DEPARTMENT OF HEALTH

Community Health Administration

Supplemental Nutrition Assistance Program Education (SNAP-Ed) Approaches to Healthy Eating and Active Living Environments

REQUEST FOR APPLICATIONS

FO# CHA-SNAPED-Obesity-4.5.24

SUBMISSION DEADLINE:

MAY 7, 2024, BY 3:00 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-Obesity-4.5.24

Supplemental Nutrition Assistance Program Education (SNAP-Ed) Approaches to Healthy Eating and Active Living Environments

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 Healthy Eating and Active Living Environments
Funding Opportunity Number:	CHA-SNAPEd-Obesity-4.5.24
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 intended to gather qualified applicants to implement policy, systems, and environmental approaches to improving the food and physical activity environment.
Eligible Applicants	Not-for-profit organizations located and licensed to conduct business within the District of Columbia
Anticipated # of Awards:	3
Anticipated Amount Available:	$180,000
Annual Floor Award Amount:	$60,000
Annual Ceiling Award Amount:	$60,000
Legislative Authorization	301(A) and 317(K)(2) of the Public Health Service Act, 42 USC Section 241(A) and 247B(K)(2), as amended

Associated CFDA#	93.991
Associated Federal Award ID#	1 NB01TO000052-01-00
Cost Sharing/Match Required?	No
RFA Release Date:	April 5, 2024
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	May 7, 2024
Application Deadline Time:	3:00 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 Electronic 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 from negotiations.

M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the Project Period 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 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 29, 2024**
- Request for Application Release Date: **April 5, 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

DC Health Community Health Administration (CHA) is requesting proposals from qualified organizations to implement policy, systems, and environmental (PSE) approaches to improve physical activity and food and nutrition environment. PSE approaches are multi-level interventions that move beyond direct education to change the environment and make healthy choices practical and available to everyone in the community.

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 agree to in our federal notices of award.

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $180,000 is anticipated for three (3) 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, 202–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

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 & PURPOSE

2.1 BACKGROUND

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. 12.5% of 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 and 28.7%). There is significant economic disparity among race, with the median household income for white families in 2022 at $161,812 while the median household income for Black families was $54,401. This disparity is highly correlated amongst geographical boundaries, as the two Wards south of the Anacostia River, Wards 7 and 8, are 86.6% and 86.5% Black residents— which is, the highest concentration of non-white residents in the District. In addition, educational attainment varies across geographic locations in the District with 20% and 19.5% of Ward 7 and Ward 8 residents, respectively, attaining a bachelor's degree or higher, compared to 86% and 82% of Ward 3 and Ward 2 residents, respectively.[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%

Source: District of Columbia Office of Planning, Demographic Data HUB

Obesity and Chronic Disease in the District

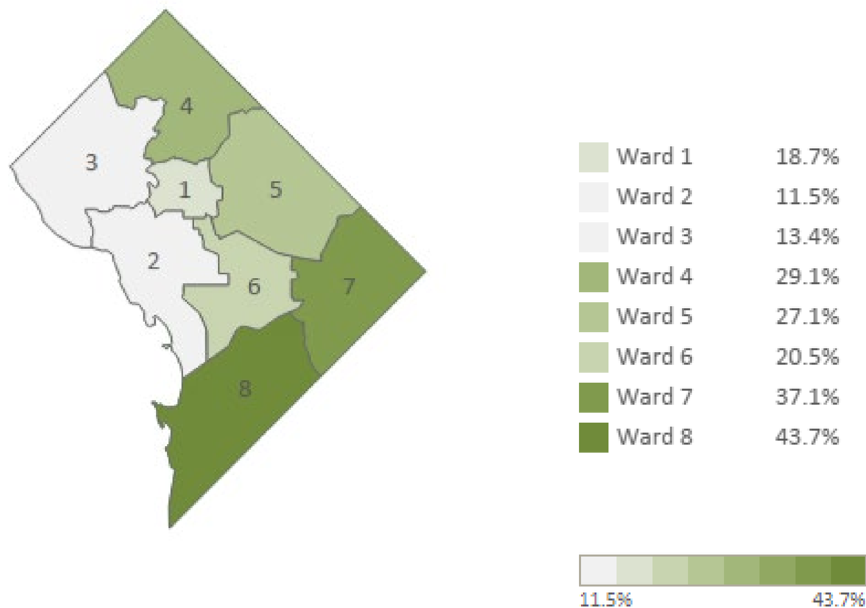
Obesity, classified as a body mass index equal to or greater than 30 in adults and greater than the 95th percentile in children, is associated with a greater risk for various negative health outcomes.[2-4] In addition to being associated with three of the ten leading causes of death in the United States—cardiovascular disease (CVD), cancer, and diabetes—obesity is associated with a

greater risk for depression, poor reproduction outcomes, and poor cognitive functioning.[2,5] The cause of obesity is multifactorial. Individual factors, such as genetics, diet, and physical activity, play a role in whether a person has obesity. On a larger scale, systemic factors, such as the food and built environments, influence obesity outcomes by shaping a person's diet and physical activity choices.[7,8] While individual-level interventions to prevent obesity are important, policy, systems, and environmental changes can have more sustainable, population-level impacts on obesity prevalence.

