



## **REQUEST FOR APPLICATIONS**

### **Telemedicine Innovations in Medication Assisted Therapy (TeleMAT)**

Open Date: September 25, 2020

Close Date: October 26, 2020, 4pm EST



Department of Health Care Finance  
441 4<sup>th</sup> St. NW, Suite 900S  
Washington, DC 20001  
TEL: (202) 442-5988

***LATE APPLICATIONS WILL NOT BE ACCEPTED***

## Table of Contents

<b>Section I: Funding Opportunity Description</b>	<b>4</b>
A) Background	4
B) Program Description	6
C) Program Benefits	9
D) Purpose of RFA	9
E) Key Dates and Information	9
<b>Section II: Award Information</b>	<b>10</b>
<b>Section III: Eligibility Information</b>	<b>10</b>
A) Qualified Organization	10
B) Administrative Criteria	11
C) Insurance	11
D) Compliance with Tax Obligations	11
E) Statement of Certification	12
F) Federal Assurances	14
G) Certificate of Good Standing	17
H) RFA Terms and Conditions	17
I) Financial Management and System of Internal Controls	18
J) Funding Restrictions	18
<b>Section IV: Application and Submission Information</b>	<b>19</b>
A) Pre-Application Conference	19
B) Application Delivery	19
C) Application Requirements	19
<b>Section V: Application and Review Information</b>	<b>24</b>
A) Initial Review	23
B) Review Criteria	23
C) Organizational Capacity and Risk Assessment	27
D) Anticipated Announcement and Award Dates	28
<b>Section VI: Award Information</b>	<b>28</b>
A) Award Notices	28
B) Programmatic, Administrative, and National Policy Requirements	28
C) Reporting	28

D) Payment	29
<b>Section VII: DC Agency Contacts</b>	<b>29</b>
<b>Section VIII: Attachments</b>	<b>30</b>
A) Certifications	30
B) W-9 Form	33
C) Automated Clearing House Form	37
D) Program Budget and Budget Justification Template	38
F) Federal Assurances	39

## Section I: Funding Opportunity Description

### A) Background

The mission of the Government of the District of Columbia's (DC) Department of Health Care Finance (DHCF) is to improve the health outcomes of District residents by providing access to comprehensive, cost effective, and quality healthcare services. As the single State Medicaid Agency, DHCF administers the Medicaid program and the State Child Health Insurance Program (CHIP). DHCF also administers the locally-funded Healthcare Alliance (Alliance) and Immigrant Children's Program. Through these programs, DHCF funds health care services for children, adults, elderly and persons with disabilities who have low-income. Over 250,000 District residents (more than one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP, Alliance and Immigrant Children programs. DHCF strives to provide access to health care services in the most appropriate and cost-effective settings possible.

Data from Medicaid claims and national surveys demonstrate a high burden of substance use disorder (SUD) in the District of Columbia. In fiscal year (FY) 2018, 9 percent (nearly 25,000) of beneficiaries enrolled in the District's Medicaid program, which is administered by the Department of Health Care Finance (DHCF), had an SUD diagnosis.<sup>1</sup> The latest National Survey on Drug Use and Health (NSDUH) findings show that the District had the highest prevalence of SUD diagnoses in the last year. More than 11 percent of District residents aged 12 or older had a SUD diagnosis in the past year compared to 7 percent of individuals 12 or older across all states.<sup>2</sup> Age-adjusted opioid deaths per capita was the highest in the District among all urban counties.<sup>3</sup> Like many other states in the nation, the District experienced an unprecedented 236% increase in the number of fatal opioid-related overdoses among residents between 2014 and 2017.<sup>4</sup>

There are numerous indications that District Medicaid providers continue to find it challenging to diagnose SUD and provide SUD treatment and recovery services in an effective, integrated manner. 2016-2017 data from NSDUH indicates the District of Columbia has the highest

---

<sup>1</sup> Government of the District of Columbia, Department of Health Care Finance (2019, August), DC Medicaid Management Information System Claims Data.

<sup>2</sup> [U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration \(SAMSHA\), Center for Behavioral Health Statistics and Quality. \(2018\), Table 23.](#)

<sup>3</sup> [Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2017. NCHS Data Brief, no 329. Hyattsville, MD: National Center for Health Statistics. 2018.](#)

<sup>4</sup> [District of Columbia Department of Behavioral Health. \(2018\). Live. Long. DC.: Washington DC's Strategic Plan to Reduce Opioid Use, Misuse and Related Deaths, Washington DC, District of Columbia Department of Behavioral Health.](#)

percentage of residents 12 and older reporting they needed but have not received treatment in the last year for a substance use disorder (10.4%).<sup>5</sup>

In September 2017, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the District of Columbia \$21.1 million for the DC Opioid Response grant. The District of Columbia's Opioid Response (DCOR) grant funding, including this solicitation, supports the District's *Live. Long. DC. Opioid Strategic Plan* (<https://dbh.dc.gov/publication/live-long-dc>), as well as the Pew Charitable Trusts' *Policy Recommendations for Addressing the Opioid Crisis in the District of Columbia*.<sup>6</sup> As highlighted in the *Opioid Strategic Plan*, there is a need for additional support for individuals who come in contact with the criminal justice system (e.g. arrestees, inmates, returning citizens and their families). In the context of supporting recovery efforts for homeless individuals, Pew encouraged non-profit hospitals in the District to fund supportive housing by providing matching dollars. While the patient populations served by the grant need not focus solely on reentry and homeless populations, applicants are required to consider and describe services that address the reentry and homeless populations in this grant. We encourage grantees to think about additional services that address the reentry and homeless populations in this grant.

In addition, in November 2019 CMS approved the District's Medicaid Section 1115 Behavioral Health Transformation Demonstration (<https://dhcf.dc.gov/1115-waiver-initiative>). This Demonstration allows the District's Medicaid program to pay for services provided to adults with serious mental illness (SMI)/serious emotional disorder (SED) or substance use disorder (SUD) by an institution for mental disease (IMD). The waiver also adds new community-based services designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient and residential treatment.

