DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

Community Health Administration

Senior Dental Services Program

REQUEST FOR APPLICATIONS

FO# CHA-SDSP-5.3.24

SUBMISSION DEADLINE:

TUESDAY, JUNE 18, 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-SDSP-5.3.24

Senior Dental Services Program

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:	Senior Dental Services Program
Funding Opportunity Number:	CHA-SDSP-5.3.24
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Health Care Access Bureau
Funding Opportunity Contact:	Khalil Hassam, Primary Care Office Director, PCORFA@dc.gov
Funding Opportunity Description:	The Senior Dental Services Program (SDSP) grant(s) will support the efforts of DC-based dental practices to promote the dental health and welfare of the District's seniors, with an emphasis on engaging seniors in quality, comprehensive dental care. To implement the SDSP, the grantee(s) will be required to deliver the following services to DC seniors: outreach and education; health care navigation; and diagnostic, preventive, and restorative dental health care services.
Eligible Applicants	Established for profit or non profit dental practices located and licensed to provide services within the District of Columbia, who are experienced in providing comprehensive dental services to seniors, currently billing to DC Medicaid, and have experience charging patients according to a formal sliding scale fee policy.
Anticipated # of Awards:	1-2

Anticipated Amount Available:	$550,000
Annual Floor Award Amount:	$250,000
Annual Ceiling Award Amount:	$550,000
Legislative Authorization	FY25 Budget Support Act of 2024
Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing/Match Required?	No
RFA Release Date:	May 03, 2024
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	June 18, 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
  - ☐ 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: **April 19, 2024**
- Request for Application Release Date: **May 03, 2024**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Application Submission Deadline: **June 18, 2024**
- Anticipated Award Start Date: **October 01, 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 works to prevent the leading causes of death, protect and promote the health of mothers and children and eliminate racial and ethnic health disparities in health. CHA focuses on nutrition and physical activity promotion; cancer and chronic disease prevention and control; access to quality primary health care services; and the health of families across the lifespan. CHA's approach targets the multiple factors that influence health through evidence-based programs, policies and systems change.

The Healthcare Access Bureau (HCAB) within CHA leads initiatives to improve access to equitable, comprehensive, quality health care services for all District residents. The bureau's programs promote and strengthen medical and dental homes* so all residents can access the right care in the right place at the right time. HCAB is the organizational home of the Immunization Division and DC's Primary Care Office (PCO), which includes the Oral Health Program.

1.3 PURPOSE

The purpose of this funding is to promote the dental health and welfare of District residents aged 65 and older, with an emphasis on engaging seniors in quality, comprehensive dental care.

1.4 SOURCE OF GRANT FUNDING

Funding is anticipated to be available using FY25 Budget Support Act of 2024 funds.

1.5 Award Information

1.5.1 Amount of Funding Available

The total funding amount of $550,000 is anticipated for up to two (2) 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 three additional 12-month budget periods, for a total project period of October 1, 2024–September 30, 2028. 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 are eligible organizations/entities who can apply for grant funds under this RFA:

- Dental practices that are:
    - for profit or non-profit
    - located and licensed to provide services within the District of Columbia;
    - experienced in providing comprehensive dental services to seniors;
    - actively billing DC Medicaid and Medicare; and
    - experienced in charging patients according to a formal sliding-scale fee policy.*

**Sliding-Scale Fee is a formal, posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Level (see: http://aspe.hhs.gov/poverty/). Bad debt write-offs are not included.*

Considered for funding shall be organizations meeting the above eligibility criteria and having documentation of providing services (health and social services) to the target populations.

Practices located in DC's Low-Income Dental Health Professional Shortage Area (HPSA), which covers all of Wards 7 and 8 east of the Anacostia River, will be given priority in the application selection process.

