DEPARTMENT OF HEALTH

HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration

HIV Prevention Activities: Syndemic Approach

REQUEST FOR APPLICATIONS

FO-HAHSTA-PG-00120-000

RFA# HAHSTA_SYN112522

SUBMISSION DEADLINE:

JANUARY 5, 2023, BY 6:00 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

HIV/AIDS, Hepatitis, STD and Tuberculosis Administration

NOTICE OF FUNDING AVAILABILITY (NOFA)

FO-HAHSTA-PG-00120-000
RFA# HAHSTA_SYN112522

HIV Prevention Activities: Syndemic Approach

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 the DC Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

Funding Opportunity Title:	HIV Prevention Activities: Syndemic Approach
Funding Opportunity Number:	FO-HAHSTA-PG-00120-000
RFA ID#:	RFA# HAHSTA_SYN112522
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration
DC Health Program Bureau	Prevention and Intervention Services
Funding Opportunity Contact:	Stacey L. Cooper, MSW Deputy Chief, Prevention preventionrfas@dc.gov
Funding Opportunity Description:	DC Health is seeking proposals for a syndemic approach to identifying and preventing HIV, STI, and HBV/HCV to ensure that all people are aware of their health status and methods to reduce their risk for these diseases with the goals of improved health outcomes, enhanced self-efficacy, improved health literacy, viral suppression, and a reduction of new infections.
Eligible Applicants	Non-Profit Organizations such as: • Clinics • Hospitals and healthcare facilities • Community-based organizations

Anticipated # of Awards:	25
Anticipated Amount Available:	$3,400,000.00
Annual Floor Award Amount:	$37,500.00
Annual Ceiling Award Amount:	$250,000.00
Legislative Authorization	FY23 Budget Support Act of 2022 Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended, and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113) Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended, and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113)
Associated CFDA#	93.940
Associated Federal Award ID#	NU62PS924565 NU62PS924632
Cost Sharing/Match Required?	No
RFA Release Date:	November 25, 2022
Letter of Intent Due date:	Recommended, but not required; December 7, 2022
Application Deadline Date:	January 5, 2023
Application Deadline Time:	6:00 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://dcDC Health.force.com/GO__ApplicantLogin2

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.
3. 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.

CONTENTS

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.

1. 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
- ☐ Proposal abstract
- ☐ Project narrative
- ☐ Budget table
- ☐ Budget justification
- ☐ Organization chart
- ☐ Work plan

- ☐ 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.**

2. GENERAL INFORMATION

2.1 KEY DATES

- Notice of Funding Announcement Date: **November 11, 2022**
- Request for Application Release Date: **November 25, 2022**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Application Submission Deadline: **January 5, 2023**
- Anticipated Award Start Date: **March 1, 2023**

2.2 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.

2.3 PURPOSE

This funding announcement is to support a syndemic approach to identifying and preventing HIV, STI, and HBV/HCV that ensures that all people are aware of their health status and methods to reduce their risk for these diseases. This approach may lead to improved health outcomes, enhanced self-efficacy, improved health literacy, viral suppression, and a reduction is new infections. The Framework fully supports the Ending the HIV Epidemic (EHE) in the District of Columbia (DC).

The purpose of sub-grants awarded under this funding announcement are to:

1. Reduce new HIV infections by 90% and ensure that 50% of individuals prescribed Pre-Exposure Prophylaxis (PrEP) among those who need it.
2. Ensure linkage to, and participation in, HIV, sexually transmitted infections (STI) and hepatitis B and C (HBV/HCV) screening, as appropriate;
3. Linkage to supportive services for people living with HIV;
4. Increase the proportion of people prescribed in Pre-Exposure Prophylaxis (PrEP), and Post Exposure Prophylaxis (PEP) by 50%;
5. Expand use of the syndemic approach where all clients are screened and/or linked to services related to HIV/AIDS, HBV/HCV, and sexually transmitted infections (STI)
6. To provide the best available HIV, hepatitis and STI prevention services to persons at greatest risk for acquiring or transmitting HIV; and
7. Increased service delivery to populations of focus (I.e., Black/African American, and Latino men who have sex with men (MSM), transgender, Black/African American women, people who use drugs, people who inject drugs, undomiciled individuals and transitional aged youth)

Organizations that exhibit the ability to provide comprehensive activities, such as HIV, STI and HBV/HCV screening, delivery of behavioral health interventions, health education, health screenings and wellness activities will be considered for funding. Services are to be fully accessible, well-suited to each population's behavioral, cultural settings, and other life situations, and fully integrated into related health care.

Although prevention activities are not indicated for any specific population, special emphasis should be given to gay, bisexual, same gender loving, and other men who have sex with men of all races and ethnicities (noting the particularly high burden of HIV among Black/African American gay and bisexual men), Black/African-American women, people who use drugs, people who inject drugs, Black/African-American transgender men and women, undomiciled individuals and transitional-aged youth (youth between the ages of 16-25).

HAHSTA is looking to support organizations that have experience, effectiveness, and cultural affinity among focus populations (listed above or some other population the applicant has demonstrated effectiveness) that are at risk for HIV, hepatitis and/or STI's and have the capacity to deliver services.