The District is leveraging these new authorities under the Behavioral Health Transformation Demonstration, combined with the DCOR funding to provide a more comprehensive continuum of behavioral health services for Medicaid beneficiaries and support the District's transition to a healthcare system that provides whole person care. The implementation of the Demonstration accelerates the need for a system that allows user-friendly capture of patient consent to enable timely exchange of sensitive health information among providers involved in a patient's care.

Most recently, the Department of Health Care Finance (DHCF) and the Department of Behavioral Health (DBH) have jointly published a Request for Information (RFI) to solicit

---

<sup>5</sup> [U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration \(SAMHSA\), Center for Behavioral Health Statistics and Quality \(2018\). Table 26, 2017, National Survey on Drug Use and Health: Detailed Tables.](#)

<sup>6</sup> [Policy Recommendations for Addressing the Opioid Crisis in the District of Columbia, Final Report – February 2020.](#)

information from consumer organizations, the provider community, health plans, and other stakeholders regarding the pathway to integrate behavioral services more fully into the benefits offered through the District’s Medicaid Managed Care program. Overall, DHCF and DBH envision a three-phase approach to Medicaid behavioral health transformation that will result in a whole-person, population-based, integrated Medicaid behavioral health system that is comprehensive, coordinated, high quality, culturally competent, and equitable.<sup>7</sup>

Concurrent with these efforts, the District has made great strides to improve access and use of telemedicine and support exchange of pertinent health information needed to diagnose and treat Medicaid beneficiaries via HIE. These include rulemaking to allow a beneficiary’s home to serve as the “originating site” for service. Telehealth and related data exchange efforts have been critical in response to the Coronavirus COVID-19 public health emergency. Despite these substantial policy changes to increase access to tele-modalities of service, opportunities to improve access to Medication Assisted Therapy (MAT) via telemedicine remain.

The Department of Health Care Finance (DHCF) announces a Notice of Funding Availability (NOFA) for grant funds pursuant to the authority established by DHCF using funds provided by the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), State Opioid Response Grant, CFDA #93.788. To make grant funds available to deliver Medication Assisted Therapy (MAT) for opioid use disorder via telemedicine, the Director of DHCF has authority to issue grants under the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code 7-771.05(4) (2012 Repl.).

## **B) Program Description**

The purpose of this program is to make grant funds available to implement, improve, enhance, and measure innovative solutions that deliver Medication Assisted Therapy (MAT) for opioid use disorder via telemedicine.

At least three (3) grants of up to \$250,000 each will be awarded to provide telemedicine services among the District’s medication-assisted therapy (MAT) network of providers, including providers authorized (“waivered”) to treat opioid dependency with buprenorphine. DHCF shall award at least three (3) grants to support the development of scalable programs that utilize telemedicine to increase access to MAT for purposes of treating Opioid Use Disorder (OUD) for District residents.

---

<sup>7</sup> Transmittal 20-30 Behavioral Health Transformation Request for Information  
<https://dhcf.dc.gov/node/1493166>.

These grants will implement, improve, enhance and measure MAT telehealth services for District residents in compliance with the Controlled Substances Act and the Ryan Haight Act. Funding for this opportunity is provided by the District of Columbia’s Opioid Response (DCOR) initiative, which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) grant and administered by DBH. Awardees will be required to comply with SAMHSA reporting requirements for funding used for DCOR. SAMHSA grant funds cannot be used to purchase laptops and other devices for personal use or for clients. In addition, the purchasing of internet services for clients is not authorized.<sup>8</sup> The program shall accomplish five objectives to implement, improve, enhance, and/or measure MAT telehealth services for District residents:

*Objective #1: Design TeleMAT services to Align with Clinical Workflows and Evidence-Based practice*

1. The grantee shall deliver a brief memorandum outlining the proposed approach to gathering stakeholder needs and implementing the proposed TeleMAT approach, including:
  - a. Gathering technical requirements
  - b. Assessing and addressing stakeholder priorities
  - c. Integrating evidence-based practice
  - d. Incorporating appropriate clinical workflows, including consent management

*Objective #2: Deploy TeleMAT Solution*

1. The grantee shall implement a proposed TeleMAT solution that meets the following requirements:
  - a. The solution shall be deployed for at least one of the provider entity types listed below:
    - i. Adult Substance Abuse Rehabilitative Service (ASARS) providers
    - ii. Federally-Qualified Health Centers (FQHCs)
    - iii. Medication-Assisted Therapy (MAT) Providers
    - iv. Institutes of Mental Disease (IMD)
    - v. Primary care providers (PCP)
    - vi. DBH-certified Community Service Providers
    - vii. Hospital-affiliated providers and social workers
  - b. The TeleMAT solution selected shall meet the following key principles:
    - i. Ensure the privacy and security of patient data;
    - ii. Promote scalability and sustainability of the solution;
    - iii. Use design features to optimize participation;

---

<sup>8</sup> [FAQs Related to COVID-19 for SAMHSA Grant Recipients](#)

- iv. Promote integration of physical, behavioral health, and social needs to ensure beneficiaries receive prescribed MAT; and
  - v. Follow evidence-based practice in terms of aligning MAT services with community-based therapy.
- c. Grantee shall ensure that there is a clear and accurate understanding of 42 CFR Part 2 requirements among TeleMAT participants and stakeholders.

Objective #3: Implementation and Testing of the TeleMAT solution

1. The grantee shall deliver no fewer than 50 TeleMAT consults to implement and test the proposed approach.
2. Grantee shall develop materials to communicate the availability of TeleMAT services in a way that will engage diverse stakeholders and build trust among patients and practitioners, and seek to reduce stigma of SUD treatment or MAT.
3. Grantee shall ensure minimal disruption of ongoing service delivery by undertaking the following activities throughout the implementation and testing phase:
  - a. Train staff – educate providers on the appropriate use of the system and how to adapt their existing workflows to use the TeleMAT approach.
  - b. Adapt existing workflows to use the TeleMAT approach.
4. Meet all ongoing requirements for reporting per DHCF’s program integrity division and drug utilization review (DUR) board, DC Health’s Prescription Drug Monitoring Program (PDMP) and other District requirements

Objective #4: Assess experience using TeleMAT to increase access to MAT services in the District of Columbia

1. The Grantee shall deliver a brief memorandum outlining lessons learned based on implementing the proposed TeleMAT approach, including:
  - a. Perspectives on the key principles and features of TeleMAT programs, including the expectations defined in Objectives 1 and 2;
  - b. User acceptability and convenience testing;
  - c. The ability or challenges of integrating the TeleMAT solution workflow into the existing provider workflow.
2. Grantee shall reflect on efforts to streamline patient-provider workflows and recommendations for resolving unexpected technical issues. This will include a focus on:
  - a. Staff training, including efforts to reduce stigma associated with MAT and SUD treatment; and
  - b. Strategies to communicate TeleMAT services in a way that will engage diverse stakeholders and build trust among patients and practitioners.

