DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

Community Health Administration

Supplemental Nutrition Assistance Program Education (SNAP-Ed) Approaches to Direct Education

AMENDED REQUEST FOR APPLICATIONS

FO# CHA-SNAPEd-Education-3.29.24

SUBMISSION DEADLINE:

MAY 7, 2024, BY 5:00 PM

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

DC DEPARTMENT OF HEALTH

Community Health Administration

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO# CHA-SNAPEd-Education-3.29.24

Supplemental Nutrition Assistance Program Education (SNAP-Ed) Approaches to Direct Education

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

Funding Opportunity Title:	SNAP-Ed Approaches to Direct Education
Funding Opportunity Number:	CHA-SNAPEd-Education-3.29.24
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Nutrition and Physical Fitness Bureau
Funding Opportunity Contact:	Info.SNAP-Ed@dc.gov
Funding Opportunity Description:	Funding under this RFA is to gather qualified applicants to deliver evidence-based, nutrition and/or physical activity education services to SNAP-eligible District residents.
Eligible Applicants	Not-for-profit and private organizations located and licensed to conduct business within the District of Columbia
Anticipated # of Awards:	6
Anticipated Amount Available:	$900,000.00
Annual Floor Award Amount:	$150,000.00
Annual Ceiling Award Amount:	$150,000.00
Legislative Authorization	Supplemental Nutrition Assistance Program Education – 7CF Part 272
Associated CFDA#	10.561

Associated Federal Award ID#	24DC452Q3903
Cost Sharing/Match Required?	No
RFA Release Date:	March 29, 2024
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	May 7, 2024
Application Deadline Time:	5:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://egrantsdchealth.my.site.com/sitesigninpage

Notes:

1. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DC Health grant funding.
4. Applicants must have a DUNS #, Tax ID#, and be registered in the federal Systems for Award Management (SAM) with an active UEI# to be registered in DC Health's Enterprise Grants Management System.

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RFA TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

H. DC Health may conduct pre-award site visits (either in-person or virtually) to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

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

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

K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period (i.e., the total number of years for which funding has been approved). This includes DC Health Enterprise Grants Management System (EGMS), for which the awardee will be required to register and maintain registration of the organization and all users.

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

M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the Project Period and define any segments of the Project Period (e.g. initial partial year, or a 12-month budget period). The NOGA shall outline conditions of award or restrictions.

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

O. DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including 2 CFR 200 and Department of Health and Human Services (HHS) published 45 CFR Part 75, payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding agency; and compliance conditions that must be met by the awardee.

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

Additional information about grants management policy and procedures may be obtained at the following site: https://oca.dc.gov/page/division-grants-management or click here: Citywide Grants Manual and Sourcebook.

If your organization would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy**, please visit the DC Health Office of Grants Management webpage, here. Any additional questions regarding the RFA Dispute Resolution Policy may be directed to the Office of Grants Management (OGM) at doh.grants@dc.gov. Your request for this document will not be shared with DC Health program staff or reviewers.

CHECKLIST FOR APPLICATIONS

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

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

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

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

1. GENERAL INFORMATION

1.1 KEY DATES

- Notice of Funding Announcement Date: **March 15, 2024**
- Request for Application Release Date: **March 29, 2024**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Application Submission Deadline: **May 7, 2024**
- Anticipated Award Start Date: **October 1, 2024**

1.2 OVERVIEW

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

The Community Health Administration (CHA) of the District of Columbia Department of Health (DC Health) promotes healthy behaviors and healthy environments to improve health outcomes and reduce disparities in the leading causes of disease and death in the District. Within CHA, the Nutrition and Physical Fitness Bureau (NPFB) improves access to healthy, affordable food through federally and locally funded programs that provide benefits, financial incentives, and direct distribution of healthy food; implements evidence-based interventions related to nutrition education, physical activity promotion and obesity prevention grounded in cultural understanding; integrates nutrition into healthcare and strengthens referral pathways between nutrition services, healthcare and community-based organizations to help prevent and manage diet-related diseases; improves food environments across retail stores, farmers markets, workplaces, hospitals, schools and early childhood education; engages partners to guide statewide healthy eating, active living and healthy weight efforts; increases services and resources to support families who are breastfeeding; and supports policies and practices in health care, workplace and childcare settings that promote breastfeeding.

1.3 PURPOSE

The purpose of this funding is to implement evidence-based nutrition education and physical activity interventions for SNAP-eligible residents across the District of Columbia. DC Health, Community Health Administration (CHA) is requesting applications from qualified organizations located and licensed to operate in the District of Columbia to implement Supplemental Nutrition Assistance Program Education (SNAP-Ed) programming aimed at 1) increasing consumption of healthy foods and beverages and decreasing consumption of unhealthy foods and beverages 2) increasing access to affordable foods that promote well-being and prevent disease for all residents 3) increase physical activity and reduce sedentary behavior.

1.4 Source of Grant Funding

DC Health is the primary recipient of federal funds awarding these funds. As a primary recipient, DC Health has the responsibility to pass through requirements and objectives agreed to in our federal notices of award.

Legislative Authority: Supplemental Nutrition Assistance Program Education – 7CF Part 272

Funding Opportunity Number: CHA-SNAPEd-Education-3.29.24Federal Award ID Number: 241DC452Q3903

Funding Available: October 1, 2025

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $900,000 is anticipated for six (6) awards for the first budget period.

1.5.2 Period of Performance and Funding Availability

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

1.5.3 Eligible Organizations/Entities

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

- Not for profit and private organizations

Organizations that meet the above-mentioned eligibility criteria and have a record of providing services (health and social services) to the target populations will be considered.