Key Considerations:

Syndemic Approach

According to the U.S. Centers for Disease Control and Prevention (CDC), the term syndemic refers to two or more epidemics (i.e., notable increases in the rate of specific diseases in a population), interacting synergistically. To maximize a whole person-based approach, this funding announcement considers that individuals are multi-dimensional and may face multiple challenges at once. Programs should provide all clients with the same level of ongoing, individualized services.

HIV-impacted Minority Populations

Substantial disparities continue to exist within the current system. Programs must provide services that are responsive to the needs of focus populations most impacted by HIV, hepatitis, and STI's. HAHSTA aims to identify, test, and scale up creative solutions for engaging and mobilizing individuals within these populations for the purpose of supporting innovative programs.

Status Neutral

Status Neutral is a new approach to HIV education, testing and treatment that emphasizes a continuum of care no matter if someone is found to be HIV negative or positive. That means all people, regardless of their HIV status, are treated in the same way from the start. It begins with an HIV test and, regardless of the results, it enters the individual into one of two paths: "HIV Prevention" and "HIV Treatment" to support everyone's health regardless of status.

2.4 Source of Grant Funding

DC Health is the primary recipient of federal funds awarding these funds. As a primary recipient, DC Health has the responsibility to pass through requirements and objectives agreed to in our federal notices of award. Funding is anticipated to be available using a combination of District Appropriated and Centers for Disease Control and Prevention (CDC) funds (FY23 Budget Support Act of 2022, Integrated HIV Surveillance and Prevention Programs for Health Departments - CDC-RFA-PS18-1802 Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended, and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113) and Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States - CDC-RFA-PS20-2010 Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended, and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113).

2.5 Award Information

2.5.1 Amount of Funding Available

The total funding amount of $3,400,000 is anticipated for up to 25 awards for the first budget period based on the below service areas:

SERVICE AREA 1A: HIV, STI, and Hepatitis Screening—Up to ten (10) awards

SERVICE AREA 1B: Enhanced Support for Home Testing—Up to two (2) awards

SERVICE AREA 2: Drop-In Health Services Focused on PWUD—one (1) award

SERVICE AREA 3: PrEP/PEP—Up to ten (10) awards

SERVICE AREA 4: Behavioral Health Interventions—Up to four (4) awards

2.5.2 Period of Performance and Funding Availability

The first budget period of this award is anticipated to begin on March 1, 2023 and to continue through December 31, 2023. After the first budget period, there will be up to three (3) additional 12-month budget periods for a total project period of March 1, 2023–December 31, 2026. The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and grantee performance and compliance.

2.5.3 Eligible Organizations/Entities

The following are eligible organizations/entities who can apply for grant funds under this RFA.

Non-Profit Organizations such as:

- Clinics;
- Hospitals and healthcare facilities; and
- Community-based organizations.

Hospitals and health care facilities 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.

2.5.4 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.

3. BACKGROUND

3.1 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 (99,652 residents) and the smallest population in Ward 7 (77,456 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

[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.

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%

4. PURPOSE

The DC Health Administration, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) is requesting proposals from qualified applicants to provide access to and/or provision of HIV, hepatitis, and STI screening that ensures that all people are aware of their health status and methods to reduce their risk for these diseases. This will be accomplished through the implementation of programs and activities that may lead to improved health outcomes and quality of life.

4.1 APPROACH

HAHSTA has supported HIV screening for several years. It has proven an effective tool in engaging individuals in activities that lead to improved health outcomes and enhanced knowledge about self-efficacy. DC Health is requesting proposals to build on existing program models that also include access to and/or provision of additional services such as access to PrEP/PEP, "Pop-Up' medical services, "Drop-In" services for people who inject drugs, and HIV prevention programs within syringe service programs.

[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

Grantee shall increase awareness of health status, reduce the number of new transmissions, and improve access to and use of quality, culturally appropriate, person-centered services for individuals at risk for HIV, hepatitis, and, STI infection. The District issued its updated DC Ends HIV Plan (https://www.dcendshiv.org/) in December 2020. By 2030, DC will achieve a minimum of 95% of people knowing their HIV status, 95% of people with HIV diagnoses will be on treatment, 95% of people engaged in treatment for HIV will be virally suppressed, more than 13,000 individuals on Pre-Exposure Prophylaxis (PrEP), and less than 130 new HIV diagnoses per year. Reduce new HIV infection by 90% and 50% of individuals prescribed Pre-Exposure Prophylaxis (PrEP) among those who need it. To meet these goals, HAHSTA will support innovative programs that contribute to ending the HIV epidemic using the following key pillars:

- Diagnose: Enhancing key entry points for people with HIV who are undiagnosed. Increasing risk-based HIV testing in highly impacted areas by expanding outreach within their communities.
- Treat: Getting people with HIV, newly diagnosed or not-in-care, linked to essential HIV care, treatment, and support services and helping them stay in care and on their medication to help them reach and maintain an undetectable viral load.
- Prevent: Providing HIV prevention services, including outreach, partnerships, and workforce expansion to increase access to and uptake of PrEP for those who are behaviorally vulnerable to HIV. PrEP is DC's key HIV prevention practice.
- Respond: Support transmission-ending strategies by providing HIV care and treatment and PrEP to those identified through cluster detection activities. While there may be overlap between the pillars, HAHSTA's Prevention and Intervention Services Division focuses on the diagnose and prevent pillars.

Additionally, HAHSTA will ensure that people engaged in services will have access to other diagnostic services related to hepatitis and STI's. This approach includes robust prevention activities that incorporates biomedical prevention strategies, health screenings, health literacy, wellness, and behavioral health interventions.