The burden of obesity is not evenly distributed across the District's population: racial, economic, and neighborhood disparities in obesity persist.[9] 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 that of white residents at 39.2%, 26.5%, and 15.0%, respectively.[9,10] This trend is similar for income-levels among District residents. Neighborhood disparities are more severe with a four-fold difference between Ward 2 at 11.5% and Ward 8 at 43.7%.[9]

Further, there is a disproportionate burden of chronic diseases across the District. While 8% of the District population are diagnosed with diabetes, Black residents are 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%).

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



Source: District of Columbia BRFSS Trends & Prevalence

Food Environments in the District

It is well-established that poor dietary patterns can put a person at greater risk for certain chronic diseases.[11] These same poor dietary patterns, such as diets high in refined grains and sugar, can also increase a person's risk for obesity.[11] The Dietary Guidelines for Americans, updated every

five years, outline evidence-based recommendations for following a healthy dietary pattern across the lifespan.[12] In general, they recommend focusing on nutrient-dense foods and beverages, such as fruits, vegetables, whole grains, and lean proteins while limiting items high in added sugars, saturated fat, and sodium.[12]

In the District, 31.1% and 13.3% of adult residents eat less than 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.[13] However, these stores are not evenly distributed across the eight neighborhood Wards in the District. Wards 1 through 6 have at least 9 full-service grocery stores each, while Wards 7 and 8 have only 3 and 1 full-service grocery store, respectively.[13] In DC, this is referred to as the "Grocery Gap." Residents of Wards 7 and 8 also experience the greatest proportion of individuals living below the poverty line, have the highest rates of obesity, and some of the lowest rates of fruit and vegetable consumption in the District.[9,13] 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]

Physical Activity Environments in the District

Physical activity is an important tool for maintaining a healthy weight and lowering a person's risk for various chronic diseases.[14] 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.[14] 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.[15]

In DC, 24.3% of residents 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% of 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% of those with an income greater than $75,000 per year did not achieve 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]

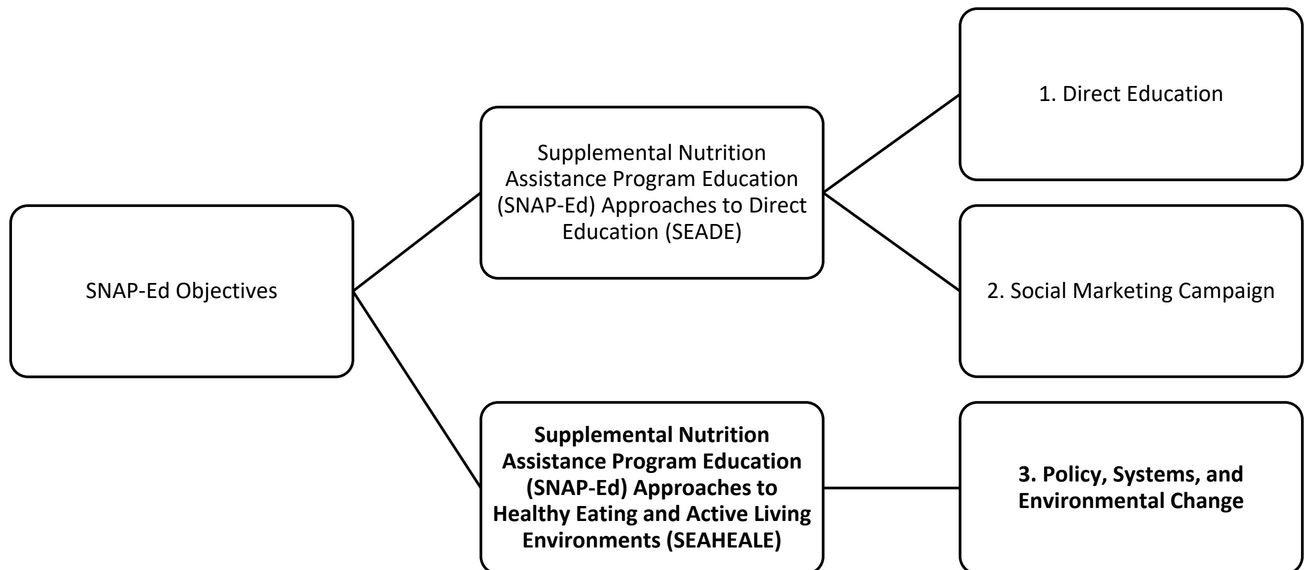
Supplemental Nutrition Assistance Program Education (SNAP-Ed)