1.5.4 Non-Supplantation

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

2. BACKGROUND

2. 1 DEMOGRAPHIC OVERVIEW

The District of Columbia (DC or the District) is an ethnically diverse and compact geographic area measuring 61 square miles and comprised of a population of 678,972 residents.[1] This represents a 12.8% increase since 2010 (601,723).[1]

The District of Columbia is divided into eight geographical wards. As a reflection of national and state policy and investment decisions across history, disparities in health and wealth persist across the District. 12.5% of District households receive SNAP, and DC has a poverty rate of 15.4%. The poverty rate is lowest in Ward 3 and 4 (7.9 and 9.5%), and highest in Ward 7 and 8 (25.0 and 28.7%). There is significant economic disparity across race, with the median household income for white families in 2022 at $161,812 and the median household income for Black families was $54,401. This is highly correlated amongst geographical boundaries, as the racial mix in the two wards south of the Anacostia River, Ward 7 and 8, are 85.7% and 84.1% Black residents, which is the highest proportion of non-white residents across all eight Wards in the District. In addition, educational attainment varies across geographic boundaries in the District with 29.4% and 26.0% of Ward 7 and Ward 8 residents, respectively, attaining a bachelor's degree or higher, compared to 88% of Ward 3 residents and 85% of Ward 2 residents.[1]

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

	White, Non-Hispanic	Black/ African American, Non-Hispanic	Hispanic/Latino, any race	Median Household Income	Educational Attainment, Bachelor's Degree or Higher
Ward 1	52.7%	18.4%	11.8%	$126,433	73.1%
Ward 2	61.2%	12.6%	12.0%	$124,728	82.1%
Ward 3	69.6%	7.2%	10.3%	$157,057	86.4%
Ward 4	29.2%	41.0%	23.2%	$106,634	49.9%
Ward 5	33.9%	45.9%	11.6%	$102,744	54.4%
Ward 6	53.8%	28.1%	8.3%	$125,555	70.5%
Ward 7	4.4%	86.6%	5.1%	$49,509	22.0%
Ward 8	5.6%	86.5%	3.7%	$47,421	19.2%
District-wide	40.1%	39.1%	11.8%	$104,110	59.4%

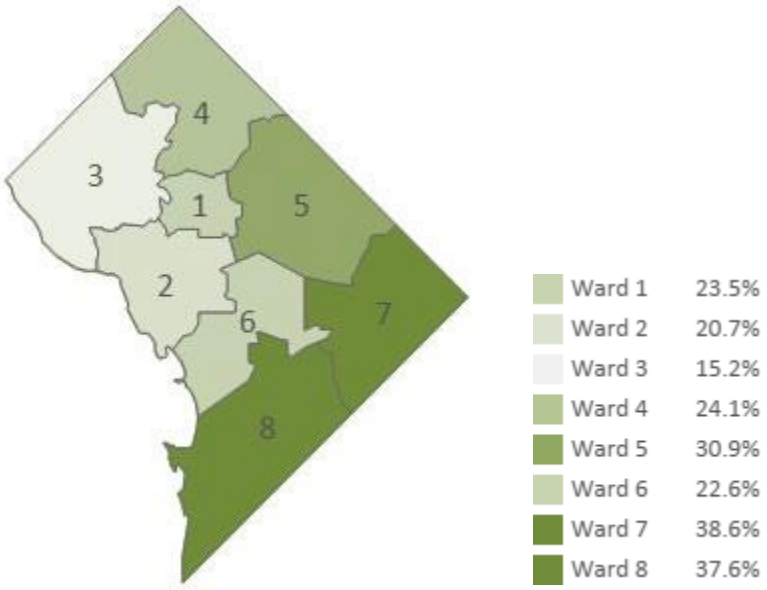
Obesity and Chronic Disease in the District

Obesity, classified as a body mass index equal to or greater than 30 in adults and greater than the 95th percentile in children, is associated with a greater risk for various negative health outcomes.[2-4] In addition to being associated with three of the ten leading causes of death in the United States (cardiovascular disease (CVD), cancer, and diabetes), obesity is associated with a greater risk for depression, poor reproductive outcomes, and poor cognitive functioning.[2,5] The causes of obesity are multifactorial. While individual-level and behavior focused interventions have demonstrated effectiveness in promoting behavior changes, the food environment influences a person's and community's ability to make healthy food choices.

The burden of obesity is not evenly distributed across the District's population: racial, economic, and neighborhood disparities persist. For example, while overall prevalence of obesity in the District is 24.3%, lower than the national average of 33.6%, the prevalence among Black and Hispanic residents is significantly higher than white residents at 39.2%, 26.5%, and 15.0%, respectively. This trend is similar across income-levels among District residents. Neighborhood disparities are more severe with a four-fold difference between Ward 3 at 15.2%% and Ward 7 at 38.6%[6.]

Furthermore, health disparities exist within other chronic diseases. While 8% of the District population are diagnosed with diabetes, Black residents are five (5) times more likely to have diabetes than white residents (15.6% versus 3.5%) and more than twice as likely to have hypertension (40.5% versus 18.9%)[6].

Figure 1. Obesity Prevalence in DC, by Ward of residence.