The expanded continuum provides a framework of efforts on the individual, community, and system levels to address social determinants of health and inequity impacting residents of the District. Social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions are a factor in HIV, STI and HBV/HCV-related health disparities. The framework for the social determinants of health created by Healthy People 2020 has the key areas (determinants) of economic stability, education, social and community context, health and health care, and neighborhood and built environment. The social determinants of health can be used to identify strategies to enhance, increase awareness, and expand the responsiveness of the healthcare system in its efforts to engage priority populations.

As defined by the Robert Wood Johnson Foundation, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible." This requires making services available to communities with limited access to employment, health care, food, housing, and quality education. HAHSTA also affirms harm reduction as a fundamental approach for its

policies and program activities. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with substance use. The strategies respect the spectrum of needs of individuals and communities. It is non-judgmental and compassionate, and it recognizes the realities of life experience, poverty, classism, racism, social isolation, past trauma, sex, and gender-based discrimination, as well as other social inequalities. HAHSTA is applying the philosophy of harm reduction and the Health Equity framework to promote health, wellness, and individual success in reducing the incidence and prevalence of HIV, STIs, and HBV/HCV.

HAHSTA requires its partners to factor these insights into their approaches to reach affected and/or at-risk populations.

5. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

5.1 Target Population

Grantees shall provide services to:

- Gay, bisexual, same gender loving, and other men who have sex with men of all races and ethnicities (noting the particularly high burden of HIV among Black/African American gay and bisexual men)
- Transgender men and women
- Black/African-American men and women
- People who Use Drugs
- People who Inject Drugs
- Undomiciled individuals
- Transitional aged Youth (between the ages of 16-25)

5.2 Location of Services

Grantees must be located within the District of Columbia. Services must be delivered within the District of Columbia.

5.3 Allowable Activities

- HIV Screening
- HBV/HCV Screening
- STI Screening
- Pop-Up Medical Services
- PrEP/PEP Education, Assessment, Enrollment

5.4 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 1A: HIV, STI, and Hepatitis Screening Activities

For Program Activity Area 1A, DC Health is seeking proposals from non-profit organizations with specific access to, experience reaching, or service provision capacity for focus populations (i.e., gay, bisexual, same gender loving, and other men who have sex with men of all races and ethnicities (noting the particularly high burden of HIV among Black/African American gay and bisexual men), transgender men and women, Black/African-American men and women, People who Use Drugs, People who Inject Drugs, undomiciled individuals, and transitional aged youth (between the ages of 16-25).

Description:
The primary overall goal of health screenings for HIV, HBV/HCV, and STI testing is to identify persons who are either living with, have been exposed to and/or at the highest risk of acquiring infection. Special emphasis should be paid to syphilis screening. According to DC Health's Annual Epidemiology & Surveillance Report there has been a 183% increase in primary or secondary syphilis in women between the ages of 15–44 since 2016. Additionally, 31% of all primary and secondary syphilis were in people living with HIV. Overall, two out of three men who have sex with men were diagnosed with syphilis in 2020. Utilizing a syndemic approach, all clients should be screened and or linked to screening services so that they are aware of their health status. These services do not end with the completion of the screening, but also include both linking clients with positive results to medical care as well as linking high risk negative persons to additional prevention information and behavior change support services. Health screenings can also serve to encourage lifelong routine testing practices among all persons.

Data has shown that, testing performed by community health centers that offer comprehensive services, like HIV, HBV/HCV and STI screening results in a larger number of clients being made aware of their health status. Oftentimes, people at increased risk of contracting HIV, HBV/HCV, and STI are marginalized persons with little to no access to and/or irregular utilization of traditional health care systems. Offering health screenings in community health settings is a critical method of ensuring that those disenfranchised or specific focus populations learn their HIV, HBV/HCV, and STI status and are given the opportunity to receive linkages medical and social service systems. Clinical sites should engage in the following:

- Routine screening of HIV, HBV/HCV, and STI for all patients,
- At a minimum, yearly re-screening for clients previously tested for HIV, HBV/HCV and STI's
- Immediate linkage to treatment for HIV, HBV/HCV, and STI diagnosed clients,
- Educate and link people at-risk for HIV to Pre-Exposure Prophylaxis (PrEP) and access to PEP

- Assess patients for injection drug use for linkages to syringe service programs (SSP's) and other complementary services.

Key Performance Indicators:

A. Outcome

- Number of people screened for HIV
- Number of people screened for HBV/HCV
- Number of people screened for STI
- Number of people tested positive for HIV
- Number of people tested positive for HBV/HCV
- Number of people tested positive for an STI
- Number of people linked to Care
- Number of people linked to PrEP
- Number of people linked to other behavioral support services
- Number of people re-screened for HIV
- Number of people assessed for injection drug use

Service Area 1B: Enhanced Support for Home Testing

On June 27, 2020, the DC Department of Health (DC Health) announced a new opportunity for DC residents to get free, at-home HIV test kits in recognition of National HIV Testing Day. The safe and easy OraQuick rapid HIV test kit allows a person to self-swab their mouth to get a result in 20 minutes. District residents can get information and order a test for mailing to their DC address at GetCheckedDC.org. This initiative also supports walk-in STI screening at the DC Health and Wellness Center.

