DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

COMMUNITY HEALTH ADMINISTRATION

# Improving Recruitment/Retention of Dental Workforce

## AMENDED REQUEST FOR APPLICATIONS

**FO# CHA-IRRDW-5.10.24**

**SUBMISSION DEADLINE:**

**TUESDAY, JUNE 18, 2024, BY 3:00 PM**

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

**DC DEPARTMENT OF HEALTH**

**Community Health Administration**

# NOTICE OF FUNDING AVAILABILITY (NOFA)

## FO# CHA-IRRDW-5.10.24

### Improving Recruitment/Retention of Dental Workforce

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

| | |
|---|---|
| Funding Opportunity Title: | Improving Recruitment/Retention of Dental Workforce |
| Funding Opportunity Number: | CHA-IRRDW-5.10.24 |
| DC Health Administrative Unit: | Community Health Administration |
| DC Health Program Bureau | Health Care Access Bureau |
| Funding Opportunity Contact: | Deborah Vishnevsky, Oral Health Program Manager, PCORFA@dc.gov |
| Funding Opportunity Description: | The Improving Recruitment/Retention of Dental Workforce funding opportunity will support efforts to demonstrate improved recruitment and/or retention of dental workforce practicing in a dental Health Professional Shortage Area. Grantees will have flexibility in their approach including training programs, programs to address organizational gaps, or other strategies to address burnout. |
| Eligible Applicants | Applicants should be a Federally Qualified Health Center (FQHC) or a nonprofit dental clinic located in a dental Health Professional Shortage Area (HPSA). |
| Anticipated # of Awards: | 1 |
| Anticipated Amount Available: | $80,000 |
| Annual Floor Award Amount: | $60,000 |
| Annual Ceiling Award Amount: | $80,000 |

| | |
|---|---|
| Legislative Authorization | 42 U.S.C. § 256g |
| Associated CFDA# | 93.236 |
| Associated Federal Award ID# | T1249073 |
| Cost Sharing/Match Required? | Not applicable |
| RFA Release Date: | 5/10/2024 |
| Letter of Intent Due date: | Not applicable |
| Application Deadline Date: | June 18, 2024 |
| Application Deadline Time: | 3:00 p.m. |
| Links to Additional Information about this Funding Opportunity | DC Grants Clearinghouse<br>https://communityaffairs.dc.gov/content/community-grant-program#4<br><br>DC Health EGMS<br>https://egrantsdchealth.my.site.com/sitesigninpage |

Notes:

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

# CONTENTS

# RFA TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# CHECKLIST FOR APPLICATIONS

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

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

  - ☐ Certificate of Clean Hands dated within 60 days of the application deadline
  - ☐ Current business license or certificate of licensure or proof to transact business in local jurisdiction
  - ☐ Current certificate of insurance
  - ☐ Copy of cyber liability policy
  - ☐ IRS tax-exempt determination letter (for nonprofits only)
  - ☐ IRS 990 form from most recent tax year (for nonprofits only)
  - ☐ Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the executive director)
  - ☐ Assurances, certifications and disclosures
  - ☐ Proposal abstract
  - ☐ Project narrative
  - ☐ Budget table
  - ☐ Budget justification
  - ☐ Organization chart
  - ☐ Work plan
  - ☐ Logic Model
  - ☐ Risk self-assessment
- ☐ Documents requiring signature have been signed by an organization head or authorized representative of the applicant organization.
- ☐ The applicant needs a Unique Entity Identifier number (UEI#) and an active registration in the System for Award Management to be awarded funds.
- ☐ The project narrative is written on 8½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type *(11–point font for tables and figures)* with a one-inch margins.
- ☐ The application proposal format conforms to the "Proposal Components" (See section 5.2) listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan and other attachments are complete and comply with the forms and format provided in the RFA.
- ☐ Submit your application via EGMS by the application due date and time**. Late applications will not be accepted.**

# 1. GENERAL INFORMATION

## 1.1 KEY DATES

- Notice of Funding Announcement Date: **April 26, 2024**
- Request for Application Release Date: **May 10, 2024**
- Pre-Application Meeting Date: **visit https://OGMDCHealth.eventbrite.com**
- Application Submission Deadline: **June 18, 2024**
- Anticipated Award Start Date: **August 1, 2024**

## 1.2 OVERVIEW

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

The Community Health Administration works to prevent the leading causes of death, protect and promote the health of mothers and children and eliminate racial and ethnic health disparities in health. CHA focuses on nutrition and physical activity promotion; cancer and chronic disease prevention and control; access to quality primary health care services; and the health of families across the lifespan. CHA's approach targets the multiple factors that influence health through evidence-based programs, policies and systems change.

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

The Oral Health Program (OHP) assesses and promotes oral health across the District of Columbia with an emphasis on access to comprehensive oral health services for all residents through a dental home. The Program prioritizes systems level changes to make improvements in equitable access and use of dental care.

## 1.3 PURPOSE

The purpose of this funding is to improve recruitment and/or retention of dental workforce practicing in a dental Health Professional Shortage Area. This may be achieved through implementation, or development and implementation of a targeted training program, development of programs to address organizational gaps that address oral health workforce retention, or other strategies to address burnout. The goal of this project is to implement a sustainable and scalable approach to meet the needs of an organization and their oral health

workforce, or to identify drivers and solutions to oral health administrative and clinical support staff retention.

## 1.4 Source of Grant Funding

Funding is anticipated to be available using federal dollars.

DC Health is the primary recipient of federal funds awarding these funds. As a primary recipient, DC Health has the responsibility to pass through requirements and objectives agreed to in our federal notices of award. (42 U.S.C. § 256g, NOFO # HRSA-22-050, Grants to States to Support Oral Health Workforce Activities, and FAIN# T1249073).

## 1.5 Award Information

### 1.5.1 Amount of Funding Available

The total funding amount of $100,000 is anticipated for one (1) award for the project period.

### 1.5.2 Period of Performance and Funding Availability

The first budget period of this award is anticipated to begin on August 1, 2024 and to continue through July 31, 2025.

After the first budget period, there will be a second budget period of four (4) months for a total project period of Aug 1, 2024 to November 30, 2025.

The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and grantee performance and compliance.

