on projects/services. The nature of this income must be appropriately documented and the resulting revenue properly recorded. All sub-grantees should be aware of how program income will be used and reported due to a possible impact on the scope of work of the award.

Program income must be utilized in a manner that is allocable, allowable, and reasonable to the project. Expenses that are unallowable on the main project are also unallowable on the program income account.

The DBH Fiscal Monitor will review all budgets and budget modifications and flag any activity/service that has a potential to generate income with the Project Director and sub-grantee. Any flagged activity/service will be reviewed by the fiscal monitor and project director monthly, no less than quarterly with the sub-grantee.

Procedure for Monitoring Program Income:

- Sub-grantee identifies program income activity/service.
- Program income account is established by the sub-grantee.
- Revenue is received and deposited into the program income account.
- The sub-grantee certifies receipt of program income to Fiscal Monitor and Project Director through DBH Program Income Reporting Worksheet monthly, no less than quarterly.
- Fiscal monitor reviews the Income Reporting Worksheet and supporting documentation with the Project Director. A reconciliation is performed with supporting documentation and DBH data systems such as, DATA WITS.
- DBH reports to applicable Federal agency a summary of all sub-grantees that accrued program income and the amount.



ATTACHMENT 3 – PROGRAM INCOME AND FINANCIAL DISCLOSURE

I _____, am an authorized representative of _____, an organization in receipt of a sub-grant from the Department of Behavioral Health (DBH) funded in whole or part by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Pursuant to 45 CFR § 75.2, the organization in receipt of the sub-grant is (please select one):

_____ **A non-profit organization.** A non-profit organization is any corporation, trust association, cooperative or other organization, not including an Institution of Higher Learning (IHE) that: (1) is operated primarily for scientific, educational, service, charitable or similar purposes in the public interest; (2) is not organized primarily for profit; and (3) uses net proceeds to maintain, improve or expand the operations of the organization. I certify that the organization will comply with all statutes and regulations related to program income, including but not limited to 45 CFR § 75.307. I further certify that I will any program income earned as a result of this grant on all invoices submitted to DBH.

_____ **A commercial organization.** A commercial organization is an institution, cooperation, or other legal entity, including but not limited to partnerships, sole proprietorships, and limited liability companies, that is organized or operated for the profit or benefit of its shareholders or other owners. I certify that the organization will comply with all statutes and regulations related to program income, including but not limited to 45 CFR § 75.216. I further certify that I will report any program income earned as a result of this grant on all invoices submitted to DBH.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant/Grantee to the above provisions.

Signature

Name and Title

Date

Attachment 4 – DC Contribution and Solicitation Certification



ATTACHMENT 4 – DISTRICT OF COLUMBIA CONTRIBUTION AND SOLICITATION CERTIFICATION

I _____, am an authorized representative of _____, an organization in receipt of a sub-grant from the Department of Behavioral Health valued at \$100,000.00 or more (“the organization”). Pursuant to D.C. Code § 1-328.15, I hereby certify under penalty of perjury to the best of my knowledge after due diligence that:

1. The organization has not made a contribution or solicitation for contribution to any of the following within one (1) year beginning on the date the contribution or solicitation for contribution was made and continuing for one (1) year after the general election for which the contribution or solicitation for contribution was made, whether or not the contribution was made before the primary election:
 - a. An elected District official who is or could be involved in influencing or approving the award of a grant;
 - b. A candidate for elective District office who is or could be involved in influencing or approving the award; or
 - c. A political committee affiliated with a District candidate or elected District official described in subparagraphs (a) or (b).

2. The organization has not made a contribution to any of the following within eighteen (18) months beginning on the date the contribution or solicitation for contribution was made and continuing for eighteen (18) months after that date:
 - a. A constituent-service program or fund, or substantially similar entity, controlled, operated or managed by:
 - i. An elected District official who is or could be involved in influencing or approving the award of a grant;
 - ii. A person under the supervision, direction or control of an elected District official who is or could be involved in influencing or approving the award of a grant.
 - b. A political party; or
 - c. An entity or organization:
 - i. That a candidate or elected District official described in section 1(a), (b) or a member of his or her immediate family controls; or
 - ii. In which a candidate or elected District official described in section 1(a), (b) has an ownership interest of 10% or more.

Please check if this is not applicable to your organization.

Signature

Name and Title

Date



ATTACHMENT 5 – FEDERAL ASSURANCES AND CERTIFICATIONS

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT.

The Applicant/Grantee provides this assurance in consideration of and for the purpose of obtaining a sub-grant funded in whole or part by U.S. Department of Health and Human Services (HHS).