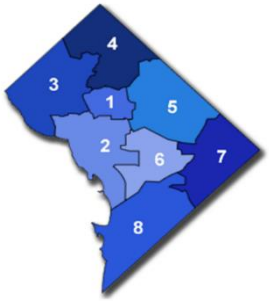
1.5.4 Non-Supplantation

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

2. BACKGROUND

2.1 DEMOGRAPHIC OVERVIEW

The District of Columbia (DC or the District) is a diverse and compact geographic area that covers 61 square miles with a population of 689,545 as of the 2020 US Census.[1,2] The District is organized into eight geopolitical wards, with the largest population in Ward 6 (108,202 residents) and the smallest population in Ward 7 (76,255 residents). Wards 1 and 2 have the largest proportion of adults ages 18-64 (80% and 84%), Wards 7 and 8 have the largest proportion of youth ages 0-18 years (24% and 30%), and Wards 3 and 4 have the largest proportion of adults over age 65 (18% and 15%).[3]



In terms of race and ethnicity, the District's population is highly diverse—approximately 41% Black/African American, 38% white, and 5% Asian, with Hispanic or Latino residents of any race making up 11% of the population.[4] However, the population is also highly segregated, with significant economic disparities observed by ward and race. For example, Wards 2 and 3 have the highest percentage of white residents and the lowest percentage of Black/African American residents, whereas Wards 7 and 8 have the highest percentage of Black/African American residents and the lowest percentage of white residents. While 2021 District-wide median household income was more than $91,000, median household income in Ward 3 was more than 3.6 times higher than in Ward 8; median household income among white District residents was approximately 1.7 times higher than among Hispanic/Latino residents and 3.1 times higher than among Black/African American residents.[5] In December 2021, District-wide unemployment was 5.8%; however, unemployment in Ward 8, the highest in the District, was more than 4 times higher than in Ward 3, the lowest in the District.[6]

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

	White, Non-Hispanic (2020)	Black/ African American, Non-Hispanic (2020)	Hispanic/ Latino, any race (2020)	Median Household Income (2021)	Unemployment Rate (Dec. 2021)
Ward 1	46.9%	21.5%	20.2%	$110,339	3.7%
Ward 2	64.3%	8.2%	10.9%	$112,244	3.1%
Ward 3	69.2%	7.0%	9.7%	$143,339	2.9%
Ward 4	26.9%	43.3%	22.0%	$94,163	4.9%
Ward 5	23.6%	56.5%	11.6%	$91,189	6.5%
Ward 6	55.3%	26.1%	7.3%	$113,922	4.4%
Ward 7	3.6%	87.5%	4.7%	$42,201	9.0%
Ward 8	4.5%	87.8%	3.3%	$39,473	12.1%
District-wide	38.0%	40.9%	11.3%	$91,414	5.8%

2.2 Age and Oral Health

Oral health is a major contributor to older adults' general health and quality of life. Older adults with 20 or more teeth have a significantly lower mortality rate than those with 19 and fewer, after adjusting for confounders including gender, body mass index, smoking status, family medical history, and education level.[7] The number of intact teeth is also associated with improved dietary intake and reduced risk of malnutrition,[8] and those who report having good oral health participate more in social activities and are more mobile.[9]

Oral health problems among older US adults include untreated tooth decay at coronal and root surfaces, gum disease, tooth loss, and oral cancer. As older adults often have comorbid conditions (e.g., hypertension, diabetes mellitus), use medications that can cause dry mouth (xerostomia), and/or have physical, sensory, and cognitive impairments, their oral health needs are also often complex.[10]

Among US adults aged 65 or older, approximately 96% have had dental caries, with approximately 16 percent having untreated decay; 68% have periodontitis (gum disease); and 17% have lost all their teeth.[11,12] In DC, approximately 33% of seniors report having lost six or more teeth and 11% report having lost all of their natural teeth due to tooth decay or gum disease, per 2020 Behavioral Risk Factor Surveillance System (BRFSS) data, with prevalence estimates higher among Black residents, residents with lower income, and residents with lower education levels. [13]

	Percent of DC adults aged 65+ who have lost six or more teeth due to tooth decay or gum disease, 2020	Percent of DC adults aged 65+ who have lost all of their natural teeth due to tooth decay or gum disease, 2020
Total	32.6%	10.5%
Race		
White	11.4%	*
Black	48.7%	17.9%
Income		
Less than $15,000	57.6%	22.1%
$15,000 - $24,999	66.2%	22.1%
$25,000 - $34,999	45.4%	23.8%
$35,000 - $49,999	38.8%	*
$50,000+	16.7%	*
Education		
Less than H.S.	67.4%	25.6%
H.S. or G.E.D.	52.5%	19.4%
Some post H.S.	37.8%	13.7%
College graduate	14.9%	*

2.3 Oral Health Care Utilization and Access

Approximately one in three seniors aged 65 and over report having *not visited* a dentist or dental clinic in the past year, both nationally (32.9%) and in the District (32.8%). As with oral health morbidity prevalence estimates discussed above, BRFSS data confirms that utilization of dental services varies by age and other demographic factors in the at-large DC adult (18+) population as well.