Objective #5: Engage Stakeholders to Provide Patient Education

1. Grantee shall develop and execute a marketing and communication materials with the goal of educating patients about TeleMAT and build trust among the Medicaid community.

**C) Program Benefits**

Studies have shown that access to medication assisted therapy (MAT) facilitated by telehealth has potential to lower barriers to access while maintaining the effectiveness of therapy.<sup>9,10</sup> The proposed TeleMAT grants will implement, improve, enhance, or measure MAT telehealth services for District residents in compliance with the Controlled Substances Act and the Ryan Haight Act.

Funding for this opportunity is provided by the District of Columbia’s Opioid Response (DCOR) initiative, which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) grant and administered by DBH. The TeleMAT project builds on other ongoing efforts to reduce barriers to evidence-based care for opioid use disorder as part of the DCOR and the District’s 1115 Behavioral Health Demonstration waiver, in addition to the District’s 2018 and 2019 Telehealth Innovation grants. Together these efforts reflect DHCF and DBH’s’s strategic priority to build a whole-person, population-based, integrated Medicaid behavioral health system that is comprehensive, coordinated, high quality, culturally competent, and equitable.

**D) Purpose of RFA**

The purpose of this RFA is to solicit applications from eligible organizations to select a grantee for the Telemedicine Innovations in Medication Assisted Therapy Grant (TeleMAT).

**E) Key Dates and Information**

RFA release	Friday, September 25, 2020
Pre-application meeting	Tuesday, September 29, 2020 11:00am to 12:00pm EST  Webex: <a href="https://dcnet.webex.com/dcnet/j.php?MTID=m81ddd34e5c528a5e4d1044e7f4a6ed07">https://dcnet.webex.com/dcnet/j.php?MTID=m81ddd34e5c528a5e4d1044e7f4a6ed07</a> Password: jtGdBK3BQ63

<sup>9</sup> [The Effectiveness of Telemedicine-delivered Opioid Agonist Therapy in a Supervised Clinical Setting, \*Drug and Alcohol Dependence\*, July 1, 2017.](#)

<sup>10</sup> [Telemedicine: Decreasing Barriers and Increasing Access to Healthcare, \*Altarum Healthcare Value Hub\*, November 22, 2017.](#)

Deadline to submit written questions to <a href="mailto:okechuku.enyia@dc.gov">okechuku.enyia@dc.gov</a>	Friday, October 2, 2020 at 4pm EST
Answers to questions available at <a href="https://dhcf.dc.gov/page/dhcf-grant-opportunities">https://dhcf.dc.gov/page/dhcf-grant-opportunities</a>	On or before Friday, October 9, 2020
Application due	Monday, October 26, 2020 By 4:00 p.m. Eastern
Award announcement (expected)	Tuesday, December 1, 2020
Grant start and end dates	Award date to September 29, 2021

## **Section II: Award Information**

The total amount of funds available is up to seven hundred fifty thousand dollars (\$750,000.00) DHCF will award at least three (3) grants in the amount of no more than \$250,000.00 each. The grant period will be the date of the award to September 29, 2021 – contingent upon available funding.

Please note, respondents to the RFA will be permitted to sub-grant a portion of the work set forth under this RFA. For the purposes of this award, a sub-grant includes any legally-binding agreement between an awardee and sub-grantee. Please note this is the only opportunity to request sub-grant funding for the services funded under this RFA.

## **Section III: Eligibility Information**

### **A) Qualified Organization**

Applicants must meet the following eligibility requirements to apply for this grant:

1. Be organized under the District of Columbia Non-Profit Corporation Act (D.C. Official Code, sec. 29-501 et seq) or organized as a Non-Profit organization in the jurisdiction where the entity is incorporated.
2. Have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations.
3. Be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), Corporation Division, the Office of Tax and Revenue (OTR), the Department of Employment Services (DOES), and the Internal Revenue Service (IRS), and demonstrate Clean Hands certification, by both DCRA and OTR, at the time of application.
4. Applicants must have a demonstrated record of care delivery for Medicaid beneficiaries with opioid use disorder and must be part of District’s medication-assisted therapy (MAT)

network of providers, including providers authorized (“waivered”) to treat opioid dependency with buprenorphine.

5. Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit a sub-grantee plan as part of their response, including a signed letter of commitment from sub-grantees. Sub-grantees that are working to support the grant aims as described in this RFA are subject to all requirements described in Section III and must provide the applicant any documents and reports necessary for the applicant to fulfil all reporting requirements described in Section VI C. Sub-contractors that are simply providing supplies or services are not required to possess a certificate of good standing from DCRA.

#### **B) Administrative Criteria**

To be considered for review and funding, applications shall meet all of the administrative criteria listed below. **Failure to meet any one of the following criteria may mean the application is ineligible for further review and award.**

1. The application proposal format conforms to the “Proposal Format and Content” listed in Section IV.C of the RFA.
2. The application is formatted on 8 ½ by 11-inch paper, double-spaced, using 12-point type with a minimum of one-inch margins, with all pages numbered.
3. The Certifications listed in **Attachments A** are signed and dated.
4. The applicant shall submit their proposal electronically. The electronic copy must be submitted in PDF format and must include RFA number and project name.
5. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of Monday, October 26, 2020 to DHCF c/o Brion.Elliott@dc.gov.

#### **C) Insurance**

Where applicable, the applicant shall provide the name of all of its insurance carriers and the type of insurance provided (e.g., general liability insurance carrier, automobile insurance carrier, workers’ compensation carrier, fidelity bond holder, cybersecurity liability).

#### **D) Compliance with Tax Obligations**

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax laws and regulations.