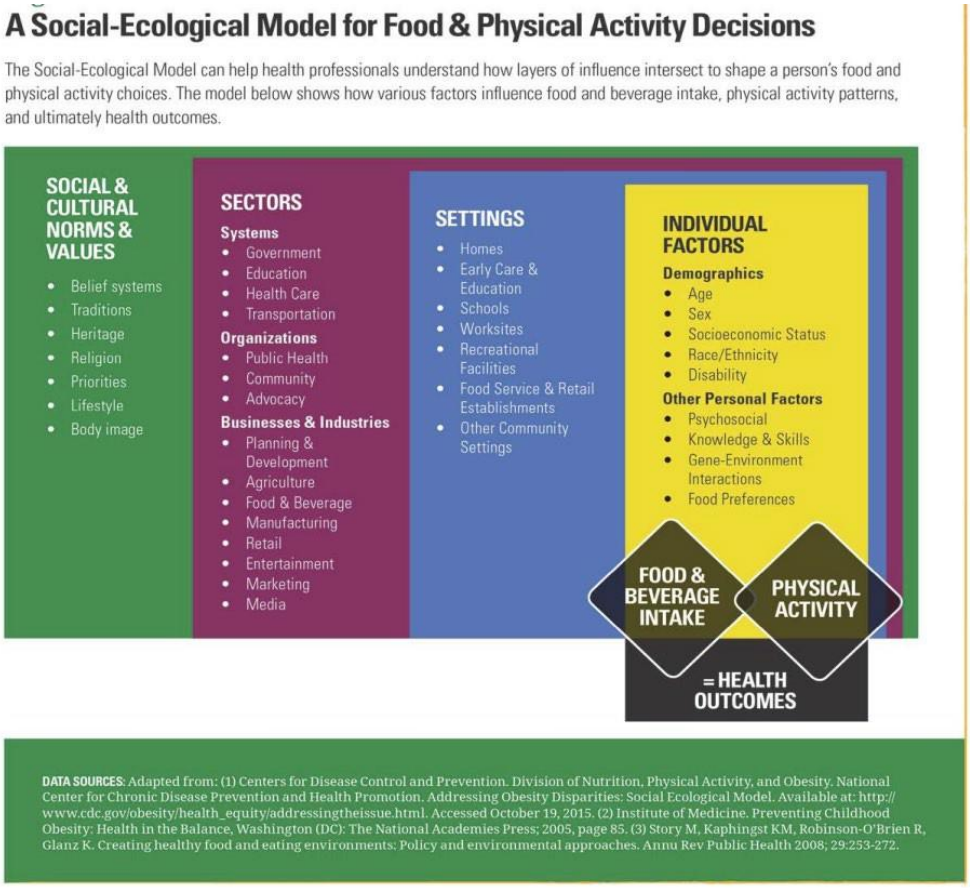
Source: District of Columbia BRFSS Trends & Prevalence, 2022

Nutrition Trends in the District

It is well-established that unhealthy dietary patterns can put a person at greater risk for certain chronic diseases. Furthermore, diets high in refined grains and sugar, can increase a person's risk for obesity.[7] The Dietary Guidelines for Americans, updated every five years, outline evidence-based recommendations for following a healthy dietary pattern across the lifespan. In general, they recommend focusing on nutrient-dense foods and beverages, such as fruits, vegetables, whole grains, and lean proteins, and limiting items high in added sugars, saturated fat, and sodium.[8]

In the District, 31.1% and 13.3% of adult residents do not eat at least one serving of fruit or vegetables per day, respectively.[9] These rates are higher in neighborhoods with less access to a full-service grocery store. In the District, there are 76 full-service grocery stores. However, these stores are not evenly distributed across the eight neighborhood wards in the District. Wards 1 thru 6 all have at least nine full-service grocery stores each, while wards 7 and 8 have only three and one full-service grocery store, respectively. This is known as the "Grocery Gap," in DC. Wards 7 and 8 are also the neighborhoods with the greatest proportion of individuals living below the poverty line, with the highest rates of obesity, and with the lowest rates of fruit and vegetable consumption in the District.[9,10] Accessing a full-service grocery store is important to supporting an environment for people to make healthy food choices. Additional barriers to accessing healthy foods, such as a lack of transportation access, neighborhood safety, and the cost of food, can make healthy choices more difficult for individuals. Changing the nutrition environment reduces these barriers and can have major impacts on people's dietary behaviors.[7,8]

The Social Ecological Model (SEM) is a framework that highlights how multiple factors influence population behaviors.[11] Nutrition education is defined as any combination of educational strategies, accompanied by environmental supports designed to support adoption of food choices and other food and nutrition related behaviors conducive to health, that has the potential to improve diet quality and food security.[12] Effective nutrition education programs should apply the SEM to ensure lasting positive health outcomes.



Physical Activity Trends in the District

Physical activity is an important tool for maintaining a healthy weight and lowering a person's risk for various chronic diseases. The Physical Activity Guidelines for Americans makes physical activity recommendations across the lifespan for the type and amount of activity based on current evidence of best practices.[13] For children, it is recommended that they achieve at least one hour of physical activity daily. For adults, achieving at least 150 to 300 minutes of moderate-intensity or 75 to 150 minutes of vigorous-intensity physical activity per week is recommended. Physical activity for all ages should include a mixture of aerobic, muscle- and bone-strengthening exercises.[14]

In DC, 24.3% of adults reported not engaging in regular physical activity.[9] However, disparities exist in physical activity levels by neighborhood and socioeconomic status in the District. Less than 20.0% of adult residents in Wards 1, 2, 3, and 6 reported not engaging in regular physical activity. For Wards 5, 7, and 8, these numbers increase to 26.8%, 36.9%, and 39.4%, respectively.[9] The trend remains when looking at socioeconomic status. Less than 8.0% of those with an income greater than $75,000 per year did not perform any physical activity in the last 30 days, in comparison to 41.4% for residents with incomes between $15,000 and $24,999 and 29.8% for residents with an annual income less than $15,000.[9]

2.2 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)

The Supplemental Nutrition Assistance Program Education (SNAP-Ed) is a United States Department of Agriculture (USDA) funded grant program. The goal of SNAP-Ed is to improve the likelihood that persons eligible for SNAP benefits will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and the USDA food guidance. The focus of SNAP-Ed is:

- Health promotion to establish healthy eating habits and a physically active lifestyle for the SNAP-Ed target audience and,
- Primary prevention for nutrition-related chronic diseases such as obesity, high blood pressure, and high blood cholesterol in the SNAP-Ed target audience.

SNAP-Ed's Guiding Principles serve as the basis for SNAP-Ed activities. Selected principles are highlighted below.