Percent of DC adults aged 18 and over who have not visited a dentist or dental clinic in the past year, by age, race, income, and education[14]

Age		Race		Education		Income	
18-24	31.8%	White	26.5%	Less than H.S.	40.9%	Less than $15,000	31.4%
25-34	33.3%	Black	35.4%	H.S. or G.E.D.	40.5%	$15,000 - $24,999	35.5%
35-44	30.0%	Hispanic	36.5%	Some post H.S.	35.0%	$25,000 - $34,999	53.5%
45-54	29.2%	Other	43.0%	College graduate	27.1%	$35,000 - $49,999	32.6%
55-64	35.4%	Multiracial	29.7%			$50,000+	27.4%
65+	32.8%						

The majority of American seniors are not covered by employer-sponsored dental insurance, and Medicare, which covers seniors for medical care, does not cover routine dental care.[15] At varying expense, seniors may purchase dental coverage through some of the Medicare Advantage Plans (Part C); however, these are add-on private health insurance plans for individuals enrolled in Original Medicare (Part A and B). Although DC Medicaid provides comprehensive dental benefits to its beneficiaries, including residents 65 years or older, eligibility changes from 200% of Federal Poverty Line (FPL) for adults 21 to 64 years of age to 100% of FPL for adults 65 or older. As such, only the most vulnerable DC seniors retain Medicaid dental coverage after age 65.

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[1] Government of the District of Columbia, Office of Planning. *District of Columbia Population Change by Ward: 2010 to 2020.* Published August 13, 2021. https://planning.dc.gov/sites/default/files/dc/sites/op/publication/attachments/Map%20-%20Population%20Change%20by%20Ward%202010-2020.pdf

[2] NOTE: In April 2020, the District decennial census data was collected. Some preliminary data analysis has been completed and disseminated; however, it is important to note that DC census takers continue to evaluate the 2020 census data and address data concerns surrounding undercounting of residents of color, discrepancies with the Census' American Community Survey (ACS) data, and the impact of the COVID-19 pandemic on data collection. https://planning.dc.gov/node/1553646

[3] United States Census Bureau. American Community Survey 1-year estimates. Census Reporter Profile: District of Columbia. https://censusreporter.org/profiles/04000US11-district-of-columbia/. Published 2019

[4] United States Census Bureau. QuickFacts: District of Columbia. https://www.census.gov/quickfacts/fact/dashboard/DC/POP010220

[4] DC Open Data. DC Health Planning Neighborhoods. https://opendata.dc.gov/datasets/DCGIS::dc-health-planning-neighborhoods/about. Updated December 8, 2021.

[5] DC Health Matters. *2021 Demographics.* https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=130951&sectionId=936#sectionPiece_72

[6] DC Department of Employment Services. *Labor Force, Employment, Unemployment, and Unemployment Rate by Ward.* https://does.dc.gov/sites/default/files/dc/sites/does/page_content/attachments/DC%20Ward%20Data%20Dec21-Nov21-Dec20.pdf

[7] Hirotomi T, Yoshihara A, Ogawa H, Miyazaki H. Number of teeth and 5-year mortality in an elderly population. Community Dent Oral 2015: 43:226-231.
[8] Cousson PY, Bessadet M, Nicolas E, Veyrune J, Lesourd B, Lassauzay C. Nutritional status, dietary intake and oral quality of life in elderly complete denture wearers. Gerodontology. 2012;29(2):e685- e692.
[9] Makhija SK, Gilbert GH et al. Oral Health–Related quality of life and life-space mobility in communitydwelling older adults. J Am Geriatr Soc. 2011;59(3):512-518.
[10] American Dental Association (ADA). nd. Aging and Dental Health. https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/aging-and-dental-health
[11] Centers for Disease Control and Prevention. Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019. https://www.nidcr.nih.gov/research/data-statistics/dental-caries/seniors
[12] Eke PI, Dye BA, Wei L, et al. Update on prevalence of periodontitis in adults in the United States: NHANES 2009 to 2012. J of Periodontology. 2015;86(5):611-622.
[13]Centers for Disease Control and Prevention, Division of Oral Health. BRFSS Prevalence & Trends Data [online]. https://www.cdc.gov/oralhealthdata/ [accessed Feb 29, 2024].
[14] Centers for Disease Control and Prevention, Division of Oral Health. BRFSS Prevalence & Trends Data [online]. https://www.cdc.gov/oralhealthdata/ [accessed Feb 29, 2024].
[15] Griffin SO, Jones JA, Brunson D, Griffin PM, Bailey WD. Burden of oral disease among older adults and implications for public health priorities. Am J Public Health. 2012:102(3):411-418.