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 focuses on implementing three intervention types 1) Direct Education 2) Social Marketing 3) Policy, Systems, and Environmental Change.

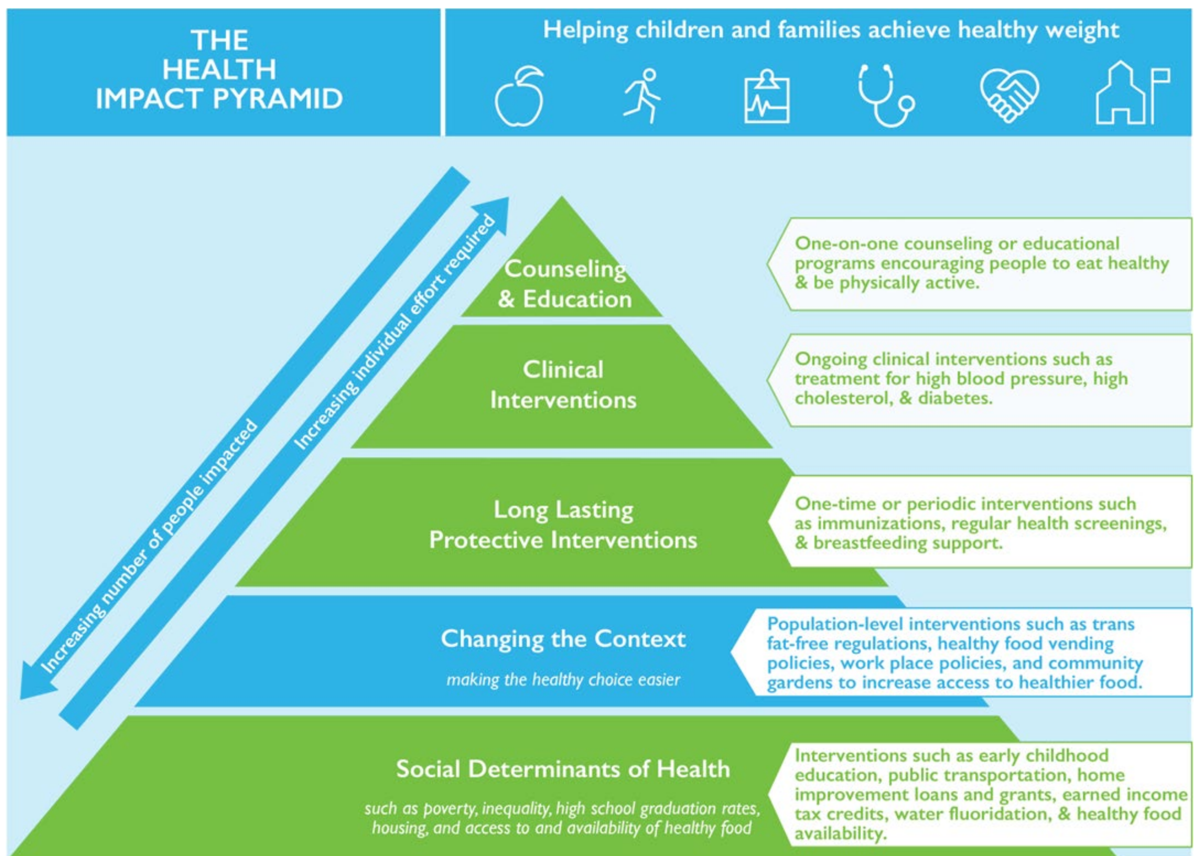
Figure 2. SNAP-Ed Intervention Types.



Source: USDA FNS FY2024 SNAP-Ed Policy, Systems, and Environmental Change Initiative Data Toolkit

This funding opportunity, Supplemental Nutrition Assistance Program Education (SNAP-Ed) Approaches to Healthy Eating and Active Living Environments (SEAHEALE), addresses the Policy, Systems, and Environmental (PSE) changes needed to support healthy eating and physically active lifestyles. While direct education and social marketing increase people's knowledge and awareness of healthy lifestyle options, PSE changes improve access, affordability, and appeal of healthy lifestyle options by making widespread, sustainable changes to food and physical activity environments.[16]

Figure 3. The Health Impact Pyramid.