### 1.5.3 Eligible Organizations/Entities

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

- Federally Qualified Health Centers
- Dental clinics providing care in dental Health Professional Shortage Areas (HPSAs)

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

### 1.5.4 Non-Supplantation

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

# 2. BACKGROUND

## 2.1 HEALTHCARE WORKFORCE BURNOUT AND ATTRITION

Between January 2021 and December 2022, nearly 98 million Americans quit their jobs in what has commonly been referred to as the Great Resignation; this includes more than 12.6 million workers in the healthcare and social assistance sector, at a rate of approximately 2.6 percent of the workforce each month.[1] Attributable to an array of factors, and exacerbated by the global COVID-19 pandemic, workers across all sectors are increasingly reconsidering and reprioritizing the role of work in their lives, "especially those who were burning out in demanding jobs that intruded on their ability to care for their families."[2]

Burnout and related factors impacting worker health and wellness (e.g., chronic work-related stress, anxiety, depression, exhaustion) have been widely reported among the healthcare workforce, and are also often discussed among the primary drivers of healthcare workforce attrition.[3,4,5,6,7,8] Consequences of unaddressed chronic work-related stress and burnout among the healthcare workforce are wide-ranging, including increased risk for poor mental (e.g., anxiety, depression, substance use/abuse) and physical (e.g., insomnia, cardiovascular disease, diabetes, occupational injury) health outcomes, relationship and interpersonal challenges and conflict, moral distress and injury, and suicide.[9,10,11]

Beyond individual worker impacts, burnout also impacts patients (e.g., decreased time with healthcare workers, delays in care and diagnosis, lower quality of care, medical errors), health care organizations (e.g., retention challenges, increased attrition, increased costs, increased risk of malpractice, decreased patient satisfaction, limited service availability), and communities/society more broadly (e.g., population health outcomes, increased health inequities/disparities, lack of preparedness for public health crises).[12,13,14] In a 2020 survey of healthcare workers, burnout, COVID-19 related anxiety and depression, and workload were each found to be independently related to intent to reduce work hours and intent to leave.[15]

*Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce* calls attention to burnout as an urgent and significant U.S. public health challenge needing immediate attention. The *Advisory* highlights that while "burnout is associated with risk of mental health challenges, such as anxiety and depression… [it] is not an individual mental health diagnosis. While addressing burnout may include individual-level support, *burnout is a distinct workplace phenomenon that primarily calls for a prioritization of systems-oriented, organizational-level solutions*."[16]

The research literature identifies a wide range of organizational drivers and/or mitigators commonly correlated with burnout, including those related to organizational culture, climate, and work environment factors (e.g., leadership, communications, collaboration)[17,18,19,20] and work system factors (e.g., excessive workload, unmanageable work schedules, long work hours, inefficient work processes and environments, administrative and technical burden, and pay).[21,22,23,24,25]

Oral health organizations are being impacted by these trends leading to significant gaps across their care teams. Reports by the American Dental Association's Health Policy Institute (ADA HPI) show that as of December 2023 nearly 35% of general practice dentists were actively recruiting for dental hygienists and dental assistants and 21% were seeking administrative staff. These numbers were more striking for dentists in public health settings with over 37% recruiting dental hygienists, over 56% recruiting administrative staff, and 75% recruiting dental assistants.[26] According to "*Dental workforce shortages: Data to navigate today's labor market*," a report by the American Dental Association's Health Policy Institute in collaboration with dental hygiene and dental assisting organizations, vacant positions in dental hygiene and dental assisting have contributed to reduced dental practice capacity by an estimated 10%.[27]

## 2.2 Addressing Workforce Support and Development Needs

Given the rapid changes and great impact of the COVID-19 pandemic on the healthcare workforce, federal, state, and local agencies are increasingly prioritizing understanding and addressing healthcare workforce wellbeing and burnout, attrition and retention, and a broad variety of factors that contribute to workplace culture.

In 2022, Mayor Bowser and DC Health launched the Mayor's Healthcare Task Force (also known as the Healthcare Workforce Task Force) to rebuild, strengthen, and expand the District's healthcare workforce; the taskforce included subcommittees on Strengthening Recruitment and Retention of Existing Qualified Healthcare Workers, Focused Retention of DC-based Health Professional Students Post-Graduation, and Improving Opportunities for Advancement in Health Careers. Recurring themes in the resulting *Report and Recommendations of the Mayor's Healthcare Workforce Task Force* included approaching employee onboarding, retention, and wellbeing strategically and with intention, including recommendations regarding access to educational opportunities, creating pipelines for new staff, career pathway planning, and strategies to address broader issues like workplace culture.[28]

Also in 2022, the DC Health Matters Collaborative—a collaboration among five DC hospitals and four community health centers that partners with DC Health—published the *Community Health Needs Assessment, District of Columbia, 2022 (CHNA),* a data- and community-driven report providing the foundation for community health improvement efforts. The report explored concerns arising from 2019-2022 and the priorities of collaborative members coming out of that challenging period—workforce concerns, including retention and burnout, was the most cited issue in the report, with workforce development highlighted as a key concern for member organizations moving forward.

Building on existing healthcare workforce recruitment and retention initiatives (e.g., National Health Service Corps, Nurse Corps, State Loan Repayment Programs), in 2023, the US Department of Health and Human Services launched the *Health Workforce Initiative* to "support, strengthen and grow the health workforce" through scholarships, loan repayment, and well-being programs targeting increased recruitment and retention of health professionals.[29]

Importantly however, it is worth noting the dearth of programs that target, or even include healthcare support roles, as well as the limited focus on administrative and/or clinical support staff in the research literature.

## 2.3 Recent DC Health Initiatives

The DC Health Community Health Administration (CHA) has engaged in several recent efforts to better understand workforce concerns in the District, particularly regarding wellness/burnout and workforce-identified support needs, to help inform and drive efforts to improve healthcare workforce recruitment and retention in the District.

In late 2022, the DC Health Primary Care Office (PCO), within CHA, published a request for stakeholder input on organizational opportunities and approaches to support the District's primary care workforce, reduce and prevent provider burnout, promote and improve provider health and wellness, and ultimately, increase provider retention in the District. Based on one (1) written response and sixteen (16) one-on-one listening sessions with an array of local stakeholders—including providers and/or leaders from healthcare provider organizations (e.g., FQHCs, hospitals, health systems), private practice, and professional/trade associations—DC Health published *Supporting the District's Primary Care Workforce: Summary of Stakeholder-Identified Drivers, Promising Practices, and Recommendations for Promoting Wellness and Preventing Burnout* in March 2024.[30] Reflecting the literature, the report highlights four (4) key drivers of workforce wellness and burnout in the District:

- High clinical workloads and intensity;
- Inadequate staffing, turnover, and attrition among clinicians and clinical/administrative support staff;
- Administrative and technological burdens, particularly related to electronic health records (EHRs) and patient portal messaging; and ; and
- Inadequate management training, leadership skills development, and organizational support for frontline managers.