THE APPLICANT/GRANTEE HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88—352), as amended, and all requirements imposed by or pursuant to HHS Regulation (45 C.F.R. Part 80), to the end that, accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant/Grantee receives a sub-grant funded in whole or part by HHS.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to HHS Regulation (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant/Grantee receives a sub-grant funded in whole or part by HHS.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92.18), as amended, and all requirements imposed by or pursuant to HHS Regulation (45 C.F.R. Part 86), to the end that in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant/Grantee receives a sub-grant funded in whole or part by HHS.
4. The Age Discrimination Act of 1975 (Pub. L. 94-1350), as amended, and all requirements imposed by or pursuant to HHS Regulation (45 C.R.F. Part 91), to the end that, in accordance with the Act and Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant/Grantee receives a sub-grant funded in whole or part by HHS.

5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to HHS Regulation (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant/Grantee receives a sub-grant funded in whole or part by HHS.

The Applicant/Grantee agrees that compliance with this assurance constitutes a condition of continued receipt of a sub-grant funded in whole or part by HHS, and that is binding upon the Applicant/Grantee, its successors, transferees and assignees for the period during which the sub-grant is provided. If any real property or structure thereon is provided or improved with the aid of the HHS sub-grant provided to the Applicant/Grantee, this assurance shall obligate the Applicant/Grantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for the sub-grant is extended or for another purpose involving the provision of similar services for benefits. If any personal property is so provided, this assurance shall obligate for the period during which it retains ownership or possession of the property. The Applicant/Grantee further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

ASSURANCES – NON-CONSTRUCTION PROGRAMS

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for a grant and has the institutional, managerial and financial capability to ensure proper planning, management and completion of the project described in the application.
2. Will give DBH, the United States Department of Health and Human Services, the Comptroller General of the United States and any authorized representative access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable timeframe after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IC of the Educational Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse and alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ww-3) as amended, relating to the confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 *et seq.*), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which the sub-grant is funded; and (j) the requirements of any other non-discrimination statutes which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §874) and the Contract Work Hours and Safety Standard Act (40 U.S.C. §§327-333), regarding la or standards for federally-assisted construction sub-agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard are to participate in the program and too

purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following (a) institution of environmental quality control measures under the Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EP 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistence with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 *et seq.*); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C §§ 7401 *et seq.*); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 *et seq.*) related to protecting components or potential components of national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic preservation Act of 1974 (16 U.S.C. §§ 469a-1 *et seq.*).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development and related human activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 *et seq.*) pertaining to the care, handling and treatment of warm blooded animals held for research, teaching or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 *et seq.*) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other federal laws, executive orders, regulations and policies governing the program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant

award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time the award is in effect or (3) Using forced labor in the performance of the award or sub-awards under the award.

LIST OF CERTIFICATIONS

I. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled “Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,” generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing, the Applicant/Grantee is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PPFCRA)

The undersigned (authorized official signing for the Applicant/Grantee organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children’s services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children’s services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the Applicant/Grantee organization certifies that the Applicant/Grantee organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

HHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant/Grantee to the above provisions.

Signature

Name and Title

Date

Attachment 6 – Special Terms of Award Funding



ATTACHMENT 6 – SPECIAL TERMS OF AWARD FUNDING

As a sub-recipient of Substance Abuse and Mental Health Services Administration (SAMHSA) grant funds, I certify that my agency/organization will comply with the following terms:

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant/Grantee to the above provisions.

Signature

Name and Title

Date

Attachment 7 – Tax Certification



ATTACHMENT 7 – DISTRICT OF COLUMBIA TAX CERTIFICATION

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer
Office of Tax and Revenue



TAX CERTIFICATION AFFIDAVIT

THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.

Date

Authorized Agent
Name of Organization/Entity
Business Address (include zip code)
Business Phone Number

Authorized Agent
Principal Officer Name and Title
Square and Lot Information
Federal Identification Number
Contract Number
Unemployment Insurance Account No.

I hereby authorize the District of Columbia, Office of the Chief Financial Officer, Office of Tax and Revenue to release my tax information to an authorized representative of the District of Columbia agency with which I am seeking to enter into a contractual relationship. I understand that the information released will be limited to whether or not I am in compliance with the District of Columbia tax laws and regulations solely for the purpose of determining my eligibility to enter into a contractual relationship with a District of Columbia agency. I further authorize that this consent be valid for one year from the date of this authorization.