1. The Applicant must submit a current completed W-9 form (see **Attachment B**) prepared for the U.S. Internal Revenue Service (IRS). DHCF defines “current” to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

2. The tax exemption affirmation letter is the IRS's determination letter of non-profit status. If this letter is not available, then the Applicant should provide its most recent IRS Form 990 tax return, if one was submitted. If no return has yet been filed, the organization can submit its application for tax-exempt status. If the group has a supporting organization with an IRS tax-exempt status determination, then that organization's tax exemption affirmation letter should also be submitted.
3. The Applicant shall comply, where applicable, with any District licensing requirements.

#### **E) Statement of Certification**

Applicant shall submit a Statement of Certification (see **Attachment A**), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

1. That the applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;
2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
3. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
4. That all costs incurred under this grant shall be in accordance with 2 CFR 200, "Uniform Requirements, Cost Principles, and Audit Requirements for Federal Awards";
5. Whether the applicant, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
  - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
    - i. Any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or
    - ii. Any crime or offense involving financial misconduct or fraud; or
  - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.
6. If any response to the disclosures referenced at (E.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances;
7. That the applicant is in compliance with requirements set forth in D.C. Official Code § 1-328.15;

8. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR;
9. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance, and audit trail;
10. That, if required by the Department, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
11. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR Part 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency;
12. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
13. That the applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
14. That the applicant has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has otherwise established that it has the skills and resources necessary to perform the grant;
15. That the applicant has a satisfactory record of integrity and business ethics;
16. That the applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
17. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
18. That the applicant complies with provisions of the Drug-Free Workplace Act;

19. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
20. That the applicant will, if successful, indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

#### **F) Federal Assurances**

Applicant shall submit a Federal Assurances Certification (see **Attachment F**), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

In addition, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution motion or similar action has been duly adopted or passed as an official act of the Applicant/Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant/Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain

for themselves or others, particularly those with whom they have family, business, or other ties.

6. It will give the Federal grantor agency and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood disaster Protection Act of 1973, PL 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation act of 1966 (16 USC 569a-1 et seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

12. It will comply, and all its contractors or subgrantees will comply with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1993); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event of Federal or State court or Federal or State Administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, US. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (PL 97-348) dated October 19, 1982, (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
  - a. The Health Insurance Portability and Accountability Act of 1996, PL 104-191;
  - b. The Hatch Act, Chap. 314, 24 State. 440 (7 USC 361a et seq.);
  - c. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 USC 201 et seq.);
  - d. The Clean Air Act (sub-grants over \$100,000) PL 104-201, February 24, 2004, 42 USC cha. 85 et seq.;
  - e. The Occupational Safety and Health Act of 1970, PL 91-596, Dec. 29, 1970, 84 Stat.1590 (26 USC et seq.);
  - f. The Hobbs Act (Anti-Corruption), Chap. 537, 60 Stat. 420 (see 18 USC § 1951);
  - g. Equal Pay Act of 1963, PL 88-38, June 10, 1963, 77 Stat. 59 (29 USC 201);
  - h. Age Discrimination in Employment Act, PL 90-202, Dec. 15, 1967, 81 Stat. 602 (29 USC 621 et seq.);
  - i. Immigration Reform and Control Act of 1986, PL 99-603, Nov 6, 1986, 100 Stat. 3359, (8 USC 1101);
  - j. Executive Order 12459 (Debarment, Suspension and Exclusion);
  - k. Medical Leave Act of 1993, PL 103-3, Feb. 5, 1993, 107 Stat. 6 (5 USC 6381 et seq.);
  - l. Lobbying Disclosure Act, PL 104-65, Dec. 19, 1995, 109 Stat. 693 (31 USC 701 et seq.);
  - m. Drug Free Workplace Act of 1988, PL 100-690, 102 Stat. 4304 (41 USC 701 et seq.);
  - n. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20;
  - o. District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01; and
  - p. District of Columbia Language Access Act of 2004, DC Law 15-414, D.C. Official Code § 2-1931 et seq.).

### **G) Certificate of Good Standing**

Applicant and, if applicable, sub-grantee(s) shall represent that they are duly organized, validly existing, and in good standing under the laws of the jurisdiction they are organized or licensed, and they, their employees, agents, sub-grantees, representatives and members of their workforce are licensed and in good standing with the applicable agency, board, or governing body to perform their obligations. They shall also represent that they, their employees, agents, sub-grantees, representatives, and members of their workforce are in good standing with the District of Columbia, that they, their employees, agents, subcontractors, representatives and members of their workforce will submit a Certificate of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that they, their employees, agents, sub-grantees, representatives, and members of their workforce have not been debarred from being employed as a Grantee by the federal government, the Government of the District of Columbia, or any government entity.

### **H) RFA Terms and Conditions**

The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on availability of funds. The RFA does not commit DHCF to make an award;
2. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of District to do so. DHCF shall notify the applicant if it rejects that applicant's proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or an applicable federal regulation or requirement;
3. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA;
4. DHCF shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility;
5. DHCF may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended;
6. DHCF 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;
7. Any and all data requested by DHCF and provided during the grant term shall be made available in a format as requested and/or approved by DHCF;
8. 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; and

9. Awardee will be required to participate in any DHCF-sponsored training related to this award.

#### **I) Financial Management and System of Internal Controls**

If selected for funding, the applicant must:

1. Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the federal award. These internal controls should be in compliance with guidance in the “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework” issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO);
2. Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards;
3. Evaluate and monitor the nonfederal entity’s compliance with statute, regulations and the terms and conditions of the Federal awards; and
4. Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.

#### **J) Funding Restrictions**

Any award associated with this RFA is limited to the availability funds in Fiscal Year 2020 and Fiscal Year 2021 and the authority to appropriate those funds. Spending is restricted to line items in the approved budget in order to fulfill the requirements of the approved project plan.

Grant award money cannot be used for the following:

1. Duplication of services immediately available through city, or federal government;
2. Market research, advertising (unless public service related to grant program) or other promotional expenses; or
3. Expenses made prior to the approval of a proposal or unreasonable expenditures will not be reimbursed.
4. To purchase laptops and other devices for personal use or for clients. In addition, the purchasing of internet services for clients is not authorized.
5. Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an

FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

6. Grant funds shall not be utilized for to provide incentives to any health care professional for receipt of data waiver or any type of professional training development.
7. Only U.S. Food and Drug Administration (FDA) –approved products can be purchased with grant funds.