CHA has also partnered with the DC Health Licensing and Regulation Administration (HRLA) to develop a core licensure survey to collect standard information across all licensing boards on demographics, workforce capacity, access to care, and special topics during the licensure renewal process. Included in this survey is a series of questions related to workforce wellness/burnout, which includes

- the Mini Z 2.0*, a ten (10) question tool assessing work satisfaction, stress, burnout, and seven potential drivers of burnout;
- two (2) questions regarding intent-to-leave (current job/workplace; profession); and

* The Mini Z 2.0 is a psychometrically sound measure of worklife and wellness in practicing clinicians, validated externally against the Maslach Burnout Inventory (MBI).

- one (1) open-ended question on support needs.

The refined workforce survey was initially rolled out during the 2022 DC Board of Medicine (BOM) re-licensure cycle and expanded to other Boards during subsequent HRLA re-licensure cycles. Results from the 2023 Board of Dentistry (BOD) workforce licensure survey are discussed in more detail below.

## 2.4 The District's Dental Healthcare Workforce

The dental healthcare workforce comprises dentists and an array of allied professionals. As of 2021, there were 201,927 *dentists working in dentistry*[*] in the United States.[31] Approximately 78.9 percent are general dentists, while the remaining approximately 21 percent work in one of twelve specialties, including primarily orthodontics and dentofacial orthopedics (5.4%), pediatric dentistry (4.3%), and oral and maxillofacial surgery (3.7%), among others.[32] Allied dental health professionals include dental hygienists, dental assistants, dental therapists, dental laboratory technicians, and community dental health coordinators.

HRLA, through the DC Board of Dentistry (BOD), licenses dentists, dental hygienists, and dental assistants in the District, conducting licensure renewal cycles in odd-numbered years. As of 2023, there were 1,041 licensed dentists, 436 licensed dental hygienists, and 571 licensed dental assistants (levels I&II) in the District. As noted above, a core workforce survey is administered to all renewing licensees; included in this survey is the Mini Z 2.0, a 10-question tool assessing three (3) outcome measures (work satisfaction, stress, burnout) and seven (7) potential drivers of burnout.

The Mini Z 2.0 provides a summary overall self-assessment of work-life and wellness (i.e., full-scale score[†]), with possible scores ranging from 10 to 50; higher scores indicate a more positive self-assessment of overall wellbeing and work-life satisfaction, whereas lower scores indicate increasing levels of concern, with scores of 40 or more defined as a *joyful workplace*. The full-scale score comprises two 5-item subscales[‡], which provide summary self-assessments of *work environment* and *work pace/EMR stress*. Additionally, the survey's burnout question has also been validated as a single-item measure of burnout.[§]

Across license types, DC oral healthcare professionals reported positive overall self-assessments of work life and wellness, with more than nine in ten dentists, hygienists, and assistants scoring in the top half of the score range (30+); dental assistants generally seem to be faring slightly better, with 56.9 percent reporting scores of 40+, indicating a joyful workplace, compared to

[*] The American Dental Association (ADA) defines *dentists working in dentistry* as "those whose primary occupation is one of the following: private practice (full- or part-time), dental school/faculty staff member, armed forces, other federal services (i.e., Veterans' Affairs, Public Health Service), state or local government employee, hospital staff dentist, graduate student/intern/resident, or other health/dental organization staff member."

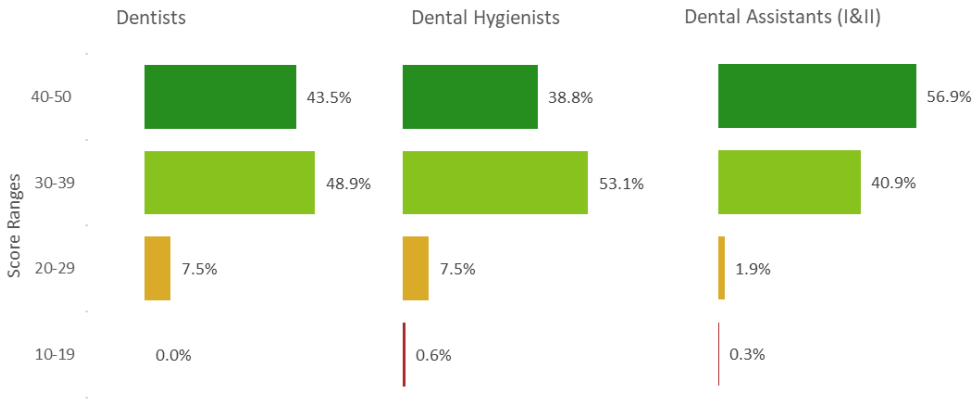
[†] NOTE: Full-scale scores are only calculated for respondents who answered all ten Mini Z 2.0 questions

[‡] NOTE: Subscale scores are only calculated for respondents who answered all five questions on the respective subscale.

[§] Concurrent validity of the Mini Z 2.0 burnout question was assessed with the Maslach Burnout Inventory (MBI) emotional exhaustion (EE) subscale and determined to be a valid single-item measure of burnout.

43.5 percent of dentists and 38.8 percent of dental hygienists. Conversely, though the rate of scores in the lower half of the range was relatively low across license types, dentists and dental hygienists recorded scores <30 at 3.4x and 3.7x the rate of dental assistants, respectively.

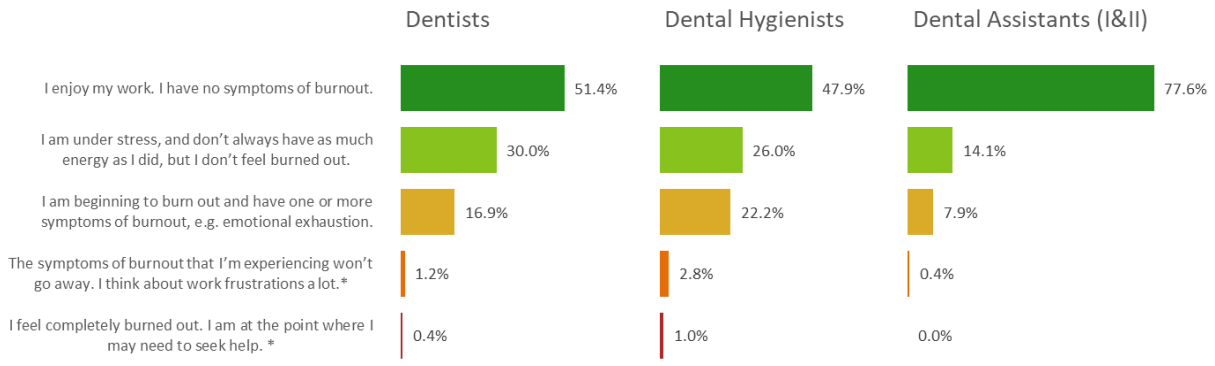
**Mini Z 2.0 Full-Scale Scores – DC Licensed Dental Healthcare Professionals**




**NOTE:** Full-scale scores are only calculated for respondents who answered all ten questions; 76.6% of dentists, 73.4% of dental hygienists, and 64.6% of dental assistants completed the full Mini Z 2.0.
**Data Source:** Health Regulation and Licensing Administration (HRLA) Board of Dentistry (BOD) Licensure Survey Renewal Applicants (2023).