1. **Target Audience**: The SNAP-Ed program is intended to serve Supplemental Nutrition Assistance Program (SNAP) participants and individuals with low-income eligible to receive SNAP benefits or other means-tested Federal assistance programs. These individuals are at the core of SNAP-Ed efforts, as it is well-established that persons with low-income experience greater health disparities.
2. **Population Eligibility**: The population eligible for SNAP-Ed includes SNAP participants and individuals with low-income eligible for SNAP benefits or other means-tested Federal assistance programs. This definition aligns SNAP-Ed with other benefit programs, allowing a focus on the low-income population while also reaching those residing in communities with a greater proportion of persons with low-incomes.
3. **Diverse Settings**: SNAP-Ed activities should be conducted in settings that offer a high likelihood of reaching eligible individuals. These settings may include, but are not limited to, schools, community centers, farmers' markets, and food retail settings. A full list of eligible targeted settings can be found in *Section 4.2 Location of Services*.
4. **Evidence-Based Approach**: SNAP-Ed activities should be evidence-based, drawing from research and best practices.
5. **Coordination and Partnerships**: SNAP-Ed activities should be coordinated with partners and residents, leveraging strategies from multiple spheres to maximize resources and mutual efforts.
6. **Socio-Ecological Framework**: States are expected to implement SNAP-Ed projects using a socio-ecological framework for nutrition and physical activity decisions. This approach considers various levels of influence, from individual behaviors to community and policy factors.

3. PURPOSE

The DC Health Community Health Administration (CHA) is requesting applications from qualified applicants to implement Supplemental Nutrition Assistance Program Education (SNAP-Ed) programming aimed at 1) increasing consumption of healthy foods and beverages and decreasing consumption of unhealthy foods and beverages 2) increasing access to affordable

foods that promote well-being and prevent disease for all residents 3) increase physical activity and reduce sedentary behavior.

3.1 APPROACH

Applicants shall implement an evidence-based, multi-level intervention with the goal of promoting healthy eating and/or physical activity behaviors, healthy food environments, and increased opportunities for physical activity in the District of Columbia. To maximize impact, all interventions and activities shall be tailored to meet the needs of the selected targeted settings and identified target audiences.

Grantee activities shall consist of the following:

- Direct Education
- Indirect Education
- Social Marketing
- Systems Alignment
- Data Collection and Reporting

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 TARGET POPULATION

Projects should target District residents, ages three (3) years and older, eligible to receive Supplemental Nutrition Assistance Program (SNAP) or other means-tested federal assistance program benefits. According to the federal SNAP-Ed Guidance, grantees may use the following four income or location-based measures to identify persons eligible for the target audience:

1. **Income-based**: Persons eligible for other means tested federal assistance programs such as Supplemental Security income (SSI), the Women, Infants & Children program (WIC) or Temporary Aid to Needy Families (TANF).
2. **Location-based:**
    1. Persons at food banks, food pantries, soup kitchens, public housing and SNAP/TANF job readiness program sites, and other such sites qualify.
    2. Persons at venues where it can be documented that at least 50% of the persons have gross incomes at or below 185% of the poverty guidelines. This could include persons in neighborhoods, schools, or childcare centers where at least 50% of persons have gross incomes that are equal to or less than 185% of the poverty threshold, or children in schools where at least 50% of children receive free and reduced priced meals.
    3. Persons shopping in grocery stores when the store has been documented to redeem average monthly SNAP benefits of $50,000 or more, or persons shopping grocery stores located in census tracts where at least 50% of persons have gross incomes that are equal to or less than 185% of the poverty threshold.

Because of inequalities in society, differences in health can occur between people of different incomes, race/ethnicities, disabilities, sexual orientations, genders, and other factors. This can result in disease and mortality rates that are different across groups and in different areas. Applicants must describe the specific target population(s) they seek to reach within the selected targeted settings, and how they will ensure the target population is SNAP-eligible. Applicants must also address how reaching the selected target population will reduce differences in health outcomes and how the proposed project will benefit the selected target population.

Applicants should describe the process for meeting the needs of individuals with Limited English Proficiency (LEP) or non-English Proficiency (NEP). This can include current teaching staff who are bilingual, recruitment plans for teaching staff who are bilingual, providing an interpreter, and/or the ability to translate materials into other languages, etc.

Reach requirements*:* Selected applicants will need to reach at least **1,500** unique individuals annually between direct and indirect education activities, **with at least 500 of those participants being reached through direct education**. Within the application, applicant shall describe how they will ensure reach.

4.2 Location of Services

Grantees must be located within the District of Columbia. Grantees must select at least **two** targeted settings below to implement nutrition education and/or physical activity programming:

Target Setting
Early Care and Education (e.g., classrooms, school gardens, after school programs)
K-12 Schools (e.g., classrooms, school gardens, after school programs)
Colleges/Universities
Food Retail Locations (e.g., grocery stores, corner stores, farmers markets)
Healthcare Centers/Clinics
Community Based Organizations or Food Access Sites (e.g., non-profit organization, faith-based organization, food pantries, congregate meal sites, other federal or local nutrition program locations)
Worksites
Parks/Outdoor Spaces
Recreation/Community Centers

4.3 Allowable Activities

Component Area 1: Group-Based Direct Education:
Direct education refers to evidence-based, behavior-focused nutrition education and/or physical activity interventions with an intensity and duration that supports behavior change and allows for active engagement in-person or in a live online format. Direct education shall last at least 20 minutes in length per session.

Applicant shall:

1. Select an evidence-based nutrition education or physical activity curriculum. To find examples of existing approved, evidence-based SNAP-Ed curricula, visit the SNAP-Ed Toolkit. The Toolkit is the starting point for choosing evidence-based nutrition education and physical activity curricula for SNAP-Ed, and contains a listing of many evidence-based strategies and interventions in childcare, school, community, and family settings.

2. Describe how the curriculum is evidence-based and incorporates behaviorally focused strategies.
3. Describe how the selected curricula's intensity and duration reinforce healthy behavior change.
4. Describe the targeted setting(s) in which group-based direct education will take place.

All interventions, including group-based nutrition education programming that are not listed in the Toolkit, must be evidence-based. The federal SNAP-Ed Guidance provides resources that assist in identifying what constitutes an evidence-based intervention or approach, including a

Checklist for Evidence-Based Approaches, found in Appendix B on page 137. Additional examples of SNAP-Ed eligible projects can be found here.

Component Area 2: Indirect Education
Indirect education is the distribution or display of information and resources, including any mass communications, public events (such as health fairs), and materials distribution which are shorter in duration and intensity than direct education.