## **Section IV: Application and Submission Information**

### **A) Pre-Application Conference**

A pre-application conference is scheduled for Tuesday, September 29, 2020 from 11:00am to 12:00pm via Webex.

<https://dcnet.webex.com/dcnet/j.php?MTID=m81ddd34e5c528a5e4d1044e7f4a6ed07>

Password jtGdBK3BQ63.

### **B) Application Delivery**

The applicant shall submit their proposal in PDF format.

The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of October 26, 2020 to DHCF c/o [Brion.Elliott@dc.gov](mailto:Brion.Elliott@dc.gov). Applicants will receive an email receipt notification to verify that their application have been received.

Applications submitted after the deadline will not be accepted. Any additions or deletions to an application will not be accepted after the deadline.

### **C) Application Requirements**

The applicant shall prepare a response to this RFA with the following content and in the format described:

- a. Table of Contents
- b. Program Narrative
- c. Grant, Fiscal, and Financial Management
- d. Program Reporting
- e. Applicant and Subgrantee(s) Qualifications
- f. Proposed Budget and Budget Justification
- g. Attachments  
Attachment A: Signed Statement of Certification  
Attachment B: Completed Automated Clearing House form
- h. Appendices

- Appendix 1: Proposed organizational chart
- Appendix 2: Proposed staff job descriptions
- Appendix 3: Proposed staff resumes
- Appendix 4: List of District grants (FY19, FY20 and potential FY 21)
- Appendix 5: District of Columbia Business License
- Appendix 6: District of Columbia Certificate of Good Standing
- Appendix 7: List of insurance carriers
- Appendix 8: Completed W-9 form
- Appendix 9: Sub-grantee plan(s)
- Appendix 10: Signed Letter(s) of Commitment from sub-grantee(s)
- Appendix 11: Letters of Support (Optional)

Descriptions of each response element is detailed below:

**a. Table of Contents**

**b. Program Narrative**

The narrative section (limited to 15 pages) should describe the applicant's approach to provide telehealth services in the District's medication-assisted therapy (MAT) network. These grants will implement, improve, enhance, or measure MAT telehealth services for District residents in compliance with the Controlled Substances Act and the Ryan Haight Act.

Specifically, the narrative must:

1. Describe the proposed program's alignment with existing or ongoing DHCF initiatives. These may include the District's DCOR initiatives, FY2018 and FY2019 telehealth innovation grants, Section 1115 Medicaid Behavioral Health Transformation Demonstration, the Live.Long.D.C. Opioid Strategic Plan, the Pew Charitable Trusts Policy Recommendations Report referencing support recovery, and behavioral health practice transformation initiatives associated with the District's CMS Provider Capacity Grant.
2. Articulate the applicant's approach to meeting the program requirements and grant objectives outlined in the RFA, including populations served, as well as a milestones and deliverables chart with due dates, and organizational chart with identified personnel, including identifying a project manager who is employed by the Grantee.
3. Address outcomes and activities to be conducted over the entire project period, including the ability to deliver TeleMAT services to at least 50 patients in order to test and refine the TeleMAT solution prior to full widespread deployment.

4. Describe any existing or proposed partnerships (i.e., sub-grantees) or existing partnerships with District Agencies (i.e. District grants or contracts) that will assist in or align with the development and implementation of these initiatives, including a description of their qualifications and why they are necessary for the success of the proposed initiatives; and
5. Describe the proposed program's approach to addressing or potentially serving criminal justice-involved and homeless populations in alignment with priorities identified in the Live.Long.DC Opioid Strategic Plan and the Pew Charitable Trusts Policy Recommendations Report.
6. Describe in detail the anticipated sustainability of the TeleMAT solution beyond the period of performance of the grant.

**c. Grant, Fiscal, and Financial Management**

Describe how the applicant organization will provide sound grant and fiscal management for the project (limited to 3 pages), including experience in managing other grant funds. Include a summary of the grant, fiscal, and financial management systems currently in place that will support the initiatives included in this RFA.

**d. Program Reporting**

Propose progress and outcomes measures to be reported throughout the period of performance. Describe a methodology and capacity to collect baseline and ongoing data to report on proposed measures. Include details on how this approach incorporates District initiatives and priorities. Specify what measures will be reported on and what will be reported at the end of the grant.

Grantees must explain how their proposed approach incorporates District initiatives and priorities and furthers the goal of the CMS SUPPORT ACT Section 1003 to increase the treatment capacity of Medicaid providers to provide SUD treatment and recovery services.

DHCF reserves the right to require additional reporting prior to, and after, award of any grant.

**e. Applicant and Subgrantee(s) Qualifications**

Describe the capacity of the applicant organization and any subgrantees (limited to 3 pages per organization). Please include:

1. The organization's specific involvement and roles in the District's health system, behavioral health, and medication assisted treatment. Be sure to include operational readiness, capabilities and a demonstrated record on gathering technical requirements and assessing and documenting provider processes and workflows.
2. Describe the leadership capacity of your organization. Please include your organization's specific involvement and roles in the delivery of medication-assisted treatment efforts in the last five (5) years.
3. Discuss the applicant's history, experience, and/or knowledge your organization's mission and compatibility between your organization and the District Government, particularly DHCF. Please describe how the objectives of this RFA are compatible or will enhance your organization's mission and services goals in the District of Columbia. Additionally, please describe why your organization is "best" qualified to design and implement the District's innovative approaches to deliver TeleMAT services.
  - a. The applicant's project management approach, including contact information and qualifications of a full-time project manager who will be responsible for managing the project on time and on budget.
4. The applicant or subawardees' preparation and approvals to prescribe medication assisted therapy, and prescribing capacity under buprenorphine waiver or opioid treatment program entity, as applicable.
5. The applicant's operational readiness and capabilities to leverage HIE for the collection and exchange of SUD data protected by 42 CFR Part 2 among organizations participating in the DC HIE.
6. Letters of support are optional and may be submitted in Appendix 11.