Source: CDC, A Framework for Public Health Action

Policy, Systems, and Environmental Changes

Policies are written statements of an organizational position, decision, or courses of action. They describe actions, resources, implementation, evaluation, and enforcement of the changes occurring. Policies are made in the public, nonprofit, and business sectors. Please note, for the purposes of this grant, funds **cannot be used for lobbying purposes.**

Policy changes guide behavioral changes for the individuals in the targeted setting. For example, a school or district could implement a policy that allows the use of school facilities for recreation by children, parents, and community members during non-school hours.

Systems are an organized framework or method that dictates the unwritten, ongoing, organizational decisions or changes that result in new activities reaching large proportions of individuals the organization serves. Systems determine how the organization or network of organizations conducts business.

Systems changes may precede or follow a written policy and, much like policy changes, influence the behavior of the individuals in the targeted setting. For example, a local food policy

council could create a farm-to-fork system that links farmers and local distributors to new retail or wholesale customers in the targeted setting.

Lastly, the built or physical **environment** is the visual and observable structure including, but not limited to, buildings, roads, bridges, transportation systems, trails and sidewalks, parks, recreational facilities, and food retailers.

Environmental changes influence the behavior of individuals in the targeted setting by modifying the built or physical environment. For example, a food retailer increases the variety of fruits and vegetables sold and displays them by the checkout lane[15].

2.2 PURPOSE

2.2.1 Approach

DC Health's Nutrition and Physical Fitness Bureau uses the Centers for Disease Control and Prevention's State and Local Strategies for healthy eating and active living to inform the development of the goals listed below.

Physical Activity Environment

> **Goal 1:** Implement policies and initiatives that connect pedestrian, bicycle, or transit transportation networks (e.g. active-friendly routes) to everyday destinations.

Food and Nutrition Environment

> **Goal 2:** Promote foodservice and nutrition guidelines associated with healthy food procurement in facilities, programs, or organizations where food is sold, served, and distributed.
>
> **Goal 3:** Coordinate expansion and increased utilization of existing fruit and vegetable incentive and produce prescription programs.

Applicants shall select **one** goal listed above and propose how they will complete an environmental scan (year 1) and at least one collective action effort (years 2 through 5), if awarded.

Environmental Scan

> The applicant shall propose how, prior to implementing activities, they will conduct an environmental scan of 1) physical activity, 2) food service and nutrition guidelines, or 3) produce incentive and prescription policies and programs within the targeted setting to identify gaps and opportunities to enhance proposed intervention(s). Examples of environmental scan activities are included in each of the outcome areas below.

Collective Action

Applicant shall propose how they will implement PSE activities within the targeted setting, directly addressing the findings of the environmental scan. Examples of collective action activities are included in each of the outcome areas below.

	Outcomes		
	Short Term (1 Year)	**Intermediate (2-4 Years)**	**Long-Term (5 Years)**
Physical Activity	Completed health impact assessment to address active transportation, public transit, outdoor spaces, or parks and green spaces.	**Implement policies and initiatives that connect pedestrian, bicycle, or transit transportation networks (e.g. active-friendly routes) to everyday destinations.**	Increase the percent of adults who engage in at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity physical activity per week in their free time.[17]
	Completed community design assessment that addresses the built environment specific to physical activity.		Increase the percent of adolescents who engage in at least 60 minutes of physical activity per week.[17]
	Completed walk/move audits.		Increase the percent of children who engage in at least 60 minutes of physical activity per week.[17]
Food Service and Nutrition Guidelines	Completed environmental scan of the food and nutrition environment to prioritize populations, settings, and programs that align with cultural food preferences.	**Promote foodservice and nutrition guidelines associated with healthy food procurement in facilities, programs, and organizations where food is sold, served, and distributed.**	Reduce the percent of high school students who drink soda one or more times per day.[18]
			Reduce the prevalence of obesity in children less than 18 years of age.[18]
Produce Incentive and Prescription Programs	Completed community needs assessment to inform the development/expansion of produce incentive or prescription programs, including resident feedback to identify the gaps and barriers to use.	**Coordinate expansion and increased utilization of existing fruit and vegetable incentive and produce prescription programs.**	Stop the increase in the prevalence of obesity in adults.[18]
			Increase the percent of adult residents who report eating vegetables at least one time per day.[18]

1. TARGET POPULATION

Projects shall target District residents across the lifespan, who are disproportionately impacted by obesity, chronic disease, lack of access to healthy food, and lack of access to safe spaces to be physically active.