Between 2015 and 2016, the eSTAMP randomized controlled trial evaluated the public health benefits of mailing HIV self-tests to internet-recruited gay, bisexual, and other men who have sex with men (MSM) in the US during 2015–2016. The study found that men who received mailed HIV self-tests 1) tested themselves more frequently, 2) identified significantly more prevalent HIV infections did not increase sexual risk behaviors, and 3) shared the HIV self-test with members of their social network, resulting in many more persons becoming aware of their HIV infection. Mail distribution of HIV self-tests effectively increased diagnosis of HIV infection among gay and bisexual men and identified infections among their social network members. This study further supports HIV self-testing as an effective mechanism to educate District residents about their HIV status.

To complement the work of GetCheckedDC (GCDC), HAHSTA seeks an organization to provide enhanced follow-up and linkage support for the self-testing component and distribution of self-tests. While self-testing is a great way for an individual to learn their HIV/STI status on their own time and in their own space, transitioning the testing responsibility to the individual can leave gaps in the aggregate data that informs overall prevention planning. Analysis of data from GCDC in 2021 revealed that, while all priority communities were reached to some extent

by the program, more effective outreach targeting these communities is needed. As such, assistance from community partners is necessary to reach Black/African American gay and bisexual men), transgender men and women, Black/African-American men and women, and residents who reside East of the River. Building on the efficacy of coordinated contact tracing, HAHSTA seeks to add a surveillance arm to bolster the self- testing initiative. The successful agency will promote and make available at-home testing among their clients, utilize existing DC Health self-testing data to ensure appropriate documentation of testing activities, identify those lost in the prevention and treatment continuum, and implement a status- neutral, culturally-sensitive approach for linking to supportive services, including linking residents to PrEP/PEP services as appropriate.

Key Performance Indicators:

A. Outcome

- Number of people referred to home testing
- Number of people receiving an at-home test kit
- Number of people who accessed an at-home kit due to a referral from a provider
- Number of people linked to care after taking an at-home HIV test
- Number of people linked to care after an at-home STI test

Service Area 2: Drop-In Center Services Focused on People Who Use Drugs (PWUD)

HAHSTA intends to supprt a Drop-In Center that promotes health, wellness, and individual success. HAHSTA requires a syndemic approach that addresses drug user health. It should offer pathways for improved health outcomes, HIV, HBV/HCV and STI risk reduction self-advocacy, life skills management, primary medical care, and other supports. Providers must have demonstrated cultural expertise to engage effectively with people of different cultures and backgrounds to produce positive change. Understanding the social determinants of health that affect people who use is a key component to reducing health disparities and achieving health equity. Applicants must describe the social determinants of health that the population of focus is facing. They must also explain how they plan to find avenues to address these social determinants of health to ensure healthy outcomes.

Applicants must provide a detailed description for a programmatic approach that provides a comprehensive health and wellness program that addresses the needs of the drug using population. A major component of this center should be HIV, HBV/HCV, and STI screening. The overall goal of these screening services is to identify persons who are living with an infectious disease and to link them to care. Utilizing a status neutral approach, all clients should be linked to services regardless of status. These screening services should serve persons or populations with specific needs, especially high-risk behaviors, or difficulties routinely accessing health services. Services should not end with the completion of a test, but also include both linking HIV-positive and high-risk HIV-negative persons to additional prevention information and behavior change support services. Targeted HIV testing can also serve to encourage lifelong routine testing practices among HIV negative persons.

Traditionally people who inject drugs (PWID) and people who use drugs (PWUD) are not persons who approach established health care facilities until they are in dire need of care and likely in urgent situations. The PWID/PWUD community is often wary of trusting providers, so there is a need for providers to have direct access to programs that serve them. DC Health will enhance the capacity of health care and non-health care settings to link PWID and PWUD screened in their settings to syringe service programs and other supportive services. One very important criterion is the provision of immediate linkage to treatment for clients actively using injectable drugs, introduction to and referrals to PrEP for negative clients, assessment, and linkages to SSP integration of service provision in EHR, and complete/quality program reporting.

Offering screening services in a safe and confidential space may provide access to individuals who may not know their status and provide an opportunity to receive medical and social service systems. Some populations may require specific services to address current health behaviors that have not been fully or regularly met through the traditional health care system.

"Pop-up" visits are often an entry point into primary care which is a crucial entry point into the healthcare system overall. Utilizing geo-mapping, each "pop-up" health clinic should consist of a multidisciplinary approach, involving primary care professionals, behavioral health care professionals, community health workers and peers.

To further expand the availability of services for the community of focus, the applicant may consider partnering with other entities to strengthen their application.

The core components of the Drop-In Center are below:

1. Safe and Confidential Space

    a. Day drop-in center: access to locker facilities, shower, restrooms, clothing bank, computers, food, and social engagement activities.
    b. Navigation to other providers for prevention services

2. Peer Model

    a. Training and support
    b. Stipend, if applicable
    c. Plan for center and community engagement

3. Wellness Services

    a. Yoga
    b. Mindfulness
    c. Nutritional Classes

4. Health Services

a. HIV testing and linkage to care
b. Pre- Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) education, linkage to PrEP/PEP services and support for individuals on PrEP/PEP
c. STI screening, especially syphilis
d. Linkages to and/or provisions to HBV and HCV screening
e. Navigation to primary medical care
f. Condom distribution
g. Linkage to hepatitis vaccination
h. Capacity to offer "pop-up" health services