Regarding burnout specifically, the survey asks, "Using your own definition of 'burnout,' please choose one of the numbers below," with numbered response options ranging from "no symptoms of burnout" (5) to "completely burned out" (1). Among DC licensed oral healthcare professionals, nearly one in five dentists (18.5%) and more than one in four hygienists (26.0%) reported experiencing at least some level of burnout, compared to only one in twelve dental assistants (8.3%).

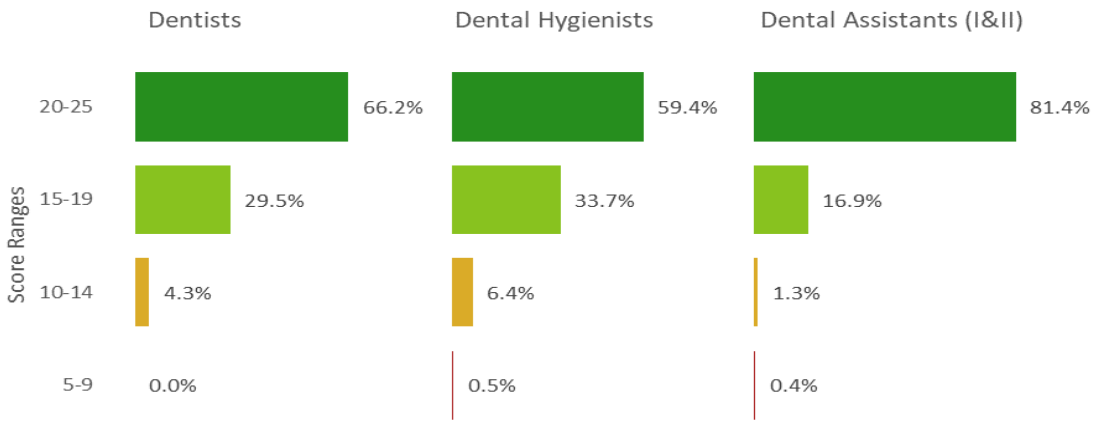
**Self-Assessment of Burnout among DC Licensed Dental Healthcare Professionals (Responses to Mini Z 2.0 Question 2)**




**NOTE:** 90.2% of dentists, 89.0% of dental hygienists, and 86.7% of dental assistants responded to this question.
**Data Source:** Health Regulation and Licensing Administration (HRLA) Board of Dentistry (BOD) Licensure Survey Renewal Applicants (2023).

For each license type, the majority of respondents indicated a *highly supportive practice* (defined as scores of 20 or more on Subscale 1). As with full-scale scores and burnout questions, dental assistants reported supportive work environments at a higher rate than dentists and dental hygienists; conversely, dentists and dental hygienists were, respectively, 2.5x and 4.1x more likely to score in the lower half of the range (5-14) than dental assistants.

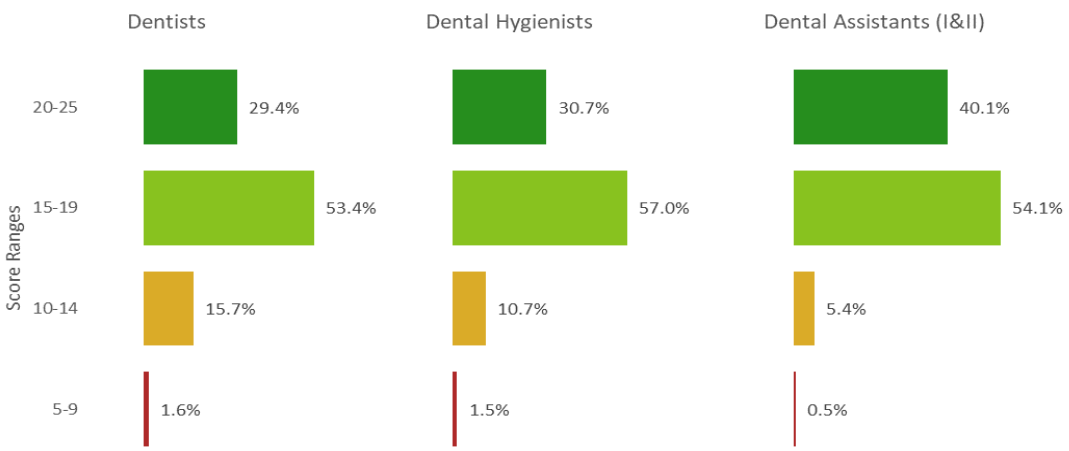
**Mini Z 2.0 – Subscale 1: Supportive Work Environment**




**NOTE:** Subscale scores are only calculated for respondents who answered all five questions on the subscale; 86.9% of dentists, 85.8% of dental hygienists, and 83.0% of dental assistants completed this subscale.
**Data Source:** Health Regulation and Licensing Administration (HRLA) Board of Dentistry (BOD) Licensure Survey Renewal Applicants (2023).

Alternatively, only approximately three in ten dentists and dental hygienists, and four in ten dental assistants, reported *reasonable pace and manageable EMR stress* (defined as scores of 20 or more on Subscale 2), indicating potential concerns are driven more by challenges with work pace and EMR stress than work environment. As with other indicators, dentists and dental hygienists reported challenges with work pace/EMR stress at a higher rate than dental assistants; however, dentists did so at a higher rate than hygienists, unlike other indicators above.