3. PURPOSE

The DC Health Community Health Administration (CHA) is requesting proposals from qualified applicants to implement the Senior Dental Services Program (SDSP). The purpose of the SDSP is to promote the dental health and welfare of the District's seniors, with a focus on increasing the percentage of District seniors who have seen a dentist for quality and comprehensive dental care in the last 12 months.

3.1 APPROACH

Funding from DC Health will enable SDSP grantees to deliver the following services to DC seniors:

- Comprehensive dental care, including
    - evidence- and risk-based dental care that addresses risk factors for better oral disease management and prevention and is whole-person oriented; and
    - care coordination and navigation.
- Outreach and health education for the purposes of patient engagement in care.

4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

4.1 TARGET POPULATION

Grantees shall provide services to patients who are:

- 65 years or older;
- reside in DC; and
- have an adjusted gross income (AGI) of less than $100,000.

All seniors who meet these criteria, regardless of insurance status, are eligible for services. However, priority for dental services should be given to seniors who are uninsured or under-insured and who are not currently engaged in dental care (i.e. have not had a dental visit within the last two years). All seniors receiving individual-level services must provide proof of age, DC residency, and AGI of less than $100,000.

4.2 LOCATION OF SERVICES

Grantees must be located within the District of Columbia. Services must be delivered in the following settings:

- Clinical services shall be provided at the provider's primary office location.
- Outreach and education services, including dental screenings as appropriate, shall be provided at a variety of locations, such as:
    - DC-based outpatient medical and emergency department sites;
    - DC Office on Aging Senior Wellness Centers;
    - faith-based institutions; and
    - assisted living and skilled nursing facilities.

Sites targeted for outreach and education should be located within the provider's service area (e.g. neighborhood, ward, within 30 minutes travel using public transportation, etc.).

4.3 Allowable Activities

Grantee funds can be used for:

- provision of comprehensive clinical dental care services;
- care coordination and navigation;
- outreach and health education; and
- data collection and reporting.

The grantee shall ensure that the Senior Dental Services Program (SDSP) is the *Payer of Last Resort*; the grantee will be required to coordinate services and seek third-party payment before SDSP funds are used.

For insured patients, the grantee must submit for reimbursement by third-party payer for all clinical services provided.

Patients with insurance coverage limited to a defined provider network (of which the grantee is not a member) should be encouraged and assisted, through the grantees' navigation services, in accessing their in-network services.

Patients without insurance and/or with limited coverage should be charged according to a sliding-scale fee policy based on the patient's income; the fee scale should slide down to $0 and should go no higher than 50% of the DC Medicaid fee schedule for the services.

4.4 Program Strategies

Grantee shall employ strategies and implement activities in the service areas outlined in this section. Applicants shall demonstrate how the proposed project plan will impact each of these areas and demonstrate their organizational capacity to do so:

Service Area 1: Comprehensive Dental Care:

The primary activity under this grant is the delivery of comprehensive dental care services to seniors, including all medically-indicated diagnostic, preventive, restorative, and surgical clinical dental care that can be provided by a general dentist.

The grantee is also encouraged to adopt evidence-based approaches to address older adult patients' dental needs, such as the use of antimicrobials (e.g. silver diamine fluoride), for effective decay management.

Key Performance Indicators:

A. Process – reported monthly

- Number of SDSP patients served
- Number of sliding fee discount services provided

B. Outcome – reported quarterly

- Percent increase in seniors receiving dental care at the practice compared to the previous 12-month period
- Number and percent of seniors served who are re-initiating dental care (i.e., have not had a dental visit in previous two (2) years)
- Number and percent of seniors served who completed their treatment plan within a 12-month period.