**f. Program Budget and Budget Justification**

The applicant shall provide a line-item budget and budget narrative justification, including any matching funding provided. The budget narrative justification should clearly state how the applicant arrived at the budget figures. The budget will include separate line items for specific direct and indirect grant expenses. An example budget template is provided (see **Attachment D**) but its use is not required.

**g. Attachments**

Fillable PDF versions of the Certifications (**Attachment A**) and Automated Clearing House form (**Attachment C**) are available as part of the application packet published

with this RFA. All attachments shall be completed and included in the applicant's response.

**h. Appendices**

The applicant shall provide a proposed organizational chart (Appendix 1), proposed staff job descriptions (Appendix 2), and proposed staff resumes (Appendix 3).

Appendix 4 of the response shall include a list of any grants received in FY18, FY19, and/or any expected grants to be received in FY20 from the District Government. This list shall state the District Government entity providing the grant, description of the Statement of Work (SOW), the total grant amount, and the timeframe for the grant.

The applicant shall provide their District of Columbia Business License (Appendix 5) and is strongly encouraged to provide their District of Columbia Certificate of Good Standing (Appendix 6). While a District of Columbia Certificate of Good Standing is not required as part of the RFA response, a District of Columbia Certificate of Good Standing must be provided prior to the award of any grant to selected applicant(s). According to the District Department of Consumer and Regulatory Affairs (DCRA), an organization registered in another state or country that seeks to transact business in the District of Columbia must obtain authority by filing an application for foreign registration. DCRA's Corporations Division has an expedited one-day filing process for a fee in addition to regular filing fees.

Where applicable, the applicant shall provide a list of all of its insurance carriers and the type of insurance provided (Appendix 7).

The applicant shall provide a current completed W-9 form prepared for the U.S. IRS (Appendix 8). DHCF defines "current" to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit sub-grantee plan(s) (Appendix 9) and signed Letter(s) of Commitment from sub-grantee(s) (Appendix 10).

The applicant may submit optional letters of support (Appendix 11).

## Section V: Application and Review Information

### A) Initial Review

Submitted applications will be screened for completeness. The initial review criteria are:

1. Is the applicant an eligible organization?
2. Does the application request not exceed the total amount of funds available as specified Section II?
3. Was the application received on time and delivered in the format described in Section IV, subsection B?
4. Was the application submitted with all required elements outlined in section IV, subsection C of the RFA document?

Applications that satisfy all the above criteria will move forward to the review committee.

Applications that do not meet any one of the above requirements may be disqualified.

### B) Review Criteria

All applications that are complete and meet the eligibility and administrative criteria listed in Section III will be reviewed and scored by a panel of internal or external reviewers. The panel of reviewers are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in behavioral health and Medicaid.

Each panelist will individually and objectively review, score, and rank each applicant's proposal according to the four evaluation criteria listed below:

Scoring Criteria	Total Possible Points
<b>Criteria 1: Organizational Structure and Project Leadership</b>	
The applicant provides a staffing plan that outlines staff and sub-grantee's level of effort as well as duties and responsibility in relation to the scope of work. The staffing plan should include the following: <ul style="list-style-type: none"><li>• A description of all staff and/or positions to be used to perform the work under the RFA;</li><li>• Resumes of proposed key staff, including the full-time project manager who is employed by the grantee, and job descriptions for any additional key positions;</li><li>• An organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility;</li><li>• Level of commitment (FTE) of each staff person for the duration of the grant, including option years; and</li></ul>	5

Scoring Criteria	Total Possible Points
<ul style="list-style-type: none"> <li>The applicant providers clear discussion of how the organizational structure supports the objectives under this RFA.</li> </ul>	
<p>The applicant must demonstrate that the proposed staff has previous experience with similar work as is being proposed and has the ability to achieve the objectives of the RFA as described. The applicant demonstrates that the proposed staff for the project has an expert level of knowledge of overall project management, telehealth, and medication assisted therapy.</p>	10
<p><b>Criteria 2: Process, Plans, Operational Readiness, and Capacity.</b> The applicant describes how the organization’s history, experience, knowledge, capacity, and capability will support the ability to successfully implement innovative TeleMAT services in the District that incorporates the following four objectives:</p>	
<p>Plan and Gather Technical Requirements to Develop a TeleMAT solution for Behavioral Health - The applicant demonstrates methodology and capacity to gather technical design requirements to develop a TeleMAT solution to improve access to SUD treatment. The applicant demonstrates expertise and experience to plan, design and implement innovative TeleMAT services that ensure provider and patient needs are met.</p>	15
<p>Review, Recommend, and Select TeleMAT solution– The applicant demonstrates operational readiness and knowledge to review, recommend, and select an appropriate TeleMAT solution that will meet the technical requirements identified in Objective 1.</p>	15
<p>Implement TeleMAT solution – The applicant proposes a realistic, innovative, and achievable approach to implement an innovative TeleMAT solution with a subset of provider entities treating SUD patients. Implementation efforts shall ensure seamless workflow integration and successful resolution of any technical issues.</p>	15
<p>Engage stakeholders to meet the ongoing needs and expectations – The applicant demonstrates a comprehensive plan to coordinate closely with end users of the system and other stakeholders including DHCF, District Agencies, and other government projects supporting behavioral health.</p>	15
<p><b>Criteria 3: Potential for Impact and Alignment with District Health Priorities</b></p>	
<p>The applicant demonstrates an understanding of ongoing District TeleMAT priorities and aligns the proposed objectives of the TeleMAT solution with the District’s Live.Long.DC Opioid Strategic Plan, the Pew Charitable Trust Policy Recommendations, as well as other District strategic planning efforts such as the final report from Mayor Muriel Bowser’s Commission on Healthcare Systems and Transformation, the District’s State Innovation Model (SIM) Plan: Better Health Together, and State Medicaid Health IT Plan: Improving Care Through Innovation, the DC Behavioral Health Strategic Plan. The applicant demonstrates an understanding of ongoing District initiatives to support behavioral health practice</p>	5