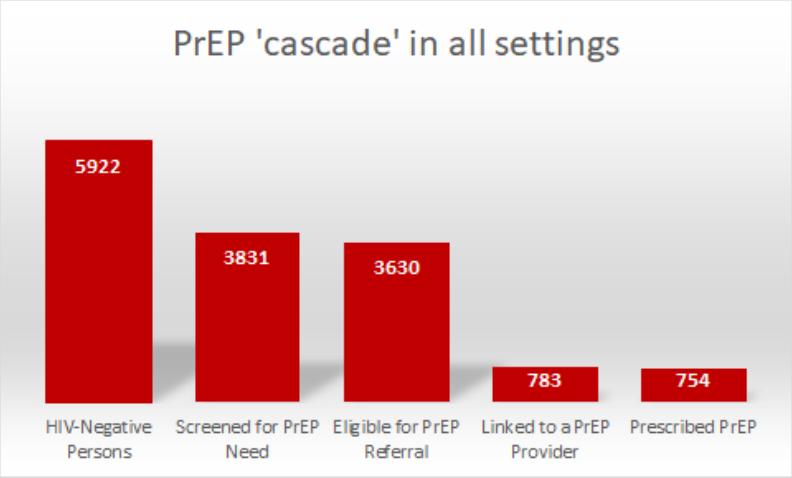
Key Performance Indicators:

A. Number of people engaged through Pop-up Medical Services
B. Number of people engaged through Drop-In Center Services
C. Number of people tested for HIV, HBV/HCV, and STI through Pop-Up Medical Services
D. Percentage of people identified as living with HIV. HBV/HCV, and/or STI
E. Percentage of people linked to additional services after receipt of Pop-Up Services
F. Percentage of people engaged in wellness activities after receipt of Pop-Up Services

Service Area 3: Pre-Exposure Prophylaxis (PrEP)/Post Exposure Prophylaxis (PEP)

DC's PrEP model includes a combination of innovative approaches that enhances the already robust medical coverage for District residents. The overall goal of the PrEP program is to further advance DC's effectiveness in reducing the number of new infections diagnosed every year among District residents. This can only be accomplished by expanding the network of providers who are actively participating in the implementation of bio-medical models.

Below is the District's PrEP cascade and it should be used as guidance to implement PrEP programming:



The following intermediate and long-term outcomes are associated with the proposed effort:

- An increase in the number of District residents at-risk for HIV who are aware of the existence and the benefits of PrEP.
- An increase in the number of District residents who are engaged in PrEP prescription and support programs.
- An increase in the number of prescribing physicians aware and actively prescribe and link patients to PrEP services.

PrEP is a scientifically proven intervention that effectively prevents HIV transmission. It has tremendous potential to prevent HIV among persons who may be at high risk of HIV exposure. Individuals who are sexually active who do not consistently use condoms, are not in a mutually monogamous relationship with a partner, are in a relationship with a person living with HIV who may not be consistently on treatment, have recently injected drugs or is having sex with someone who injects drugs, men who have sex with men, among others are populations of focus. PrEP is recommended for heterosexual women, men who have sex with men, and persons who inject drugs. It is most successful when it includes counseling of other effective prevention strategies, including using condoms, testing for HIV with partners, reducing the number of partners, and having partners who are HIV positive that take antiretroviral therapy.

Persons not receiving PrEP who seek care within 72 hours after an isolated sexual or injection-related HIV exposure should be evaluated for the potential need for Post Exposure Prophylaxis (PEP). If such exposures are not isolated, and the person is determined not to have HIV infection, clinicians should consider beginning PrEP immediately because PrEP during the first 28 days is consistent with a recommended PEP regimen.

Persons who with a history of multiple STI's or repeatedly seek PEP should be evaluated for possible PrEP use after confirming they have not acquired HIV infection. HIV infection has been reported in association with exposures soon after a PEP course, daily PrEP may be more protective than repeated episodes of PEP.

PrEP should also be discussed with sexually active men and women whose partners are known to have HIV infection (i.e., HIV-discordant couples) as one of several options to protect the partner. Preventing transmission within a discordant couple is one of the most critical reasons for offering PrEP and other prevention services. It is essential that providers help discordant couples accept the accuracy and reality of their test results by providing simple and clear explanations of discordance. Discussions should be held to convey the possibility of HIV transmission between partners. Ultimately the goal is to reduce risk of transmission.

Key Performance Indicators:

- Number of people educated about PrEP
- Number of people assessed for PrEP eligibility
- Number of people prescribed PrEP
- Number of people prescribed PEP
- Percentage of people on PEP and later prescribed

Service Area 4: HIV, STI, and Hepatitis Prevention for PWIDs within Syringe Services Programs

Due to the opioid crisis being experienced in the U.S., an uptick in injection drug use has also been observed resulting in increases in overdose deaths as well as the transmission of infectious diseases such as viral hepatitis and HIV.[7,8] The CDC reports that over 2,500 new HIV infections occur each year among PWIDs, with injection drug use also contributing to the majority of new HCV infections.[8] To prevent the transmission of these types of blood-borne infections among PWIDs, the use of SSPs have been found to be effective in reducing the risk associated with injection drug use.[8] SSPs also serve as a means to link people to other health services, such as testing and treatment.[8] According to the CDC, apart from ceasing injection drug use, the use of sterile injection equipment for each injection is among the best ways to reduce the risk of acquiring and transmitting disease associated with injection drug use.[8] In addition to SSPs, the inclusion of PrEP and PEP in health programming can also serve as an opportunity to help reduce the risk of HIV infections within the PWID population.[9] Due to the high-risk exposure associated with injection drug use, these prevention methods which can be provided before and after exposure, can have a compounded benefit when combined with services provided by SSPs.