Service Area 2: Care Coordination and Navigation:

To ensure that seniors, particularly those without a dental visit in the last two years, are able to utilize services, grantees are expected to provide individual-level care coordination and navigation services, ensuring participants initiate and complete care. Such services include, but are not limited to:

- Insurance eligibility screening and enrollment assistance;
- Interpretation of dental benefits and cost-for-services calculations for self-pay patients;
- Development of dental care plans;
- Referral to in-network dental providers (as applicable), specialty dental care, and medical care;
- Identification of barriers to maintaining good oral hygiene (e.g. access to healthy foods; physical, mental, and/or developmental impairments/disabilities, etc.) and related solutions;
- Identification of barriers to utilizing care, including social factors, and related solutions, including referrals to social service agencies;
- Appointment scheduling;
- Transportation support; and
- Utilization of reminder systems.

The grantee(s) should engage local senior-serving organizations, including Medicaid, to leverage any and all resources provided to seniors through existing programs so as to maximize coordination and center SDSP resources on gap filling.

Key Performance Indicators:

A. Process – reported monthly

- Number of SDSP patients who received care coordination and/or navigation

Service Area 3: Outreach and Health Education

Recognizing that there is low engagement in dental care among seniors, the grantee(s) shall engage in outreach and education in community settings to recruit seniors who have not been engaging in regular dental care, especially those covered by Medicaid. In addition to educating seniors and/or their caregivers on oral hygiene, healthy diet, and the importance of accessing regular dental care, grantee(s) shall provide education on navigating the dental health system, including understanding and utilizing dental insurance benefits.

Key Performance Indicators:

A. Process – reported monthly

- Number of outreach events/activities conducted

Service Area 4: Data Collection and Reporting

Grantees will be required to collect, track, and report information on services provided and individuals served.

- Data Collection and Tracking
  - Grantees will be responsible for ensuring that all individuals receiving services under this funding opportunity complete an intake process that includes confirming proof of age, DC residency, and AGI of less than $100,000. Additionally, the intake process shall collect, at a minimum:
    - basic demographic information,
    - insurance coverage,
    - oral health history, and
    - barriers to care.
  - Grantees must also be able to internally track patient volume, performance, and quality, including extracting and analyzing patient health information such as oral health status, type of dental care provided, treatment outcomes, and visit/service history.
  - Grantees will be responsible for tracking and evaluating grant activities.
  - Grantees must be able to track the cost of clinical services provided, billed, and reimbursed.
- Reporting
  - Monthly Reporting: Grantee shall report on grant activities monthly, in a form/format prescribed by DC Health, including:
    - narrative reporting on grant performance (e.g., accomplishments, targets and results, challenges, project changes, etc.) submitted through EGMS; and

        - data reporting (to be submitted separately through secure platform), including at the
            - clinical-level (e.g., number of SDSP patients served, number of new SDSP patients served, number of sliding fee discount services provided);
            - patient-level (e.g., age, gender, income, insurance status, address/zip code, etc.); and
            - visit-level (e.g., service date, CPT code, CPT description, caries risk assessment)
    - Annual Reporting: On an annual basis, the grantee will be expected to provide a summary report for the budget period, including:
        - A detailed narrative report on overall budget period performance (e.g., accomplishments, challenges, project changes and impact, lessons learned, etc.); and
        - summary data on services provided (including but not limited to, service type and quantity, estimated cost of services, percent of services/cost billed to/reimbursed by a third-party payer and/or patient)

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.
- **Problem:** Describe the principal needs and problems addressed by the project.
- **Purpose:** State the purpose of the project.
- **Goal(s) And Objectives:** Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.
- **Methodology:** Briefly list the major activities used to attain the goal(s) and objectives

PROJECT NARRATIVE (10-page maximum)

The narrative section should describe the applicant's approach to implementing activities in the three service areas outlined under *Section 4.4 Program Strategies*, specifically: provision of comprehensive dental care services, care coordination and navigation, and outreach and health education.

The narrative should include the following sections:

OVERVIEW

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

PROJECT OR POPULATION NEED

This section should help reviewers understand the needs of the population intended to be served by the proposed project, and should be based on the organization's own research and data (e.g., patient statistics, billing, etc.) with reference made to publicly available sources of needs assessment data, where applicable.

- Provide an overview of constituent population as relevant to the project.
- Describe how the target population was identified for this proposal.
- Define the reach, boundaries, zip codes and/or geography of the target population.
- Describe the specific problem(s) and contributing factors to be addressed within the target population.
- Describe the ability to reach the priority population and how they will be served through this project.

PROJECT DESCRIPTION

This section should provide a clear and concise description of strategies and activities the applicant will use to achieve the 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.