Examples of Indirect Education Channels include the following activities, to find other examples of indirect education channels, visit the SNAP-Ed Toolkit:

- Nutrition education in food retail settings, including grocery stores, corner stores, and farmers markets, that are shorter in duration and intensity than direct education
- Health fairs or other community events
- Pre-recorded videos
- Apps that supports direct education activities
- Text messaging programs

Indirect education channels should *support* direct education programming. Applicant shall describe how they will use indirect education channels to support direct education efforts.

Component Area 3: Social Marketing
Social marketing can be used to deliver nutrition and physical activity messages at the population-level.

Social marketing programs can reach SNAP-Ed eligible audiences through a variety of channels including the following:

- Mass media (TV, radio, newspapers, billboards, other outdoor advertising)
- Social media (social networks, blogs, user-generated content)
- Earned media (Public service announcements)
- Peer-to-peer popular opinion leaders (Youth or parents ambassadors, local champions, celebrity spokespersons, faith leaders)
- Promotional media (Point-of-purchase prompts, videos, websites, newsletters, posters, kiosks, brochures, educational incentive items)

If selected, applicants shall be required to use social marketing channels to implement nutrition and/or physical activity messaging throughout the project period. Applicants shall demonstrate capacity to implement social marketing. DC Health will work with grantees to provide technical assistance in implementing uniformed messaging for a comprehensive DC SNAP-Ed social marketing campaign across the District.

Component Area 4: Systems Alignment
Applicants should demonstrate their capacity to:

- Collaborate with local service providers (SNAP, Medicaid, TANF, WIC, hospitals, health centers, childcare, housing, job-training, school meal programs, congregate meal sites,

etc.) to facilitate enrollment into SNAP-Ed and/or other local or federal food assistance programs.
- If awarded, input proposed SNAP-Ed programming into LinkUDMV, a District health-related resource database, to support referrals into SNAP-Ed programming for all residents.

Component Area 5: Data and Reporting Requirements

If awarded, applicant shall:

1. Attend and participate in quarterly SNAP-Ed trainings
2. Attend and participate in bi-annual SNAP-Ed partner meetings
3. Monitor program progress and submit the following documents by the proposed due date:
    a. Four quarterly narrative reports
    b. Monthly progress reports
    c. One USDA Annual Report
    d. Documents needed to comply with the annual DC SNAP-Ed State Plan

DC SNAP-Ed uses the Program Evaluation and Reporting System (PEARS) to track program reach and outcomes. If awarded, applicant must be able to document the following information at a minimum for each implemented activity, some activities may require measures outside of those listed below, depending on the nature of the work:

- Delivery Site Location
- Gender
- Ethnicity/Race
- Participant Number
- Educational topic provided
- Pre- and post-survey results

For more information on specific variables to be collected during the project, see the evaluation section below.

Component Area 6: Evaluation

Applicants must propose a process and outcome evaluation strategy utilizing the SNAP-Ed Evaluation Framework to monitor ongoing processes and assess success in program implementation and achievement of programmatic goals. In developing an evaluation plan, applicants must use the SNAP-Ed Evaluation Framework for guidance and align evaluation methodology with the listed program outcomes in the provided logic model (Attachment A). DC Health will work with selected applicants to finalize and implement the proposed evaluation plan once the project period begins. Applicants must describe and provide an evaluation plan that demonstrates the following:

- Evidence of organizational experience and capability to coordinate, support planning, and implementation of a comprehensive evaluation of a program.
- Capacity to collect the data listed in *Section 4.3 Component 5 and Component 6*.
- Evaluation methods and tools, data collection, analysis, and security for any personal information.
- How evaluation findings will be used for continuous program quality improvement.

Selected applicants are responsible for collecting the following data at a minimum for their selected target population and targeted settings:

- Baseline and post-participation dietary and/or physical activity behaviors including:
  - Reported Fruit and vegetable consumption
  - Reported Sugar-sweetened beverage consumption
  - Reported Healthful shopping practices
  - Reported Food insecurity
  - Reported Physical activity duration and frequency
  - Referrals, including to food access programs or from other community, clinical, or nutrition programs

5. APPLICATION REQUIREMENTS

5.1 Eligibility Documents

Certificate of Clean Hands

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

Current Business License

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

Current Certificate of Insurance

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

Copy of Cyber Liability Policy

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

IRS Tax-Exempt Determination Letter

This applies to nonprofits only.

IRS 990 Form

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

CURRENT LIST OF BOARD OF DIRECTORS, ON LETTERHEAD, SIGNED AND DATED BY A CERTIFIED OFFICIAL FROM THE BOARD.

This CANNOT be signed by the executive director.

ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

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

5.2 PROPOSAL COMPONENTS

PROJECT ABSTRACT

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

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

PROJECT NARRATIVE (40-page maximum)

The narrative section should describe the applicant's approach and include the following sections:

OVERVIEW

This section should briefly describe the purpose of the proposed project and how the application aligns with the RFA. It should also summarize the overarching problem to be addressed and the contributing factors. Applicant must clearly identify the goal(s) of this project.

PROJECT OR POPULATION NEED AND TARGETED SETTING

This section should help reviewers understand the needs of the population intended to be served by the proposed project.

- Provide an overview of the target population(s) that the project intends to serve. Applicant should define how the target population was identified for this proposal, including the extent of the applicant's involvement with the target population.
- Describe how they will ensure that the population reached is SNAP eligible.

- Provide an overview of target population as relevant to the project, including health disparities and challenges the target population faces such as food insecurity, food access, poverty, nutrition and physical activity behaviors, other health-related behaviors, and chronic disease including high blood pressure and high blood cholesterol. Also indicate how the proposed project aligns with the health disparities and challenges faced by the target population.
- Define the targeted settings that are selected for this project, and how the selected targeted settings will reach the SNAP-Ed target audience.
- Applicant should describe how they will ensure a reach of at least 1,500 SNAP eligible residents annually through direct and indirect education, with at least 500 residents reached through direct education.