2. LOCATION OF SERVICES

Applicants shall select one targeted setting from the list below to implement the proposed project. The targeted setting must be located within the District of Columbia.

Targeted Setting

- Colleges/Universities
- Food Retail Locations (e.g., grocery stores, corner stores, farmers markets, restaurants)
- Healthcare Centers, Clinics, and Hospitals
- 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

3. ALLOWABLE ACTIVITIES

Applicant must select **one** goal area as well as **one** environmental scan activity and **at least one** collective action activity from the list below. Within the project narrative, applicant must include the goal area (described below) and the strategy or strategies for which they are applying including a) how they will implement environmental scan activities and b) collective action activities.

Goal 1: Implement policies and initiatives that connect pedestrian, bicycle, or transit transportation networks (e.g. active-friendly routes) to everyday destinations for District residents. **Please note, funding for this goal area cannot be utilized for infrastructure such as the construction of sidewalks, bike lanes, or running/walking trails. For additional information regarding allowable costs, refer to the budget justification section.*
Proposed activities should be coordinated through cross-sector physical activity, active transportation, active living, or similar committees or coalitions.

1. *Environmental Scan*
   Applicants shall propose how they will collect data through an environmental scan to inform activities. Examples of environmental scan activities include, but are not limited to:
   - Conduct health impact assessments in areas of high need. Assessments could include, among other elements, an analysis of:
     - Active transportation and public transit access, convenience, and reliability.
     - Park, trail, and green space access and safety.
     - The quality of current parks, green spaces, sidewalks, and bike paths.
   - Utilize the Active Communities tool to assess community design with a goal of creating policies, programs, or amending existing plans that address improving the built environment specific to physical activity.

- Annually, conduct walk/move audits with community members that represent diverse perspectives, such as age, ability, race/ethnicity, gender, sexual identity, income, and occupation, to inform safety and accessibility within targeted setting(s)

2. *Collective Action*
   Applicants shall propose how they will utilize the data collected in the environmental scan to implement collective action activities. Examples of collective action activities include, but are not limited to:
   - Develop, tailor, and distribute culturally appropriate messages supporting active lifestyles within selected targeted setting(s).
   - Connect active transportation networks and destinations.
   - Establish partnerships with community coalitions to create or improve safe access to parks, trails, greenways, and recreational facilities.
   - Establish partnerships and engage community organizations and experts who can address concerns related to increasing physical activity through community design.

Goal 2: **Promote Food Service and Nutrition Guidelines and Associated Healthy Food Procurement in facilities, programs, or other organizations where food is sold, served, and distributed.** ******Please note, funding for this goal area cannot be utilized to purchase food or for an incentive to purchase food. For additional information regarding allowable costs, refer to the budget justification section.*
Proposed activities should address multiple locations of the targeted setting including facilities, programs, or organizations where food is sold, served, or distributed.

1. *Environmental Scan*
   Applicants shall propose how they will collect data through an environmental scan to inform activities. Examples of environmental scan activities include, but are not limited to:
   - Alongside partners, complete an environmental scan of the targeted setting's food and nutrition environment to prioritize populations, settings, and programs that align with the priority areas cultural food preferences.

2. *Collective Action*
   Applicants shall propose how they will utilize the data collected in the environmental scan to implement collective action activities. Examples of collective action activities include, but are not limited to:
   - Develop or revise and implement food service and/or food distribution policies and contracts in community institutions (e.g., hospitals, state government worksites, colleges/universities, food banks/pantries, or parks and recreation centers) to align with the federal food service guidelines or the Healthy Eating Research (HER) nutrition guidelines. Throughout this process, the grantee will monitor, evaluate, and provide technical assistance to organizations or external institutions. Technical assistance must include training food service staff on appropriate portion sizes, healthier entrée recipes, healthier cooking methods, promotion of healthier items, and tracking of sales and procurement of healthier items.

<u>Goal 3:</u> Coordinate expansion and increased utilization of existing fruit and vegetable incentive and produce prescription programs.
Proposed activities should address the affordability and accessibility of fresh produce in multiple locations of the targeted setting. **Please note, funding for this goal area cannot be utilized to purchase food or for an incentive to purchase food. For additional information regarding allowable costs, refer to the budget justification section.*

1. *Environmental Scan*
   Applicants shall propose how they will collect data through an environmental scan to inform activities. Examples of environmental scan activities include, but are not limited to:
   - Conduct a community needs assessments to inform the development or expansion of fruit and vegetable incentive or produce prescription programs including the availability and utilization of existing fruit and vegetable incentive programs. Applicant shall solicit resident feedback to identify gaps and barriers to use.