- Describe clinical dental care services to be provided, including all medically-indicated diagnostic, preventive, restorative, and surgical clinical dental care that can be provided by a general dentist.
- Describe how seniors will be screened for eligibility.
- Describe how grantee will engage in education and outreach in community settings to recruit seniors who have not been engaging in regular dental care, especially those covered by Medicaid, and other methods for outreach and recruitment.
- Describe how individual-level care coordination and navigation services will be provided, ensuring participants initiate and complete care.
- Describe how billing and patient fees will be structured to maximize the number of patients served and the ability of patients served under the grant to continue to access care beyond the grant period.
- Describe how grantee will engage local senior-serving organizations, including Medicaid, to leverage any and all resources provided to seniors through existing programs, to maximize coordination and center SDSP resources on filling gaps in health and wellness.

PARTNERSHIPS

This section should describe plans to involve other key partners in the applicant's work, particularly in relation to:

- leveraging existing resources provided to seniors through existing programs, to maximize coordination and center SDSP resources on gap filling;
- care coordination and navigation, including to address social needs impacting dental health; and
- community education, outreach, and recruitment.

PERFORMANCE MONITORING

This section should describe applicant's plan for collecting and reporting data, including proposed targets for the following key grant outcomes:

- Number and percent increase in seniors receiving dental care at the practice;
- Number and percent of seniors served who are (re-)initiating dental care (i.e., have not had a dental visit in previous two years);
- Number and percent of seniors served who completed their treatment plan within a 12-month period.

The grantee may propose additional outcome measures specific to the project.

The grantee should also outline process measures and targets it will use to track the Outreach/Health Education services and Care Coordination/Navigation services delivered under the grant.

This section should also briefly describe the infrastructure that will support evaluation activities.

ORGANIZATIONAL CAPACITY

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

WORK PLAN

The Work Plan is required (see 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 objectives proposed and anticipated deliverables.

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

The work plan should include process objectives and measures. Objectives should be 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).

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

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

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

ORGANIZATIONAL CHART

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

RISK SELF-ASSESSMENT

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

6. EVALUATION CRITERIA

Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The five review criteria are outlined below with specific detail and scoring points; points listed represent the maximum available points for each criterion, with potential scores ranging from 0 to the indicated maximum, unless otherwise noted with an asterisk.

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

(10 POINTS) – Corresponds to Sections: Overview and Project or Population Needs

• Applicant briefly and clearly describes the purpose of the proposed project and how it aligns with the RFA, summarizing the overarching problem to be addressed and the contributing factors.	**3**
• Applicant clearly outlines and describes the specific needs of the senior population(s) it proposes to serve and the barriers DC seniors face in accessing/utilizing dental care, supported by: 1. internal/organizational quantitative and qualitative data; and/or 2. external/published research and evidence.	**3**
• Applicant clearly defines project goal(s) and provides strong evidence, supported by internal/organizational quantitative and qualitative data, that goal(s) can be achieved.	**4**

CRITERION 2: IMPLEMENTATION

(40 POINTS) – Corresponds to Sections: Project Description and Work Plan

• Applicant's proposed project objectives and activities are clear, reasonable, feasible, and align with the applicant's defined goals.	**3**
• Applicant defines clear, reasonable, and feasible activities/processes for: 1. screening seniors for eligibility; and 2. engaging in community-based education and outreach to recruit seniors who have not been engaging in regular dental care, especially those covered by Medicaid.	**5**

• Applicant defines clear, reasonable, and feasible activities/processes for: 1. addressing seniors' barriers to utilizing care identified in the applicant's *Project or Population Need* section of the *Project Narrative*; and 2. providing all medically-indicated diagnostic, preventive, restorative, and surgical clinical dental care services that can be provided by a general dentist.	**5**
• Applicant clearly describes how individual-level care coordination and navigation services will be provided to assist seniors in initiating, engaging in, and completing dental care, both 1. within the applicant's practice; and 2. at referral practices (e.g., specialty dental care).	**5**
• Applicant clearly describes how they will structure billing and patient fees for services to 1. maximize the number of patients served, and 2. ensure patients served under the grant can continue to access care beyond the grant period.	**5**
• Applicant describes clear, feasible plan/process for engaging local senior-serving organizations, including Medicaid, to 1. leverage all resources provided to seniors through existing programs; 2. maximize coordination; and 3. ensure SDSP is the *Payer of Last Resort* (i.e., seeking third-party payment before SDSP funds are used).	**5**
• Applicant's work plan: 1. represents a logical and realistic plan of action for timely and successful achievement of objectives that support program goals, maximizing quantity and quality of services that can be delivered; 2. clearly outlines goals and objectives for the project, describing how proposed goals and objectives are SMARTIE (Specific, Measurable, Achievable, Relevant, Time Bound, Inclusive, and Equitable); and 3. includes a detailed chronological list and description of activities to be performed for each key objective, identifying responsible staff, target completion dates, and projected outcomes for each activity.	**7**
• Applicant's practice is located in a Dental Health Professional Shortage Area or is designated as a shortage facility (e.g. Federally Qualified Health Center).	**5***