PROJECT DESCRIPTION

This section should provide a clear and concise description of strategies and activities that will be used to achieve project outcomes and should detail how the program will be implemented. Applicants must base their strategies and activities on those described in Sections 3.1 Approach, 4.3 Scope of Services, and 4.4 Program Strategies, above. Describe activities for each strategy, how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes.

- **Component 1: Direct Education** Applicant should describe in detail how direct education will be implemented. Applicant must describe the selected curriculum. Applicant should include:
    - How the curriculum is evidence-based and incorporates behaviorally focused strategies
    - How the selected curricula's intensity and duration reinforce healthy behavior change
- **Component 2: Indirect Education:** Applicant should describe what channels of indirect education will be used. Applicant should describe how indirect education will support direct education efforts.
- **Component 3: Social Marketing:** Applicant should describe their capacity to implement social marketing. Applicant should include descriptions of current social marketing efforts or planned social marketing efforts.
- **Component 4: Systems Alignment:** Applicant should describe plans to collaborate with local service providers to facilitate enrollment into SNAP-Ed and/or other local or federal food assistance programs.

RESIDENT FEEDBACK

Authentic resident engagement describes an inclusive process for informing, designing, implementing, and evaluating programming that centers the needs of the community. For more information about community engagement, please visit *Healthy Food Policy Project's Food*

Access Policy Change Through Authentic Resident Engagement. This section should describe plans to involve SNAP-eligible residents in program planning and implementation.

DATA COLLECTION AND EVALUATION

Applicants must propose a process and outcome evaluation strategy utilizing the SNAP-Ed Evaluation Framework to monitor ongoing processes and assess success in program implementation and achievement of programmatic goals, including progress toward bolded outcomes in the provided Logic Model. Applicants may also include formative evaluation strategies. More information about SNAP-Ed evaluation is available at Addressing the Challenges of Conducting Effective SNAP-Ed Evaluations: A Step-by-Step Guide (https://www.fns.usda.gov/sites/default/files/SNAPEDWaveII_Guide.pdf).

In developing an evaluation strategy, applicants must use the SNAP-Ed Evaluation Framework and Interpretive Guide (https://snapedtoolkit.org/framework/index/) for guidance, and align evaluation methodology with program goals, objectives, outcomes, and activities. Applicants are encouraged to utilize existing, validated evaluation tools or instruments and submit these tools and instruments in their application. Grantees shall submit all evaluation tools and instruments to DC Health for review prior to use. DC Health will work with selected applicants to finalize evaluation plans.

- Applicant shall describe evaluation methods and tools, data collection, analysis, and security for any personal information.
- Applicant shall complete the Evaluation Plan Template (**Applicable Form 1**), which should include evaluation questions, evaluation design, and measures (i.e. process and outcome) related to the proposed work plan activities and SNAP-Ed priorities below – the bolded outcomes in the Logic Model align with the listed SNAP-Ed priority indicators:
    - MT1: Healthy Eating - Measures reported intent to change related to healthy eating by SNAP-Ed participants before and after participation in an in-person nutrition education series of classes. Outcome measures include but are not limited to the number or percentage of participants reporting a healthy eating behavior during the period assessed, the frequency, type of behavior(s), such as cups of fruits and vegetables consumed or number of sugar-sweetened beverages consumed.
    - MT2: Food Resource Management - Measures changes in individual and family behaviors that reflect smarter shopping and food resource management strategies, enabling participants to stretch their food resource dollars to support a healthier diet. Outcome measures include but are not limited to the number or percentage of participants reporting a food resource management behavior during the period assessed, the frequency, and the type of behavior(s) such as choosing healthy foods on a budget, reading nutrition facts labels, comparing prices before buying foods, identifying foods on sale or use coupons to save money, and shopping with a list.
    - MT3: Physical Activity and Reduced Sedentary Behavior - A two-part indicator measuring behavioral changes to increase physical activity and/or reduce sedentary behavior. Outcome measures include but are not limited to increases in duration, intensity, and frequency of exercise, physical activity, or leisure sport appropriate for the population of interest, and types of activities.
    - MT5: Nutrition Supports - Measures the number of sites and organizations that adopt PSE changes and complementary promotion often including favorable procurement, meal

preparation activities, or other interventions that expand access and promote healthy eating; associated potential audience reached. Outcome measures include but are not limited to the number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating, total number of policy changes, total number of system changes, and total number of environmental changes.

- ST7: Organizational Partnerships - Measures active partnerships, depth of the relationship, and for more mature partnerships, specific accomplishments and lessons learned from the partnership. Outcome measures include but are not limited to the number of active partnerships in SNAP-Ed qualified sites or organizations that regularly meet, exchange information, and identify and implement mutually reinforcing activities that will contribute to adoption of one or more organizational changes or policies.

- Applicant shall demonstrate evidence of organizational experience and capability to coordinate, support planning, and implementation of a comprehensive evaluation of a program.
- Applicant shall describe how evaluation findings will be used for continuous program quality improvement.

ORGANIZATIONAL CAPACITY

This section should provide information on the applicant's current mission and structure and scope of current activities; describe how these all contribute to the organization's ability to conduct the program requirements and meet program expectations.

WORK PLAN

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

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

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

- Specific: includes the "who," "what," and "where." Use only one action verb to avoid issues with measuring success.
- Measurable: focuses on "how much" change is expected.
- Achievable: realistic given program resources and planned implementation.
- Relevant: relates directly to program/activity goals.
- Time-bound: focuses on "when" the objective will be achieved.

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

BUDGET TABLE

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

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

Key Budget Requirements

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

- October 1, 2024 – September 30, 2025

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

When drafting the budget, applicants should review *the FY2024 Supplemental Nutrition Assistance Program Plan Guidance* Section 4. Allowable Costs.

BUDGET JUSTIFICATION

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

Include the following in the budget justification narrative:

Personnel Costs: List each staff member to be supported by (1) funds, the percent of effort each staff member spends on this project, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member, or indicate a vacancy, position title, percentage of full-time equivalency dedicated to this project, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for service delivery and/or coordination, staff responsible for

monitoring programmatic activities and use of funds, and staff responsible for data collection, quality, and reporting.