2. *Collective Action*
   Applicants shall propose how they will utilize the data collected in the environmental scan to implement collective action activities. Examples of collective action activities include, but are not limited to:
   - Support the use of technologies that allow food businesses to accept incentives as payment. Examples include providing:
     - technology solutions,
     - technical assistance, and
     - additional support for high-need, priority areas.

For additional policy, system, and environmental change strategies, review the CDC Division of Nutrition, Physical Activity, and Obesity's proposed State and Local Strategies.

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

<u>PROJECT NARRATIVE</u> (15-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. Additionally, the applicant must clearly identify:

- the selected goal (Physical Activity, Food Service and Nutrition Guidelines, or Produce Incentive and Prescription Programs);
- the environmental scan activity(ies) selected; and
- the collective action activity(ies) selected.

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. The proposed project shall:

- Provide an overview of the targeted setting that the project intends to serve, using data to justify the selection. Proposed projects should include the need and extent of the applicant's previous and current involvement within the targeted setting.
- Define how the target population was identified for this proposal.
    - Describe how the proposed project will indirectly reach at least 10,000 residents annually through PSE changes.
- Indicate how the proposed project will address health disparities and challenges faced by the target population 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 cholesterol.
- Describe how policy, systems, and environmental approaches related to the selected outcome area will impact health outcomes within the targeted setting and population.

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. The proposed project shall:

- Describe the rationale for selecting the proposed goal and activities, including an assessment of the current needs and assets in the community.
- Outline how the results collected through the environmental scan will inform the collective action activities.
- Indicate how environmental scan and collective action activities are evidence-based, evidence-informed, or promising practices.
- Describe how the selected strategies will be operationalized to achieve program goals, objectives, and outcomes.
- Describe how objectives will maximize public health impact.

- Indicate plans for sustainability of the initiative beyond the projected funding period.

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 District residents of the targeted setting in the planning and implementation process.

DATA COLLECTION AND EVALUATION

Applicants must propose a process and outcome evaluation strategy to monitor ongoing processes and assess success in program implementation and achievement of programmatic goals. 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. The proposed project shall:

- Describe evaluation methods and tools, data collection, analysis, and security for any personal information.
- 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 strategies and activities specified in the application.
- Describe how the proposed strategies and activities will achieve the intended program outcomes and goal outlined in the *Overview* and *Project or Population Need and Targeted Setting.*
- Demonstrate evidence of organizational experience and capability to coordinate, support planning, and implementation of a comprehensive evaluation of a program.
- Describe how evaluation findings will be used for continuous program quality improvement.

ORGANIZATIONAL INFORMATION

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. Applicant shall demonstrate experience working with the target population in the targeted setting. Applicant shall describe readiness to implement the proposed project.

WORK PLAN

The Work Plan is required (see attachment). 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 SMARTIE. The attributes of a SMARTIE 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.
- Inclusive: brings traditionally marginalized or impacted groups into focus.
- Equitable: aims to address injustice or inequity.

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.

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.

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.

Funding Restrictions: **Restrictions that must be considered while planning the program and writing the budget include:**

- Applicants may not use funds for clinical care except as allowed by law.
- Applicants may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
  - the salary or expenses of any grant or contract applicant, or agent acting for such applicant, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- Applicants may not use funds for construction. It is expected that recipients will leverage the resources of their partners to complete the work of the RFA, particularly those strategies that may by necessity include both allowable (e.g., planning and design such as pop-ups and demonstration projects) costs and unallowable (e.g., construction of sidewalks, construction of running trails, purchase of fruits and vegetables for produce prescription programs and fruit and vegetable incentive programs) costs.
- Ongoing snacks or foodservice, meal sized portions or complete meal service, and/or the cost of food provided as groceries, a voucher for incentives, or supplemental food is NOT an allowable cost.
- The cost of equipment to process transactions, such as a SNAP or Point-of-Sale (POS) terminal, is an allowable cost.