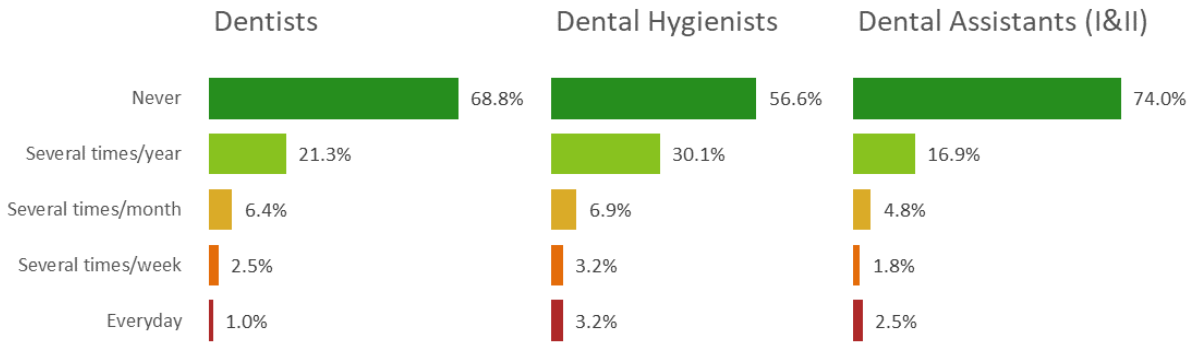
**Mini Z 2.0 – Subscale 2: Work Pace and EMR Stress**



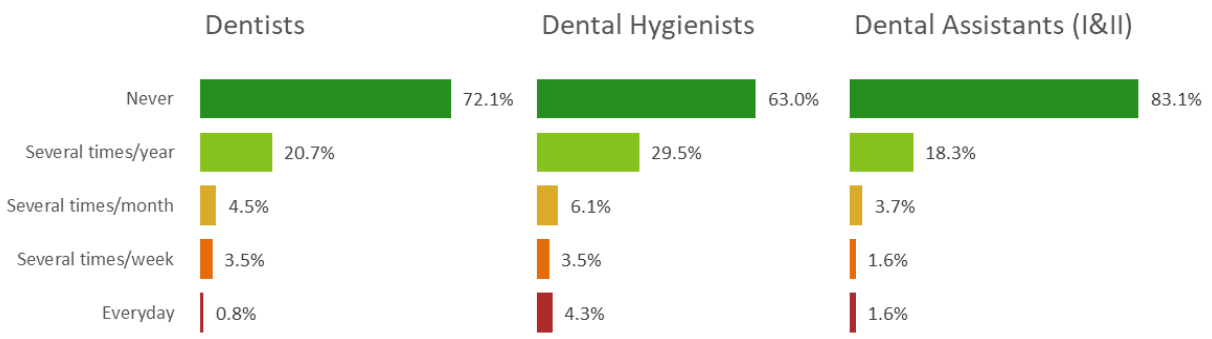

**NOTE:** Subscale scores are only calculated for respondents who answered all five questions on the subscale; 79.2% of dentists, 76.8% of dental hygienists, and 68.7% of dental assistants completed this subscale.
**Data Source:** Health Regulation and Licensing Administration (HRLA) Board of Dentistry (BOD) Licensure Survey Renewal Applicants (2023).

In addition to the Mini Z 2.0 survey questions, respondents were asked how often during the course of the past year they have seriously considered leaving 1) their current job, and 2) the healthcare profession completely. As with other indicators, dental hygienists reported considering leaving both their current job and healthcare altogether at higher rates than dentists or dental assistants.

### Intent to Leave – Current Job




### Intent to Leave – Healthcare Profession




**Data Source:** Health Regulation and Licensing Administration (HRLA) Board of Dentistry (BOD) Licensure Survey Renewal Applicants (2023).

DC Health is committed to proactively leading and engaging District partners in eliminating health disparities, achieving health equity, and addressing clinical and non-clinical drivers of health outcomes. Progress in these areas is constrained without a healthy workforce, from clinicians to clinical and administrative support staff; as such, the DC Health Community Health Administration is releasing this grant opportunity.

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[1] U.S. Bureau of Labor Statistics. 2022. Job Openings and Labor Turnover Archived News Releases. https://www.bls.gov/bls/news-release/jolts.htm#current
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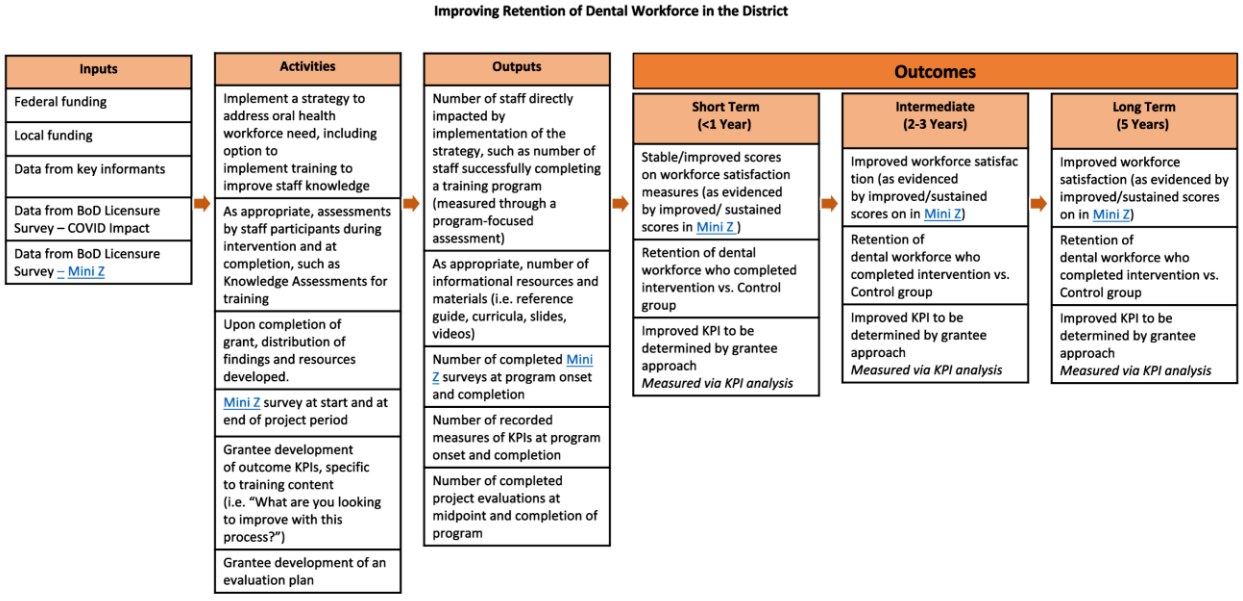
# 3. PURPOSE

The DC Health Community Health Administration (CHA) is requesting proposals from qualified applicants to identify/develop and implement a training program or other strategy to address the needs of the dental workforce impacted by COVID-19. The purpose of this funding is to demonstrate improved recruitment and/or retention of dental workforce practicing in a dental Health Professional Shortage Area.

## 3.1 APPROACH

Grantee shall focus on improving oral health workforce recruitment and retention by implementing a targeted strategy to address the needs of the oral workforce. The grantee should build on findings, trends, and recommendations included in section 2 (Background) of this RFA, as well as observations from their own organization, to inform their strategy.

This can include development and implementation of such a strategy or implementation of a pre-existing strategy, including purchasing an "off-the-shelf" training/educational program.