HAHSTA is interested in funding the reduction of HIV and viral hepatitis infections among the PWID population in the District. A successful applicant will demonstrate how they plan to augment their existing SSP endeavors by providing HIV, STI, and hepatitis screening, testing, and counseling (if needed). Additionally, a successful candidate will develop programs or partnerships that offer and provide PrEP and PEP.

Key Performance Indicators:

- Number of people who inject drugs (PWID) offered an HIV test
- Number of people how inject drugs that are offered an HBV/HCV test
- Number of people how inject drugs that are offered a STI test
- Percentage of people who inject drugs (PWID) diagnosed as living with HIV
- Percentage of people who inject drugs (PWID) linked to PrEP
- Percentage of people who inject drugs (PWID) who test positive for HBV/HCV
- Percentage of people who inject drugs (PWID) who test positive for a STI

---

[7] U.S. Centers for Disease Control and Prevention. Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs). Retrieved September 8, 2022, from https://www.cdc.gov/ssp/syringe-services-programs-summary.html#ssp-implementation

[8] U.S. Centers for Disease Control and Prevention. Syringe Services Programs (SSPs) Fact Sheet. Retrieved September 2, 2022, from https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html

[9] U.S. Centers for Disease Control and Prevention. Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). Retrieved September 8, 2022, from https://www.cdc.gov/hiv/clinicians/prevention/prep-and-pep.html

6. APPLICATION COMPONENTS

6.1 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 Consumer and Regulatory Affairs 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. (Attachment 1: Assurances, Certifications and Disclosures).

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.

6.2 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 capacity to ensure that all people are aware of their health status and made aware methods to reduce their risk for these diseases utilizing a status neutral and syndemic approach. This approach may lead to improved health outcomes, enhanced self-efficacy, improved health literacy, viral suppression, and a reduction is new infections. The narrative should include the following sections:

1. A statement describing their capacity to deliver prevention services and linkages to additional supportive services.
2. A description of the program's proposed innovative and tailored strategies to reach the focus population and increase awareness around HIV, STIs, HBV/HCV, and risk reduction strategies, to include a justification or rationale for the methods selected
3. A description of the proposed process for identifying and addressing clients' need for prevention and drug user health services.
4. Capacity to utilize geo-mapping data supplied by DC Health to mobilize and implement services within areas most impacted by HIV, HBV/HCV, and overdoses.
5. If applicant is currently a Status Neutral funded provider through Ryan White funds, they **MAY NOT** duplicate services. The applicant should describe how they will ensure that whether a client is negative or positive, they link them to clinical, behavioral, and social supports as needed. This section should detail how they will assess clients for additional care. If the applicant does not have the capacity to deliver additional services, they should identify partnerships, collaborations, and relationships with entities that have the capacity. The applicant should describe flow charts and established pathways to ensure each client is successfully linked to services.
6. A description of the applicant's ability to utilize a syndemic approach that considers prevention activities focused on HIV, HBV/HCV, and STI's. The applicant must detail how they will integrate programming that incorporates biomedical HIV prevention strategies, health screenings, health literacy, wellness, and behavioral health interventions.

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.

- Provide an overview of constituent population as relevant to the project, including rates of HIV, hepatitis B and C, and sexually transmitted infections, and corresponding social determinants of health.
- Describe the barriers to care experienced by the population of focus.
- Describe the social determinants of health that may impact the population of focus and how their proposed program will improve health outcomes for the population.
- Describe how the population of focus was identified for this proposal.
- Define the reach, boundaries, zip codes and/or geography of the population of focus.
- Describe the specific problem(s) and contributing factors to be addressed within the population of focus.
- Describe the ability to reach the population of focus and how they will be served through this project.

PROJECT DESCRIPTION

This section should provide a clear and concise description of strategies and activities they 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 4.1 Approach and 5.4 Program Strategies, above. Describe activities for each strategy (if, applicable), how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes. The specific requirements for each service area are listed below:

Service Area 1A: HIV, STI, and Hepatitis Screening Activities and Service Area 1B: Enhanced Support for Home Testing

- Describe innovative prevention activities that will be incorporated into services to engage all clients, regardless of status, in effective prevention programming. The applicant may describe the use of an intervention or other supportive services.
- Describe the social determinants of health that may affect the health and well-being of the population of focus. Factors related to health outcomes may include, but are not limited to: housing status, stigma, education level, access to health care, health literacy, and access to food. Applicants must describe how the proposed program will improve the conditions of daily life for the population of focus and how these factors can lead to improved health outcomes.
- Describe the testing strategies to be that promotes equity, eliminates barriers, re-testing frequency, and improves whole-person health for clients. The applicant must detail how

they will ensure a comprehensive testing program that includes HIV, HBV/HCV and STI screening activities. Applicant should detail the testing methods they will utilize, how results will be shared, follow-up procedures after results are provided, and linkages strategies. The applicant should also propose the number of clients to be served Describe testing past performance related to HIV, HBV/HCV or STI screening. This description should include the testing methodology employed to include the number of tests conducted, percent testing positive and percent linked to care and/or bio-medical or behavioral health for the prior 12 months.