Scoring Criteria	Total Possible Points
transformation, such as increasing the capacity of Medicaid providers to deliver SUD treatment; recruitment, training, and technical assistance for Medicaid providers that offer SUD treatment or recovery services to enhance behavioral health delivery. The applicant aligns proposed activities these initiatives.	
The applicant demonstrates the potential for positive impact of the program and an understanding of the ways TeleMAT can address the needs of District behavioral health providers and residents.	5
<b>Criteria 4: Fiscal Management and Sustainability</b>	
The applicant describes the grant, fiscal, and financial management system in place, qualifications of systems management staff, and experience with grant monitoring and reporting functions within the last five (5) years.	5
The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled for the grant period and a description of current streams of income and any plans to diversify or grow in the future.	5
The applicant presents a reasonable plan for the long-term financial sustainability of the TeleMAT solution, without substantial grant funding post-grant period.	5
Maximum Number of Points	100

The individual scores of the review panel will be averaged and each application submitted will be classified into one of four categories below based on the averaged score:

Ranking Classification	Point Range
<b><i>Most Qualified</i></b>	95 – 100
<b><i>Very Qualified</i></b>	80 – 94
<b><i>Qualified</i></b>	70 – 79
<b><i>Minimally Qualified</i></b>	69 and below

The grantee will be selected from among the applications that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DHCF may select from the “Very Qualified” and/or “Qualified” categories.

Scoring and the recommendations of the review panel are advisory. The final decision to fund an application rests with the DHCF Office of the Director. If the Office of the Director does not follow the panel’s recommendations, the Director shall provide written justification as required by District regulations.

### C) Organizational Capacity and Risk Assessment

If the applicant's organization is preliminarily selected for this award, the applicant will be contacted by a representative from DHCF and a letter of intent will be issued. At this time, the applicant will be required to provide specific documents and certifications as well as undergo an organizational capacity and risk assessment. The applicant must comply with this review before a final award offer can be made.

As part of the organizational capacity and risk assessment, the applicant must comply with a financial capacity review and may be required to provide copies of:

- IRS Form 990 or 990EZ covering the last two years preceding the pre-award stage;
- Financial statements covering the six-month period preceding the pre-award stage (whether prepared monthly or quarterly);
- Any audit reports prepared as a result of a visit by a federal agency;
- Approved Federal Indirect Cost Rate agreement (for applicants claiming indirect expenses greater than 10%).

DHCF may require the applicant to provide additional documents or information to facilitate the organizational capacity and risk assessment as outlined in the list below. This list may not be comprehensive and DHCF reserves the right to require additional documents or other information to complete its organizational capacity and risk assessment:

- Insurance certificate (or self-insurance letter) for all forms of insurance (except employee benefits) (annual renewal waivers must be submitted);
- IRS determination letter for all 501 designated organizations;
- Applicant organization's by-laws;
- Applicant organization's Board of Directors roster (includes names, addresses, phone number);
- Applicant organization's conflict of interest policy;
- Certification that the applicant's organization has written Policies and Procedures for accounting, personnel, procurement, travel, and property management
- Other documents as required: \_\_\_\_\_

**Do not** submit these documents with your application. The applicant will only be required to provide these documents if DHCF issues a letter of intent.

These documents must be submitted by the deadline specified in the letter of intent. Failure to respond to DHCF in a timely manner and/or failure to submit the documents and certifications to DHCF by the deadline may result in the grant offer being rescinded.

#### **D) Anticipated Announcement and Award Dates**

The anticipated announcement date is December 1, 2020. The anticipated date of award is December 1, 2020. Both successful and unsuccessful applicants will be notified in writing of the selection decision prior to the award date.

### **Section VI: Award Information**

#### **A) Award Notices**

DHCF will provide the successful applicant(s) with a Notice of Grant Agreement (NOGA). The NOGA(s) shall be signed and returned to DHCF within 10 business days. Unsuccessful applications will be notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA.

#### **B) Programmatic, Administrative, and National Policy Requirements**

The Grantee will be held to strict milestones and requirements in order to receive the full amount of the grant. This will be based on a DHCF-approved Work Plan, which shall be submitted to DHCF within thirty (30) calendar days after receipt of the award.

#### **C) Reporting**

The grantee will be required to submit monthly programmatic and financial reports and financial requests for reimbursement. The programmatic reports will indicate the status of goals and performance measures, as well as any successes or challenges encountered during the report period. It will include a comparison of actual accomplishments to goals outlined in the grant proposal. The programmatic report will include data elements that will enable DHCF to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. It will include client-level data on elements including, but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received, length of stay in treatment, employment status, criminal justice involvement, and housing.

The financial reports are annotated source documents corroborating project expenditures. They will indicate the status of program spending by category and will be submitted along with all receipts, invoices or other documentation of incurred grant expenses. Programmatic and financial reports are due no later than the 10<sup>th</sup> after the end of the reported month and totals must match across both reports.

The grantee will be required to submit a final programmatic report and a final financial report within thirty (30) calendar days after the end of the period of performance or end of the grant agreement. The final programmatic report will include a review of the initiative, work conducted by the grantee (and subgrantees), status of goals and performance measures, plans

for how the initiative will be leveraged in the future, and recommendations to DHCF, if any, based on the grant. The final financial report will include detailed accounting of all grant expenditures over the grant period.

Grant applicants are expected to complete the reports listed above on time and show adequate progress at each reporting interval. Failure to meet these requirements may result in withholding of grant funds and/or termination of the grant due to non-performance or lack of capacity.

#### **D) Payment**

Upon award, DHCF shall provide funding to the Grantee(s) according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. All payments associated with this grant will be made through an Automated Clearing House (see **Attachment C**).

#### **Section VII: DC Agency Contacts**

For additional information regarding this RFA, please contact Okey K. Enyia, in the Health Care Reform & Innovation Administration via email at [okechuku.enyia@dc.gov](mailto:okechuku.enyia@dc.gov).

#### **Section VIII: Attachments**

Fillable PDF versions of all the attachments are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant's response.

Attachments included in the separate PDF available as part of the application packet published with this RFA include:

- A) Certifications
- B) W-9 Form
- C) Automated Clearing House Form
- D) Program Budget and Budget Justification Template
- E) Federal Assurances

## A) Certifications

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)



### **Statement of Certification**

- A. Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required by the Grant Administrator;
- D. All costs incurred under this grant must be in accordance with the Office of Management and Budget (OMB) Circular A-122, "Cost Principals for Non-Profit Organizations."
- E. Applicant/Grantee states whether it, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
  - a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
    - i. Any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or
    - ii. Any crime or offense involving financial misconduct or fraud; or
  - b. Been the subject of legal proceedings arising directly from the provision of services by the organization.
- F. If any response to the disclosures referenced in (E.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.
- G. Applicant/Grantee is in compliance with D.C. Official Code § 1-328.15.
- H. Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and

has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)

- I. Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- J. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- K. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- L. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
- M. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- N. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Applicant/Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Applicant/Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- O. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- P. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- Q. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- R. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- S. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- T. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or

sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

---

As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above certifications.