Fringe Benefits: Fringe benefits change yearly and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.

Consultants/Contractual: Applicants must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. For each consultant, specify the scope of work for the consultant, the hourly rate, and the number of hours of expected effort. Applicants must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients.

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

Supplies: Office supplies, educational supplies (handouts, pamphlets, posters, etc.), personal protective equipment (PPE). The cost of food for recipe/taste testing purposes is an allowable cost. Ongoing snacks or foodservice, meal sized portions or complete meal service, and/or the cost of food provided as groceries or supplemental food is NOT an allowable cost.

Equipment: Include the projected costs of project-specific equipment. Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).

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

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

ORGANIZATIONAL CHART

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

RISK SELF-ASSESSMENT

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

6. EVALUATION CRITERIA

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

CRITERION 1: NEED

(25 POINTS) – Corresponds to Sections: Overview and Project or Population Need and Targeted Setting

- Purpose of the proposed project aligns with the RFA; (3 points)
- Provides strong evidence that the goals of proposed project can be achieved; (3 points)
- Rationale by which target population was selected aligns with target population of RFA and applicant describes extent of previous involvement with target population; (3 points)
- Provides strong justification for how the selected targeted settings will reach SNAP-eligible populations, including how the applicant will ensure the target population is SNAP-eligible; (5 points)
- Demonstrates strong understanding of the health disparities and challenges faced by the selected target population related to food insecurity, food access, poverty, nutrition and physical activity behaviors, other health-related behaviors, and chronic disease including high blood pressure and high blood cholesterol. Applicant includes relevant data points to support identified health disparities and challenges; Applicant describes previous work with target population (3 points)
- Aligns the specific problem(s) addressed by the proposed project with the health disparities and challenges of the target population. (5 points)
- Provides realistic description of activities to ensure a reach of at least 1,500 SNAP eligible residents annually through direct and indirect education, with at least 500 residents reached through direct education. (3 points)

CRITERION 2: IMPLEMENTATION

(45 POINTS) – Corresponds to Sections: Project Description, Resident Feedback, and Work Plan

- Describes, in detail, direct education strategies for implementing a nutrition education and physical activity initiatives are evidence-based and behaviorally focused. Description justifies how curricula intensity and duration will reinforce healthy behavior change and the targeted setting the direct education will take place; (7 points)
- Description provides clear strategy for how indirect education channels will support direct education programming; (7 points)
- Demonstrates capacity to implement social marketing activities; (5 points)

- The link between how proposed strategies will lead to improved outcomes in healthy eating and physical activity behaviors in the proposed target population is clear; (7 points)
- Describes plans to involve SNAP-eligible residents in program planning and implementation. (7 points)
- Clearly indicates how funding the proposed project will support capacity-building with emphasis on sustaining the project beyond the project period outlined in the RFA; (7 points)
- Work Plan represents a logical and realistic plan of action for timely and successful achievement of objectives that support program goals, objectives, and activities. (5 points)

CRITERION 3: EVALUATIVE MEASURES

(15 POINTS) – Corresponds to Sections: Data Collection and Evaluation

- Evaluation strategy appropriately measures the problem defined by the proposed project in the Overview and Project or Population Need sections; (5 points)
- Evaluation strategy describes how the evaluation will be conducted, which will include methods and tools, data collection, analysis, and security for personal information (e.g., assign skilled staff, data management software, sampling strategies); (5 points)
- Evaluation Plan demonstrates effective evaluation questions, evaluation design, and measures related to the SNAP-Ed priorities (MT1: Healthy Eating, MT2: Food Resource Management, and MT3: Physical Activity and Reduced Sedentary Behavior) from both a process and outcome perspective; (5 points)

CRITERION 4: CAPACITY

(15 points) – Corresponds to Sections: Project Description

- Demonstrates the qualifications of the organization and project personnel (by training and/or experience) in implementing and carrying out the proposed project as described, including: (3 points)
    - the capacity to meet performance requirements, follow project deadlines, and provide accurate reporting,
    - the applicant's accounting structure (e.g., maintaining internal controls, providing accurate and complete information about project-related financial transactions), and
    - where necessary, describes the staff recruitment plan, including a projected timeline for recruitment and hiring;
- Demonstrates capacity to collaborate with local service providers (SNAP, Medicaid, TANF, WIC, hospitals, health centers, childcare, housing, job-training, school meal programs, congregate meal sites, etc.) to facilitate enrollment into SNAP-Ed and/or other local or federal food assistance programs (e.g., how LinkUDMV will be utilized in program implementation); (3 points)
- Demonstrates evidence of organizational capacity and experience to coordinate, support planning, implement a comprehensive program evaluation, and apply results to program

operations to ensure continuous quality improvement (e.g., data collection, data analysis, and reporting of nutrition education and physical activity prevention projects); (3 points)

- Describes applicant's process for meeting the needs of individuals with Limited English Proficiency (LEP). This can include current teaching staff who are bilingual, recruitment plans for teaching staff who are bilingual, providing an interpreter, and/or the ability to translate materials into other languages, etc. (3 points)
- Describes the applicant's level of experience: (3 points)
    - providing evidence-based direct education for nutrition and/or physical activity to the target population and
    - engaging communities to improve community capacity supporting improved health and social determinant of health outcomes.