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

- Provides a comprehensive description of the purpose of the proposed project and how the purpose aligns with the RFA; (4 Points)
- Describes in detail how the goal of the proposed project is addressed through the 1) environmental scan and 2) collective action activities selected; (3 Points)
- Describes the rationale by which target population was selected and provides justification and extent of applicant's previous involvement with target population; (3 Points)
- Justifies the selected targeted settings in reaching the target populations and how the selected targeted settings will reach the target population; (3 Points)
- Describes how the applicant will ensure a reach of at least 10,000 distinct District residents annually through PSE changes; (3 Points)
- Describes the health disparities and challenges of 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, including relevant data points; (3 Points)
- Describes how PSE approaches related to the selected outcome area will impact the targeted setting and population; (3 Points)

Criterion 2: Implementation

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

- Describes the rationale for selecting the proposed goal and activities, including an assessment of the current needs and assets in the community; (9 Points)
- Outlines how the results that will be collected through the environmental scan will inform the collective action activities; (9 Points)
- Describes how environmental scan and collective action activities are evidence-based, evidence informed, or promising practices; (9 Points)
- Describes plans to involve District residents of the targeted setting in the program planning and implementation process; (9 Points)
- Incorporates a feasible strategy for how funding the proposed project will support capacity-building with emphasis on sustaining the project beyond the project period outlined in the RFA; (9 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 and Targeted Settings* 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 goal set forth in the application; (5 Points)

Criterion 4: Capacity

(15 points) – Corresponds to Sections: Organizational Information

- 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 (5 Points):
    - the capacity to meet performance requirements, follow project deadlines, and provide accurate reporting and
    - the applicant's accounting structure (e.g., maintaining internal controls, providing accurate and complete information about project-related financial transactions);
- 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) (5 Points)
- Describes the applicant's level of experience (5 Points):
    - engaging communities to improve community capacity supporting improved health and social determinant of health outcomes and
    - identifying the need for PSE changes that improve access to nutrition and physical activity in various organizational and environmental settings.

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). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.
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 (15-page maximum)
  - Budget Table
  - Budget Justification
  - Organization Chart
  - Evaluation Plan
  - Work Plan
  - Risk self-Assessment

9.3 Deadline

Submit your application via EGMS by 3:00 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 May 1, 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 funding opportunity 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

Activity-friendly routes – Routes to everyday destinations that promote safety and ease of walking, biking, or moving actively using an assistive device to reach key locations like homes, workplaces, parks, grocery stores, schools, and other community resources. While activity-friendly routes vary by community, this can include infrastructure such as sidewalks, bike lanes, crosswalks, or access to public transit.

“What are activity-friendly routes to everyday destinations?” Smart Growth America. Accessed March 12, 2024. https://smartgrowthamerica.org/program/champions-corner/activity-friendly-routes-fact-sheets/

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.” 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. *Direct Education is **not** a PSE strategy.*

Food Service Guidelines – Standards for healthier food and beverages for food service operators at worksites and community settings. Food service guidelines should align with the most current version of the Dietary Guidelines for Americans.

“Food Service Guidelines.” Nutrition. Centers for Disease Control and Prevention. Accessed March 12, 2024. https://www.cdc.gov/nutrition/food-service-guidelines/index.html

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)

Fruit and vegetable incentives – Coupons or cash incentives for consumers to use at the point of purchase. These programs are designed to increase the affordability of produce as well as support the local food economy.

“Program: Fruit and vegetable incentives, Prescribing nutrition.” Delivering Community Benefit: Healthy food playbook. Accessed March 12, 2024. https://foodcommunitybenefit.noharm.org/resources

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. *Indirect Education is **not** a PSE strategy.*

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.

Moderate-intensity aerobic activity – Aerobic activity that is considered moderate-intensity requires a raised heart rate and breaking a sweat. Examples of activities include walking fast, doing water aerobics, riding a bike in level ground or with few hills, playing doubles tennis, or pushing a lawn mower. The talk test is an easy way to measure the intensity of the activity. If the individual is participating in moderate-intensity physical activity they should be able to talk but not sing during the activity.

“How much physical activity do adults need?” Physical Activity. Centers for Disease Control and Prevention. Accessed March 12, 2024. https://www.cdc.gov/physicalactivity/basics/adults

Policy, system, and environmental (PSE) changes – Policies take several forms such as laws, ordinances, regulations, and rules. They can be formal or informal. Systems interventions are changes that impact all areas of an organization, institution or community, not just policies. Environmental interventions involve changes to the economic, social, or physical environment. Policy, systems, and environmental (PSE) change interventions have a great potential to improve a community's health by addressing socioeconomic factors and by making healthy choices more accessible, easier and the default choice through changing all three of the elements described above.

“What is PSE Change?” Policy, Systems, and Environmental Change. U.S. Department of Agriculture, SNAP-Ed Connection. Accessed March 12, 2024. https://snaped.fns.usda.gov/resources/policy-systems-environmental-change

Produce Prescription (PRx) – A medical treatment or preventative service for eligible individuals with diet-related health risks or conditions, food insecurity, or other food access challenges. The prescriptions are provided by a healthcare provider or health insurance plan and are fulfilled by the participations through food retail or delivery options. PRx programs have been designed to improve health outcomes, reduce medical spending, and increase participant engagement.