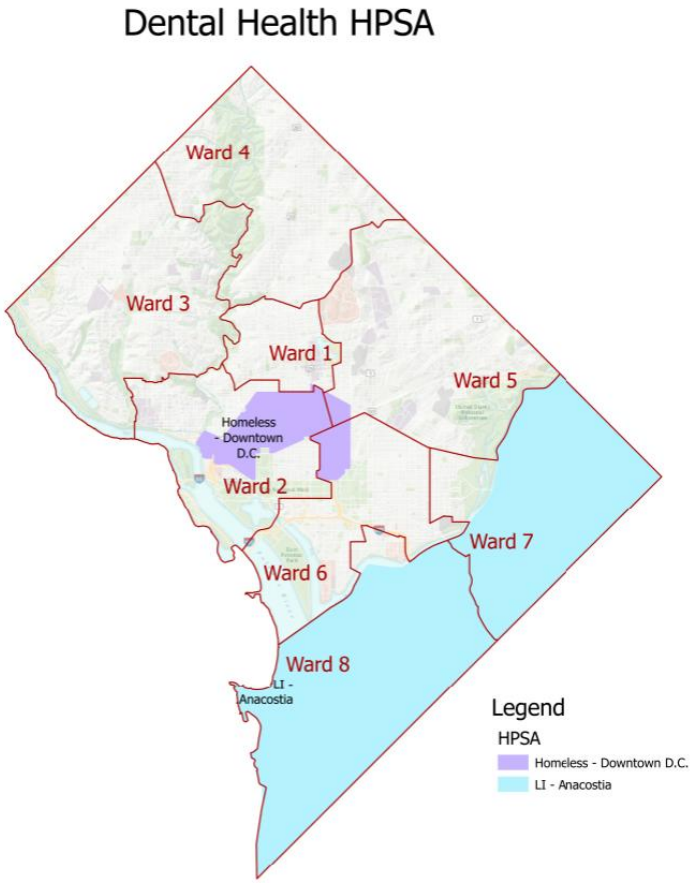



# 4. PERFORMANCE REQUIREMENTS

Applicants should propose projects that meet the criteria listed below.

## 4.1 Target Population

Grantees shall implement programs that improve recruitment and retention among dental workforce practicing in a Federally Qualified Health Center or dental clinics in dental Health Professional Shortage Areas (HPSAs). As of 2022, the District of Columbia's dental HPSAs include areas of the District east of the river and a downtown HPSA responding to the needs of residents experiencing homelessness.




Programs should aim for impact across an organization's oral health workforce, including but not limited to dentists, dental hygienists, dental assistants, administrative staff, and support staff. Grant activities may target a subset of the oral health workforce so long as the intended outcome impacts the overall workforce (i.e. training support staff to address concerns that also impact dentists, dental hygienists, etc.).

## 4.2 Location of Intervention

Grantees must be a Federally Qualified Health Center or dental clinics in dental Health Professional Shortage Areas (HPSAs) (as defined above). Organizations can confirm eligibility by looking up their address in the HRSA Shortage Area website: https://data.hrsa.gov/tools/shortage-area/by-address.

Depending on the nature of program activities, staff may be able to participate from other locations (for example, if the proposed activity is a training program which can be completed

virtually, organizations may determine whether employees can complete that training from their homes or another location). In-person activities should take place in the organization's District of Columbia location.

## 4.3 Allowable Activities

The grantee will have flexibility in utilizing the funds to meet an identified organizational need related to oral health workforce recruitment and retention, including but not limited to:

- providing targeted training;
- sponsoring professional certification programs;
- addressing operational needs;
- investment in teledentistry technologies;
- promotion of patient safety; or
- directly addressing causes of burnout.

Proposals should include a clear description of the professional or organizational concerns to be addressed as well as descriptions of the intervention and how it will address those gaps.

## 4.4 Program Strategies

Grantee shall employ strategies and implement activities in the service areas outlined in this section.

Applicants shall demonstrate how the proposed project plan will impact each of these areas and demonstrate their organizational capacity to do so:

**Service Area 1: Workforce Satisfaction and Wellness:**

*Key Performance Indicators:*

**A. Improved workforce satisfaction and stress**

- Group score of work environment, pace, and stress using the Mini Z survey appropriate for the targeted team and intervention approach

**B. Improved measures of burnout and retention**

- Group score of self-reported experience of burnout from Mini Z survey
- Percentage of employees that stay through the duration of the intervention

**Service Area 2 +: Project-Specific Key Performance Indicators (KPIs):**

Due to the broad nature of potential interventions, applicants are asked to develop KPIs relevant to the scope of activities and anticipated outcomes in their proposed approach. In addition to providing a focus for strategic improvement, these KPIs will serve as the analytical basis to determine the efficacy of the intervention.

For more information about KPI development expectations in proposals, please see section 5.2 Proposal Components.

**Service Area 3: Data Collection, Reporting, and Evaluation**

Grantees shall complete regular data reporting on project-specific KPIs. Proposals should address how data will be collected, plans for analysis, and systems in place to report those updates to DC Health in a timely manner.

In addition, in conjunction with DC Health, grantees shall develop and implement an evaluation plan intended to measure the impact of the selected intervention on workforce satisfaction and retention. Evaluations shall take place midway through the grant cycle and upon project completion.

# 5. APPLICATION REQUIREMENTS

## 5.1 Eligibility Documents

### Certificate of Clean Hands

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

### Current Business License

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

### Current Certificate of Insurance

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

### Copy of Cyber Liability Policy

This document must be issued by your insurance company. All DC Health grantees must meet the minimum insurance requirements as outlined in Appendix A: Minimum Insurance Requirements. Should an applicant be awarded the grant, the Office of Risk Management will

conduct a review of exposures of the grantee organization based off the final approved workplan and may make changes to the insurance requirements.

**IRS TAX-EXEMPT DETERMINATION LETTER**

This applies to nonprofits only.

**IRS 990 FORM**

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

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

This CANNOT be signed by the executive director.

**ASSURANCES, CERTIFICATIONS AND DISCLOSURES**

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

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

## 5.2 PROPOSAL COMPONENTS

**PROJECT ABSTRACT**

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

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

**PROJECT NARRATIVE** (10-page maximum, 12pt Times New Roman, Single spaced)

The narrative section should describe the applicant's approach to improving recruitment and/or retention of dental workforce including describing concerns, potential root causes, and intentions and evidence informing their approach.

The narrative should include the following sections:

***OVERVIEW***

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

***PROJECT OR POPULATION NEED***

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

- Provide an overview of the organization's oral health workforce
- Describe concerns to be addressed, including descriptions of workforce challenges and impacts across the organization.
- Describe the specific problem(s) and contributing factors to be addressed by the proposed intervention.
- Describe how the organization, staff, and/or patients will be served through this project (especially if the intervention will be directed at a subset of the organization workforce or addresses an indirect need).