- Describe the applicant's capacity to store home HIV test kits, distribute kits to members of the focus population, (i.e., Black/African American gay and bisexual men), transgender men and women, Black/African-American men and women, and residents who reside East of the River), collect/submit data to DC Health on test kit utilization, demographics, distribution, and link individuals to medical, behavioral, and social support services.

Service Area 2: Drop-In Center Services Focused on People Who Use Drugs (PWUD)

- Describe capacity to offer mobile health services to the drug using community to make health care more accessible. An entity with the ability to hold "pop-up" health clinics in locations where members of the population congregate will have an advantage over those that do not.
- Describe the capacity to implement drop-in center services for people who use drugs. The description should include services offered, as well as., location of services.
- Describe wellness strategies (i.e., yoga, mindfulness, exercise, nutritional, etc.) that may. reduce risk, encourage healthy behaviors, and promote self-efficacy.

Service Area 3: Pre-Exposure Prophylaxis (PrEP)/Post Exposure Prophylaxis (PEP)

- Describe capacity to link and document confirmed linkages to clinical, social, and behavioral health services, including PrEP/PEP, HIV and STI treatment, behavioral health, and other support services. The applicant should present flow charts and describe established pathways to ensure each client is successfully linked to services
- Describe the use of evidence-based models (biomedical, behavioral and/or structural interventions) to wellness, self-care, empowerment, linkage to HIV, STI and/or hepatitis screening treatment adherence, prevention with positive activities, linkages to care and retention in care to ensure that clients receive the full spectrum of care. The description should also include how the staff will be trained on the selected model and how they will evaluate the use of the model. If PrEP/PEP services are the selected intervention, the applicant should describe the process they will follow to educate, assess, link, and track patients prescribed PrEP. The description must include the clinical guidelines they will follow to ensure patients receives quality care.

Service Area 4: HIV, STI, and Hepatitis Prevention for PWIDs within Syringe Services Programs

- Describe syringe service activities i.e., establishment of programmatic protocols for syringe exchange service delivery, inclusion of HIV prevention strategies in SSP

activities, recruitment of new clients (including younger PWIDS), retention of existing clients, existing level of syringe exchange services throughout the District, and access to wound and vein care.
- Describe the inclusion of harm reduction practices, principles and practices, knowledge of syringe services best practices, and an understanding of HAHSTA policies and procedures for delivery of services.

PARTNERSHIPS

This section should describe plans to involve other key partners in the applicant's work.

- Describe partnerships with other entities to provide services that the applicant may not offer, the nature of the relationship, and detailed pathways and workflows that allow patient engagement with outside entities.
- Describe applicant's experience working with organizations to address social determinants of health and plans for engaging existing and establishing new partnerships to improve patient health outcomes.
- Include Memorandum of Understanding that is dated no later than December 31, 2022. It must detail the specific roles of each entity identified in the document.

PERFORMANCE MONITORING

This section should describe applicant's plan for collecting and reporting data, including required metrics outlined in Section 5.4 Program Strategies.

Describe what information will be collected and by whom.

- Describe plans for how data will be collected by applicant staff and shared across the appropriate staff to ensure quality service delivery.
- Describe plans for how data will be recorded and tracked in applicant's data collection system (please include the name of the system/software and how it is secured).
- Describe plans for how data will be used to conduct ongoing evaluation and continuous quality improvement
- Describe plans for how data will be reported to DC Health in a timely fashion

Specific information regarding the service category standards is listed in each corresponding service category and should be reflected in the project narrative.

a. **HIV Testing Standards**: All successful applicants are required to meet all responsibilities outlined in the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings**.** Standard expectations for fiscal, programmatic, and universal monitoring of HIV Testing programs. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance.
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

b. **Hepatitis Screening**: All successful applicants are required to meet all responsibilities outlined in CDC Recommendations for Hepatitis C Screening Among Adults in the United States. Standard expectations for fiscal, programmatic, and universal monitoring of hepatitis testing programs. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm

c. **Sexually Transmitted Infection**: All successful applicants are required to meet all responsibilities outlined in Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources**.** Standard expectations for fiscal, programmatic, clinical, and universal monitoring of STI testing programs. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm

d. **Syringe Service Programs**: All successful applicants are required to meet all responsibilities outlined in Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016**.** Standard expectations for fiscal, programmatic, and universal monitoring of syringe service programs. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. https://www.cdc.gov/hiv/pdf/risk/hhs-ssp-guidance.pdf https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf

   The Consolidated Appropriations Act, 2016, Division H states: SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. https://www.congress.gov/114/bills/hr2029/BILLS-114hr2029enr.pdf.

e. **Pre-Exposure Prophylaxis (PrEP) Guidance**: All successful applicants are required to meet all responsibilities outlined in Pre- Exposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update: A Clinical Practice Standard expectations for fiscal, clinical, programmatic, clinical, and universal monitoring of PrEP programs. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf (PrEP clinical guidelines) https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-provider-supplement-2021.pdf (PrEP supplemental guidance)

f. **Post-Exposure Prophylaxis (PEP) Guidance**: All successful applicants are required to meet all responsibilities outlined in Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016. Standard expectations for fiscal, clinical, programmatic, and universal monitoring of PEP programs. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. https://stacks.cdc.gov/view/cdc/38856 (nPEP guidelines)

g. **Free Medical Clinics**: All successful applicants are required to meet all responsibilities outlined in **Legal and Operational Guide for Free Medical** Clinics. Standard expectations for fiscal, clinical, programmatic, and universal monitoring of free, pop-up medical clinics. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/ama-foundation/legal-operational-guide-free-medical-clinics.pdf (Pop-Up Clinic Guidance)