I hereby certify that I am in compliance with the applicable tax filing and payment requirements of the District of Columbia. The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities.

Signature of Authorizing Agent

Title

The penalty for making false statement is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code §47-4106.

Office of Tax and Revenue, PO Box 37559, Washington, DC 20013

Attachment 8 – Sub-Grantee Single Audit Certification



ATTACHMENT 8 – SUB-GRANTEE SINGLE AUDIT CERTIFICATION

Title 2 Part 200 of the Code of Federal Regulations, Subpart F – Audit Requirements states that a non-federal entity that expends less than \$750,000 during the non-federal entity’s fiscal year in federal awards is exempt from federal audit requirements for that year. However, records must be available for review or audit by appropriate officials of the federal agency, pass-through entity (Department of Behavioral Health), and the Government Accountability Office (GAO). The sub-grantee hereby certifies that less than \$750,000 has been expended in federal awards from all sources during the specified audit period.

Check the applicable box and complete the information below:

- Yes, less than \$750,000 has been expended in federal awards from all sources during the specified audit period.
- No, more than \$750,000 has been expended in federal awards from all sources during the specified audit period.

Exemption certification for fiscal year ending: _____

NOTE: The audit period is the organization’s fiscal or calendar year to be audited. Please include the month, day and year for “beginning” and “ending” period (Example – beginning: January 1, 2022, and ending December 31, 2022).

Audit Period Beginning:

Ending:

Total Amount of Federal Funds Expended: \$

Sub recipient:

Organization Representative Name:

Organization Address:

Email:

Telephone:

Authorized Representative Signature:

For non-profits and Community Based Organizations (CBOs), the certification must be signed by the Chairperson of the Board of Directors.

Attachment 9 – DBH Grant Terms and Conditions



ATTACHMENT 9 – DBH GRANT TERMS AND CONDITIONS

_____, an Applicant/Grantee for a grant/sub-grant with the Department of Behavioral Health (DBH) acknowledges receipt of the DBH Grant Terms and Conditions. The Applicant/Grantee organization agrees to be bound by the DBH Grant Terms and Conditions in their entirety if selected for funding.

Applicants/Grantees of sub-grants funded in whole or part by the Substance Abuse and Mental Health Services Administration (SAMHSA) also agree to be bound by the SAMHSA Grant Award Standard Terms and the United States Department of Health and Human Services (HHS) Grants Policy Statement.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant/Grantee to the above provisions.

Signature

Name and Title

Date

Attachment 10 – Special Terms of State Opioid Response Funding



ATTACHMENT 10 – SPECIAL TERMS OF STATE OPIOID RESPONSE FUNDING

As a sub-recipient of State Opioid Response (SOR) Grant funds, I certify that my agency/organization _____ will comply with the following terms:

SOR grant funds must be used to fund prevention, harm reduction, treatment, and recovery support services and evidence-based practices that are appropriate for the population(s) of focus.

SOR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, e.g., HHS (CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, third party insurance, and sliding scale self-pay, among others.

SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address opioid or stimulant misuse issues. If either an opioid or stimulant misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with opioids or stimulants misuse shall not receive treatment or recovery services with SOR grant funds.

Sub-grantees are expected to report data as required in the Funding Opportunity Announcement and to fully participate in any SAMHSA-sponsored evaluation of this program. All required data must be reported to SAMHSA's Performance Accountability and Reporting System (SPARS) system within SAMHSA-specified timelines. The submission of these data in the form required by SAMHSA is a requirement of funding. Noncompliance with this requirement may result in restricted access to funding for this year or limited or no access to funding in the future grant year.

Sub-grantees are required to work with SAMHSA-funded SOR/Tribal Opioid Response Technical Assistance Training (TA/T) grant as the primary means of TA provision.

Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoprodut formulations, naltrexone products including extended-release and oral formulations or long acting products such as extended release injectable

or implantable buprenorphine.) Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual’s opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MOUD must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Recipients must assure that clients will not be compelled to no longer use MOUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber’s recommendation or valid prescription.

Contingencies may be used to reward and incentivize treatment compliance. Clients may not receive contingencies totaling more than \$75 per budget period. The contingency amounts are subject to change.

SOR funds shall not be utilized to provide incentives to any Health Care Professional for receipt of a DATA Waiver or any type of Professional Development Training.

SOR funds shall not be utilized to purchase any food.

Sub-grantees are required to track funding of activities by providers and be prepared to submit these data to DBH upon request.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant/Grantee to the above provisions.

Signature

Name and Title

Date