\_\_\_\_\_  
Applicant/Grantee Name

\_\_\_\_\_  
Street Address      City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
RFA Number

\_\_\_\_\_  
Applicant IRS Number

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Title of Authorized Representative: \_\_\_\_\_  
\_\_\_\_\_



In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-9 or Form 8233 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following three items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  2. The treaty article addressing the income.
  3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
  4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if he or she stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(p)(2)(ii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See *Exempt payee code and Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Notes.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all G corporations. G corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 6 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.  
<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(c) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(e)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(e)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 409(b) plan or section 457(g) plan

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.  
 If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 3), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Notes.** See the chart on page 4 for further clarification of name and TIN combinations.  
**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [irs.gov](http://irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Notes.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.  
**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see Exempt payee code earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>4</sup>
6. Grantor trust filing under Optional Form 1066 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN or:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1066 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14069.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4776 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via email. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@ftc.gov](mailto:spam@ftc.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



## D) Program Budget and Budget Justification Template

### Department of Health Care Finance

Budget Projection [RFA #Grant Name]

<b>GRANT SPENDING PLAN</b>				
		<i>Grant Name</i>		
<b>RFA INITIATIVE</b>	<b>DESCRIPTION</b>	<b>PLANNE</b>	<b>BUDGET NARRATIVE / JUSTIFICATION</b>	
<b>Initiative #1</b>	[Insert brief description]	<b>SUBTOTAL 0.00</b>		
<b>SUB-TASKS</b>				
<b>#</b>	<b>Description</b>	<b>Direct Expenses</b>	<b>Indirect Expenses</b>	<b>Narrative / Justification</b>
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
<b>Initiative #2</b>	[Insert brief description]	<b>SUBTOTAL 0.00</b>		
<b>SUB-TASKS</b>				
<b>#</b>	<b>Description</b>	<b>Direct Expenses</b>	<b>Indirect Expenses</b>	<b>Narrative / Justification</b>
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
<b>Initiative #3</b>	[Insert brief description]	<b>SUBTOTAL 0.00</b>		
<b>SUB-TASKS</b>				
<b>#</b>	<b>Description</b>	<b>Direct Expenses</b>	<b>Indirect Expenses</b>	<b>Narrative / Justification</b>
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
<b>Initiative #4</b>	[Insert brief description]	<b>SUBTOTAL 0.00</b>		
<b>SUB-TASKS</b>				
<b>#</b>	<b>Description</b>	<b>Direct Expenses</b>	<b>Indirect Expenses</b>	<b>Narrative / Justification</b>
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
<b>Initiative #5</b>	[Insert brief description]	<b>SUBTOTAL 0.00</b>		
<b>SUB-TASKS</b>				
<b>#</b>	<b>Description</b>	<b>Direct Expenses</b>	<b>Indirect Expenses</b>	<b>Narrative / Justification</b>
001		0.00	0.00	
002		0.00	0.00	
Etc.		0.00	0.00	
		<b>DIRECT EXPENSE TOTAL:</b>	<b>\$0.00</b>	
		<b>INDIRECT EXPENSE TOTAL:</b>	<b>\$0.00</b>	
		<b>GRAND TOTAL:</b>	<b>\$0.00</b>	
		<b>INDIRECT RATE:</b>	<b>#DIV/0!</b>	
<b>Prepared By:</b>				
<b>Telephone:</b>				

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)



**Statement of Certification**

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution motion or similar action has been duly adopted or passed as an official act of the Applicant/Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant/Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the Federal grantor agency and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.

7. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood disaster Protection Act of 1973, PL 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation act of 1966 (16 USC 569a-1 et seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors or subgrantees will comply with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1993); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event of Federal or State court or Federal or State Administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, US. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (PL 97-348) dated October 19, 1982, (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:

- a. The Health Insurance Portability and Accountability Act of 1996, PL 104-191;
- b. The Hatch Act, Chap. 314, 24 State. 440 (7 USC 361a et seq.);
- c. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 USC 201 et seq.);
- d. The Clean Air Act (sub-grants over \$100,000) PL 104-201, February 24, 2004, 42 USC cha. 85 et seq.;
- e. The Occupational Safety and Health Act of 1970, PL 91-596, Dec. 29, 1970, 84 Stat.1590 (26 USC et seq.);
- f. The Hobbs Act (Anti-Corruption), Chap. 537, 60 Stat. 420 (see 18 USC § 1951);
- g. Equal Pay Act of 1963, PL 88-38, June 10, 1963, 77 Stat. 59 (29 USC 201);
- h. Age Discrimination in Employment Act, PL 90-202, Dec. 15, 1967, 81 Stat. 602 (29 USC 621 et seq.);
- i. Immigration Reform and Control Act of 1986, PL 99-603, Nov 6, 1986, 100 Stat. 3359, (8 USC 1101);
- j. Executive Order 12459 (Debarment, Suspension and Exclusion);
- k. Medical Leave Act of 1993, PL 103-3, Feb. 5, 1993, 107 Stat. 6 (5 USC 6381 et seq.);
- l. Lobbying Disclosure Act, PL 104-65, Dec. 19, 1995, 109 Stat. 693 (31 USC 701 et seq.);
- m. Drug Free Workplace Act of 1988, PL 100-690, 102 Stat. 4304 (41 USC 701 et seq.);
- n. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20;
- o. District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01;
- p. District of Columbia Language Access Act of 2004, DC Law 15-414, D.C. Official Code § 2-1931 et seq.).

---

As a duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above Federal statutes, regulations, policies, guidelines and requirements.

---

Applicant/Grantee Name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street Address

---

RFA Number

---

Applicant IRS Number

---

Printed Name of Authorized Representative

---

Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

Date: \_\_\_\_\_