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 (Attachment 2). 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 SMART. The attributes of a SMART objective are as follows:

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

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

BUDGET TABLE

The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse as noted in form provided (Attachment 3). 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 additional 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 10-month period (for the first year), as follows:

- Year 1 (March 1, 2023 –December 31, 2023): development period, during which time the grantee will train staff, update protocols, update data system to collect data specific to funded service area, determine outreach locations (if, applicable), hire appropriate staff, and begin deployment of services, etc.

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.

The applicant should ensure that they have designated the appropriate amount of funds to client services, data collection, and evaluation. Up to 10% of funds may be used to update software programs to support collection of data related to the proposed service area.

BUDGET JUSTIFICATION

The application should include a budget justification (Attachment 4). 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. This list must include the Project Director on the Notice of Award.

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)*.

7. 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: PROJECT NARRATIVE

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

- The extent to which the proposal is innovative and has tailored strategies to reach the focus population and increase awareness around HIV, STIs, HBV/HCV, and risk reduction strategies, to include a justification or rationale for the methods selected.
- The extent to which the proposal outlines a process for identifying and addressing clients' need for prevention and drug user health services.
- The extent to which the applicant demonstrates an understanding of constituent population as relevant to the project, including rates of HIV, hepatitis B and C, and sexually transmitted infections, and corresponding social determinants of health (SDOH); the barriers to care experienced by the population of focus; and how the SDOH may impact the population of focus and how their proposed program will improve health outcomes for the populations.
- The extent to which the proposal demonstrates understanding of specific problem(s) and contributing factors to be addressed within the population of focus and the ability to reach the population of focus and how they will be served through this project
- The extent to which the applicant demonstrates partnerships with other entities to provide services that the applicant may not offer, the nature of the relationship, and detailed pathways and workflows that allow patient engagement with outside entities and how their experience working with organizations to address social determinants of health and plans for engaging existing and establishing new partnerships to improve patient health outcomes
- The extent to which the proposal adequately addresses the needs of each service area and how the applicant's proposal will successfully meet the key performance indicators as outlined in Section 5.4 Program Strategies.

CRITERION 2: PERFORMANCE MONITORING

(25 POINTS) – Corresponds to Sections: Performance Monitoring

- The extent to which the applicant addresses their capacity to collect data related to proposed activities, submit data reports, and evaluate collected data.
- The extent to which the applicant addresses organization's capacity to utilize geo-mapping data supplied by DC Health to mobilize and implement services within areas most impacted by HIV, HBV/HCV, and overdoses.
- The extent to which the applicant describes strong systems and policies on 1) what data will be collected by applicant staff and shared across the organization to ensure quality service delivery; 2) how data will be recorded and tracked in applicant's data collection system (includes name of system/software and how it is secured); 3) how data will be used to conduct ongoing evaluation and continuous quality improvement; and, 4) how the data will be reported to DC Health in a timely fashion.

CRITERION 3: ORGANIZATIONAL CAPACITY

(25 POINTS) – Corresponds to Sections: Partnerships, Organizational Capacity, and Organizational Information

- The extent to which the applicant addresses their organizational capacity to deliver services related to HIV prevention, STI and hepatitis screening. This section should also address partnerships.
- The extent to which the applicant demonstrates fiscal solvency and funding stream diversification.
- The extent to which the applicant describes how the organization's capacity contributes to its ability to conduct the program requirements and meet program expectations, including financial reporting and prompt invoicing.

8. REVIEW AND SCORING OF APPLICATION

8.1 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.

8.2 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.

8.3 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.

9. 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 DCRA.
- 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.

10. 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.

10.1 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://dcdoh.force.com/GO ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.

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 **DUNS#, 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

10.2 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

10.3 DEADLINE

Submit your application via EGMS by 6:00 p.m., on the deadline date of January 5, 2023. Applications will **not** be accepted after the deadline.

11. 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.

12. 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.

12.1 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.

12.2 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.

12.3 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.

12.4 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. Grant awardees will be allowed to budget for indirect costs of no more than ten percent (10%) of total direct costs.

12.5 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.

12.6 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.

12.7 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.

12.8 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.

13. GLOSSARY OF TERMS

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

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

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)

PWID: People who inject drugs.

PWUD: People who use drugs.

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

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

Status Neutral Approach: Regardless of HIV status, people have access and support to stay on highly effective public and personal health interventions like PrEP and HIV treatment.

https://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html#:~:text=A%20status%20neutral%20approach%20to%20care%20and%20service%20delivery%20means,like%20PrEP%20and%20HIV%20treatment.

Syndemic Approach: Two parallel occurring epidemics that are unfolding in the same real time together that may or may not have interconnections with one another.

https://www.health.com/condition/infectious-diseases/coronavirus/what-is-a-syndemic

14. ATTACHMENTS

Attachment 1: Assurances and Certifications

Attachment 2: Work Plan

Attachment 3: Budget Table

Attachment 4: Budget Justification

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.