***PROJECT DESCRIPTION***

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

Project description should include (as applicable to the proposal approach):

- Describe activities, how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes.
- If intervention is only targeting a subset of the workforce, describe how that approach was selected and why targeted staff will be selected.
- Describe short and long-term intended outcomes, including outcomes for individuals targeted in the intervention, the organization overall, patients served by the organization, etc.
- Describe how proposed plan provides a foundation for sustainability of efforts beyond the project funding period.

***EVIDENCE***

This section should provide a clear description of how the proposed program is an evidence-based intervention to improve workforce recruitment and retention.

- Describe the evidence basis of your proposed approach including listing any relevant research studies and their "evidence level" based on the table below.

- Describe why this strategy is appropriate for your organization or any plans for special considerations or deviations from the approach described in the research.
- As applicable, describe any plans for building on this evidence including continued data collection past the project period, collaboration with research partners, or plans for potential publication.

Applicants should follow the below guidance in categorizing the evidence basis for their program:

| **Evidence Level** | **Evidence Details/Study Design** |
|---|---|
| Level 1 | Your program has a measurable objective but there is no evidence or root cause analysis |
| Level 2 | Your program has a detailed rationale including a logic model and a root cause analysis |
| Level 3 | Your approach is based on research with an implementation study to (e.g., observational study, survey) demonstrating evidence of program effectiveness or your approach is based on a correlational (or non-experimental) research design demonstrating improvement for program participants over time on one or more intended outcomes |
| Level 4 | Your approach is based on quasi-experimental research comparing outcomes between a group receiving an intervention and a matched comparison group demonstrating evidence of program effectiveness (this may include studies like difference in differences, nonequivalent control groups, regression discontinuity) |
| Level 5 | Your approach is based on results from randomized controlled trial(s) (RCTs) demonstrating evidence of program effectiveness |

### ***PERFORMANCE MONITORING***

This section should describe applicant's plan for collecting and reporting data.

- Describe what information will be collected, at what frequency, and by whom.
- Describe plans for how data will be recorded and analyzed.
- Describe plans for how data will be used to conduct ongoing evaluation and continuous improvement activities.
- As appropriate, describe number of staff and percent of staff who complete intervention activities.
- Describe plans for how data will be reported to DC Health in a timely manner.

*Key Performance Indicators (KPIs)*

Proposals should include a list of KPIs relevant to the scope of activities and anticipated outcomes of the proposal. These KPIs will serve as the analytical basis to determine the efficacy of the intervention.

KPIs should be the quantifiable indicators of progress toward an intended outcome. To that end, applicants should propose indicators that include process measures (measures of activities performed) as well as outcome measures (measures of final products or results). For example, if applicants propose a targeted educational program for their oral workforce, KPIs might include number of people who have completed training programs and average scores on assessments of comprehension, as well as measures that would be impacted by skills gained, like the rate of completion of certain tasks (i.e. patient intake or specific billing activities), the rate of occurrence of an activity or event (i.e. rate of healthcare-associated infections), or some other indicator of change (i.e. percentage of patients experiencing an outcome, percentage of staff members experiencing an outcome).

Along with defining KPI measures, proposals should outline when KPIs will be recorded, any internal quality control and review measures, and processes in place to ensure timely and secure delivery of those periodic reports.

### *ORGANIZATIONAL CAPACITY*

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

## LOGIC MODEL (2 page maximum)

The logic model should demonstrate how contributing resources lead to short-term and long-term results. The logic model should detail key elements including inputs, activities, outputs, and outcomes of the proposed project and may be presented in a logic model chart or in a narrative format.

## WORK PLAN

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

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

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

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

- Inclusive: brings traditionally marginalized or impacted groups into focus.
- Equitable: aims to address injustice or inequity.

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

## BUDGET TABLE

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

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

### *Key Budget Requirements*

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

- August 1, 2024 – July 31, 2025:

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

## BUDGET JUSTIFICATION

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

Include the following in the budget justification narrative:

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

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

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

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

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

***Supplies:*** Office supplies, educational supplies (handouts, pamphlets, posters, etc.), personal protective equipment (PPE).

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

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

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

## ORGANIZATIONAL CHART

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

## RISK SELF-ASSESSMENT

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

# 6. EVALUATION CRITERIA

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

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review:

- Strength of the evidence of root cause they have identified (e.g. what national or local data)
- Strength of intervention they propose to do (for example, clearly demonstrating that a training program on billing and coding improves organizational health, which improves overall employee wellness)
- Demonstrates ability to effectively implement proposed intervention

## CRITERION 1: NEED

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

| | |
|---|---|
| Applicant briefly and clearly describes the purpose of the proposed project; describes how the proposed project aligns with the RFA; summarizes the overarching problem to be addressed and contributing factors; and clearly defines project goal(s) and provides strong evidence, supported by internal/organizational quantitative and/or qualitative data, that goal(s) can be achieved. | **4** |
| Applicant clearly defines the workforce population/sub-population targeted for the proposed intervention, the rationale for choosing that population/subpopulation, the concerns/challenges and contributing factors to be addressed by the proposed intervention, and is supported by internal/organizational quantitative and/or qualitative data relevant to the project (e.g., retention/attrition rates, indicators of workforce concerns, and descriptions of root causes and/or contributing factors). | **6** |

## CRITERION 2: IMPLEMENTATION

**(45 POINTS) –** Corresponds to Sections: Project Description, Evidence, Logic Model and Work Plan

| | |
|---|---|
| The proposed project responds to the specific needs and/or barriers outlined in the Project or Population Need. | **5** |
| Applicant's proposed project, approach, and activities are clear, reasonable, feasible, and align with the goals and objectives described in this RFA. | **5** |