7. REVIEW AND SCORING OF APPLICATION

7.1 Eligibility and Completeness Review

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

7.2 External Review

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

7.3 Internal Review

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

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

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

8. POST AWARD ASSURANCES & CERTIFICATIONS

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

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

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

9. APPLICATION SUBMISSION

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

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

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

9.1 REGISTER IN EGMS

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

1. **Access EGMS**: The user must access the login page by entering the following URL: https://egrantsdchealth.my.site.com/sitesigninpage. Click the button REGISTER and following the instructions. You can also refer to the EGMS Reference Guides.
2. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). If needed, a Secondary User may also register for an account. The approval for the registration will be sent to the Primary User.
3. Your EGMS registration will require your legal organization name, your **UEI# and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).
4. When your Primary Account User request is submitted in EGMS, the Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

EGMS User Registration Assistance:

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

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

9.2 Uploading the Application

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

- ***Eligibility Documents***
    - Certificate of Clean Hands dated within 60 days of the application deadline
    - Current business license or certificate of licensure or proof to transact business in local jurisdiction
    - Current Certificate of Insurance

- Copy of Cyber Liability Policy
- IRS Tax-Exempt Determination Letter (for nonprofits only)
- IRS 990 Form from most recent tax year (for nonprofits only)
- Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the Executive Director)
- Assurances Certifications Disclosures

- ***Proposal Documents***
  - Proposal Abstract
  - Project Narrative (40-page maximum)
  - Budget Table
  - Budget Justification
  - Organization Chart
  - Evaluation Plan
  - Work Plan
  - Risk self-assessment

9.3 DEADLINE

Submit your application via EGMS by 5:00 p.m., on the deadline date of May 7, 2024. Applications will **not** be accepted after the deadline.

10. PRE-APPLICATION MEETING

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

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

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

Note that questions will only be accepted in writing. Answers to all questions submitted will be published on a Frequently Asked Questions (FAQ) document onto the District Grants Clearinghouse every three business days. Questions will not be accepted after April 24, 2024.

11. GRANTEE REQUIREMENTS

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

11.1 Grant Terms & Conditions

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

11.2 Grant Uses

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

11.3 Conditions of Award

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

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

11.4 Indirect Cost

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

For locally-funded grants, DC Law 23-185, the Nonprofit Fair Compensation Act of 2020 (D.C. Official Code sec. 2-222.01 et seq.) allows any grantee to apply a federal Negotiated Indirect Cost Rate Agreement (NICRA) to the grant funds and approved budget, negotiate a new percentage indirect cost rate with the District grantmaking agency, use a previously negotiated rate within the last two years from another District government agency, or use an independent

certified public accountant's calculated rate using OMB guidelines. If a grantee does not have an indirect rate from one of the four aforementioned approaches, the grantee may apply a de minimis indirect rate of 10% of total direct costs.

11.6 Vendor Registration in DIFS

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

11.7 Insurance

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

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

11.8 Audits

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

11.9 Nondiscrimination in the Delivery of Services

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

11.10 Quality Assurance

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

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

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

12. GLOSSARY OF TERMS

Community-Clinical Linkage – Connections between community and clinical sectors that aim to improve health within a community.

"Community Clinical Linkages Health Equity Guide" Centers for Disease Control and Prevention. Accessed February 23, 2024. https://www.cdc.gov/dhdsp/evaluation_resources/guides/health-equity.htm#:~:text=CCLs%20are%20connections%20between%20community,as%20cardiovascular%20disease%20(CVD).

Cultural Competence – practices and behaviors that ensure that all patients receive high-quality, effective care irrespective of cultural background, language proficiency, socioeconomic status, and other factors that may be informed by a patient's characteristics."3 Improving the cultural competency of health materials, personal interactions, and services is an important step toward addressing low health literacy among diverse populations.

"Health Literacy and the Role of Culture." Center for Health Care Strategies, Inc. Center for Health Care Strategies. Accessed January 14, 2022. http://www.chcs.org/media/Health_Literacy_Role_of_Culture.pdf

Direct Education - Direct education refers to evidence-based, behavior-focused nutrition education and/or physical activity interventions with an intensity and duration that supports behavior change and allows for active engagement in-person or in a live online format. Direct education shall last at least 20 minutes in length per session.

Health Disparity – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

"Disparities." Disparities. Office of Disease Prevention and Health Promotion. Accessed June 29, 2021. https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

Health Equity – The attainment of the highest level of health for all people. It is the removal of any and all differences (disparities) in health that are avoidable, unfair, and unjust. It requires "valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." (MCHB proposed definition)

Indirect Education - Indirect education is the distribution or display of information and resources, including any mass communications, public events (such as health fairs), and materials distribution which are shorter in duration and intensity than direct education. Examples of Indirect Education Channels include the following activities, to find other examples of indirect education channels, visit the SNAP-Ed Toolkit

Limited English Proficient (LEP) – Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled to language assistance with respect to a particular type or service, benefit, or encounter.

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

Supplemental Nutrition Assistance Program (SNAP) – Formerly known as food stamps, SNAP provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.

Social Determinants of Health – Social determinants of health are the conditions in which people are born, live, work, play and age that influence health. The public health community has long understood that there is a link between an individual's health and the social environmental and economic conditions within which an individual resides and interacts. Social determinants of health include access to healthy foods, housing, economic and social relationships, transportation, education, employment and access to health. The higher the quality of these resources and supports, and the more open the access for all community members, the more community outcomes will be tipped toward positive health outcomes. Thus, improving conditions at the individual and community level involve improving societal conditions, Page 36 of 36 including social and economic conditions (freedom from racism and discrimination, job opportunities and food security), the physical environment (housing, safety, access to health care), the psycho-social conditions (social network and civic engagement), and psychological conditions (positive self-concept, resourcefulness and hopefulness).

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Social Marketing - Social marketing can be used to deliver nutrition and physical activity messages at the population-level. Social marketing programs can reach SNAP-Ed eligible audiences through a variety of channels

13. ATTACHMENTS

Attachment: Logic Model

Attachment: Assurances and Certifications

Attachment: Budget Table

Attachment: Budget Justification

Attachment: Work Plan

Attachment: Evaluation Plan

Attachment: Risk Self-assessment

Appendix A: Minimum Insurance Requirements

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

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

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

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

out of the performance of this Statement of Work by the Grantee or its subcontractors, or anyone for whom the Grantee or its subcontractors may be liable. These policies shall include a separation of insureds clause applicable to the additional insured.

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

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

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

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

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

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

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

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

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

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

amounts. So called "silent" coverage under a commercial general liability or professional liability policy will not be acceptable.

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

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

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

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

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

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

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

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

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

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

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

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