* NOTE: As noted above in *1.5.3 Eligible Organizations/Entities*, practices located in DC's Low-Income Dental HPSA or designated as a shortage facility (e.g., FQHCs) will be given priority in the application selection process, receiving the full five (5) points; applicants not meeting this preference will receive zero (0) points.

CRITERION 3: EVALUATIVE MEASURES

(10 POINTS) – Corresponds to Sections: Performance Monitoring

• Applicant proposes and justifies feasible, competitive targets for the grant's key outcomes, including: 1. number and percent increase in seniors receiving dental care at the practice; 2. number and percent of seniors who are (re-)initiating dental care (i.e., have not had a dental visit in the previous two years); 3. number and percent of seniors who completed their treatment plan within a 12-month period; and 4. any additional project-specific outcome measures proposed by the applicant.	**4**
• Applicant proposes and justifies clear, logical process measures and targets it will use to track: 1. Outreach/Health Education services; and 2. Care Coordination/Navigation services.	**3**
• Applicant specifies appropriate infrastructure/staffing in place to adequately support evaluation activities.	**3**

CRITERION 4: CAPACITY

(30 POINTS) – Corresponds to Sections: Partnerships, Organizational Capacity

• Applicant demonstrates effective current/past experience providing dental care and/or other grant services to seniors.	**5**
• Applicant describes organization's current mission, structure, and scope of current activities and effectively demonstrates how grant activities align with current organizational mission and activities.	**5**
• Applicant's staffing model and current staffing levels support effective implementation and execution of proposed grant activities.	**7**
• Applicant demonstrates effective history of working with community partners to 1. leverage existing resources and maximize coordination; 2. conduct effective education, outreach, and recruitment activities; and 3. refer and link patients to external programs/services addressing social needs impacting dental health.	**7**
• Applicant has a formal sliding-scale fee policy/schedule in place and demonstrates adequate experience charging for services accordingly.	**3**

• Applicant's organization/practice has sufficient infrastructure (e.g., electronic health record and/or other data tracking/monitoring infrastructure) to support grant activities.	**3**

CRITERION 5: PROJECT BUDGET AND JUSTIFICATION

(10 POINTS) – Corresponds to Sections: Budget and Budget Justification

• Estimated cost per patient is competitive and clearly justified	6
• Applicant's proposed budget and budget justification 1. directly align with the proposed work plan and project description; and 2. prioritize emphasis on the delivery of dental care services.	4

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 (10-page maximum)
  - Budget Table
  - Budget Justification
  - Organization Chart
  - Work Plan
  - Risk self-assessment

9.3 DEADLINE

Submit your application via EGMS by 3:00 p.m., on the deadline date of June 18, 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 June 12, 2024.

11. GRANTEE REQUIREMENTS

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

11.1 Grant Terms & Conditions

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

11.2 Grant Uses

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

11.3 Conditions of Award

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

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

11.4 Indirect Cost

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

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

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

11.6 Vendor Registration in DIFS

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

11.7 Insurance

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

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

11.8 Audits

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

11.9 Nondiscrimination in the Delivery of Services

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

11.10 Quality Assurance

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

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

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

12. GLOSSARY OF TERMS

Sliding-Fee Scale – A formal, posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Level (see: http://aspe.hhs.gov/poverty/). Bad debt write-offs are not included.

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

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

13. ATTACHMENTS

Attachment: Assurances and Certifications

Attachment: Budget Table

Attachment: Budget Justification

Attachment: Work Plan

Attachment: Risk Self-assessment

Appendix A: Minimum Insurance Requirements

APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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