| | |
|---|---|
| The applicant includes a comprehensive list of outputs generated by project activities (e.g., if implementing a training program, outputs may include successful completion of training program segments confirmed through periodic assessments, as well as informational resources such as lesson plans, presentations, and/or related handouts) and short and long-term outcomes anticipated for individuals targeted by the intervention, the organization overall, and/or patients (e.g., if implementing a training program, describing measurable expectations for patient experience and organization anticipated after 1 year, 2-3 years, and/or 5 years). | **6** |
| The applicant describes the evidence base for the proposed program/intervention (including references to existing research, a detailed logic model, and/or a root cause analysis), a clear understanding of the proposed strategy and why it is appropriate for the applicant's organization; and as needed, describes any plans for special considerations or deviations from the approach described in the research. | **4** |
| * The applicant provides a list of relevant research studies and their "evidence level" (based on the table in 5.2 *Proposal Components,* in the *Project Narrative* section under *Evidence,* pg. 26 of this RFA); points will be awarded based on the strength of the evidence for the proposed intervention, as follows:<br>○ Level 1 (or no evidence provided): 0<br>○ Level 2: 1 point<br>○ Level 3: 2 points<br>○ Level 4: 3 points<br>○ Level 5: 4 points | **4** |
| The applicant lays out a clear, reasonable, and feasible plan for continued data collection and/or dissemination of findings such as describing formal plans for continued measurement and recording of KPIs, efforts to compile and share findings, plans to author and publish research, etc. | **5** |
| The applicant's workplan:<br>• represents a logical and realistic plan of action for timely and successful achievement of objectives and specifically details how their intervention will address recruitment and/or retention;<br>• clearly outlines goals, milestones, and objectives for the project, including description of how the proposed goals, milestones, and objectives are SMARTIE (Specific, Measurable, Achievable, Relevant, Time Bound, Inclusive, and Equitable); and<br>• includes a detailed chronological list and description of activities to be performed for each key objective, identifying responsible staff, target completion dates, and projected outcomes for each activity. | **11** |
| The applicant describes realistic efforts for sustainability beyond project funding period such as potential new funding sources, modifying current processes, and/or strategic saving and sharing of resources gleaned from project activities. | **5** |

## CRITERION 3: EVALUATIVE MEASURES

**(20 POINTS) –** Corresponds to Sections: Performance Monitoring and KPIs

| | |
|---|---|
| The applicant describes a clear, reasonable, and feasible plan for collecting and reporting data, including:<br>• what information will be collected, at what frequency, and by whom;<br>• how data will be recorded and analyzed;<br>• how data will be used to conduct ongoing evaluation and continuous improvement activities; and<br>• how data will be reported to DC Health in a timely manner. | **5** |
| The applicant specifies appropriate infrastructure/staffing in place to adequately support evaluation activities. | **5** |
| The applicant proposes a detailed list of KPIs (i.e., quantifiable indicators of progress toward an intended outcome) that are relevant to the scope of proposed activities (i.e., process measures) and anticipated outcomes (i.e., outcome measures). | **5** |
| The applicant proposes reasonable, feasible, and competitive targets for each proposed KPI. | **5** |

## CRITERION 4: CAPACITY

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

| | |
|---|---|
| Applicant describes the organization's current mission and scope of current activities and effectively demonstrates how grant activities align with current organizational mission and activities. | **5** |
| Applicant describes organizational infrastructure including staffing model, current staff, and available technology; and effectively describes how they support effective implementation (or development and implementation) of the project activities. | **7** |
| Applicant describes organization's data infrastructure and clearly demonstrates it is sufficient to support grant activities. | **3** |

## CRITERION 5: PROJECT BUDGET AND JUSTIFICATION

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

| | |
|---|---|
| The estimated costs for the proposed project are competitive and clearly justified. | **5** |
| The applicant's proposed budget and budget justification are aligned with the project description. | **5** |

# 7. REVIEW AND SCORING OF APPLICATION

## 7.1 ELIGIBILITY AND COMPLETENESS REVIEW

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

## 7.2 EXTERNAL REVIEW

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

## 7.3 INTERNAL REVIEW

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

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

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

# 8. POST AWARD ASSURANCES & CERTIFICATIONS

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

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements

- Certification of current/active Articles of Incorporation from DCLP.
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

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

# 9. APPLICATION SUBMISSION

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

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

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

## 9.1 REGISTER IN EGMS

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

1. **Access EGMS**: The user must access the login page by entering the following URL: https://egrantsdchealth.my.site.com/sitesigninpage. Click the button REGISTER and following the instructions. You can also refer to the EGMS Reference Guides.
2. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.
3. Your EGMS registration will require your legal organization name, your **UEI# and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).
4. When your Primary Account User request is submitted in EGMS, the Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the

Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

**EGMS User Registration Assistance:**

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

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

## 9.2 Uploading the Application

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

- ***Eligibility Documents***
    - Certificate of Clean Hands dated within 60 days of the application deadline
    - Current business license or certificate of licensure or proof to transact business in local jurisdiction
    - Current Certificate of Insurance
    - Copy of Cyber Liability Policy
    - IRS Tax-Exempt Determination Letter (for nonprofits only)
    - IRS 990 Form from most recent tax year (for nonprofits only)
    - Current list of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the Executive Director)
    - Assurances Certifications Disclosures

- ***Proposal Documents***
    - Proposal Abstract
    - Project Narrative (10-page maximum, 12pt font, single-spaced)
    - Logic Model (2 page maximum)
    - Budget Table
    - Budget Justification
    - Organization Chart
    - Work Plan

- Risk self-assessment

### 9.3 Deadline

Submit your application via EGMS by 3:00 p.m., on the deadline date of June 18, 2024. Applications will **not** be accepted after the deadline.

# 10. PRE-APPLICATION MEETING

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

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

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

Note that questions will only be accepted in writing. Answers to all questions submitted will be published on a Frequently Asked Questions (FAQ) document onto the District Grants Clearinghouse every three business days. Questions will not be accepted after June 11, 2024.

# 11. GRANTEE REQUIREMENTS

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

### 11.1 Grant Terms & Conditions

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

### 11.2 Grant Uses

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

### 11.3 Conditions of Award

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

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

## 11.4 Indirect Cost

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

For locally-funded grants, DC Law 23-185, the Nonprofit Fair Compensation Act of 2020 (D.C. Official Code sec. 2-222.01 et seq.) allows any grantee to apply a federal Negotiated Indirect Cost Rate Agreement (NICRA) to the grant funds and approved budget, negotiate a new percentage indirect cost rate with the District grantmaking agency, use a previously negotiated rate within the last two years from another District government agency, or use an independent certified public accountant's calculated rate using OMB guidelines. If a grantee does not have an indirect rate from one of the four aforementioned approaches, the grantee may apply a de minimis indirect rate of 10% of total direct costs.

## 11.6 Vendor Registration in DIFS

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

## 11.7 Insurance

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

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

## 11.8 Audits

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

## 11.9 Nondiscrimination in the Delivery of Services

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

## 11.10 Quality Assurance

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

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

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

# 12. ATTACHMENTS

Attachment: Assurances and Certifications

Attachment: Budget Table

Attachment: Budget Justification

Attachment: Work Plan

Attachment: Risk Self-assessment

Appendix A: Minimum Insurance Requirements

# APPENDIX A: MINIMUM INSURANCE REQUIREMENTS

INSURANCE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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