“Improving Health by Embedding Produce Prescriptions (PRx) into Healthcare Practice.” National Produce Prescription Collaborative. Accessed March 12, 2024. https://nppc.health/

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.

Vigorous-intensity aerobic activity – Aerobic activity that is considered vigorous-intensity requires hard and fast breathing as well as a noticeably raised heart rate. Examples of activities include jogging or running, swimming laps, riding a bike fast or on hills, playing singles tennis, or playing basketball. The talk test is an easy way to measure the intensity of the activity. If the individual is participating in vigorous-intensity physical activity they should not be able to say more than a few words without pausing for a breath.

"How much physical activity do adults need?" Physical Activity. Centers for Disease Control and Prevention. Accessed March 12, 2024. https://www.cdc.gov/physicalactivity/basics/adults

13. ATTACHMENTS

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. <u>Commercial Umbrella or Excess Liability</u> - 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. **<u>All</u>** 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.

References

1. District of Columbia Office of Planning. OP Demographic Data HUB. DC Data Analysis & Visualization. Updated Feb 4, 2024. Accessed Feb 4, 2024. https://opdatahub.dc.gov/
2. Harvard T.H. Chan School of Public Health. Obesity Consequences: Health Risks. Obesity Prevention Source. Accessed Jan 11, 2024. https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/health-effects/
3. Centers for Disease Control and Prevention. About Adult BMI. Healthy Weight, Nutrition, and Physical Activity. Accessed Jan 12, 2024. https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html
4. Centers for Disease Control and Prevention. About Child & Teen BMI. Healthy Weight, Nutrition, and Physical Activity. Accessed Jan 12, 2024. https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html
5. Centers for Disease Control and Prevention. Leading Causes of Death. National Center for Health Statistics. Accessed Jan 11, 2024. https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm
6. Centers for Disease Control and Prevention. BRFSS Prevalence & Trends Data. Cdc.gov. Accessed Jan 11, 2023. https://www.cdc.gov/brfss/brfssprevalence/
7. Larson N, Story M. A review of environmental influences on food choices. *Ann Behav Med.* 2009; 38:S56-73. https://pubmed.ncbi.nlm.nih.gov/19802648/. Accessed Jan 12, 2024.
8. Department of Health and Human Services. United States Department of Agriculture. Dietary Guidelines for American 2020-2025. Accessed February 23, 2024. Dietary Guidelines for Americans, 2020-2025
9. DC Health. Behavioral Risk Factor Surveillance Survey System. dchealth.dc.gov. Accessed Jan 12, 2024. https://dchealth.dc.gov/service/behavioral-risk-factor-surveillance-system
10. DC Hunger Solutions. Still Minding the Grocery Gap in D.C.: A 2021 Update. Accessed Jan 19, 2024. https://www.dchunger.org/wp-content/uploads/2021/10/DCHS-Report_Still-Minding-the-Grocery-Gap_2021.pdf
11. Naja-Riese et. al. The SNAP-Ed Evaluation Framework: demonstrating the impact of a national framework for obesity prevention in low-income populations. 2019. Accessed February 23, 2024. https://snapedtoolkit.org/app/uploads/The-SNAP-Ed-Evaluation-Framework-TBM-Article.pdf
12. Contento IR. *Nutrition Education: Linking Research, Theory, and Practice*. 2nd ed. Sudbury, MA: Jones and Bartlett; 2011:14.
13. Harvard T.H. Chan School of Public Health. Obesity Causes: Physical Activity. Obesity Prevention Source. Accessed Jan 19, 2024. https://www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/physical-activity-and-obesity/
14. United States Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd Edition. Health.gov Accessed Jan 19, 2024.

https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf
15. CDC. (2020, October 7). Move More; Sit Less. Centers for Disease Control and Prevention. https://www.cdc.gov/physicalactivity/basics/adults
16. U.S. Department of Agriculture. (2024). FY 2024 SNAP-Ed Policy, Systems, and Environmental Change Initiative Data Toolkit. https://snaped.fns.usda.gov/sites/default/files/documents/SNAP-EdPSEDataToolkit2.pdf
17. Healthy People 2030. (2020). Physical activity - healthy people 2030. Health.gov. https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity
18. DC Health. (n.d.). Framework for Improving Community Health. Retrieved March 12, 2024, from https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Framework%20for%20Improving%20Community%20Health_r10.pdf