



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

HIV/AIDS, Hepatitis, STD and TB Administration

**Youth Peer Sexual Health**

**REQUEST FOR APPLICATIONS**

**FO# HAHSTA-YPE-11.1.24**

**SUBMISSION DEADLINE:**

**MONDAY, DECEMBER 2, 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**

**HIV/AIDS, Hepatitis, STD, and TB Administration**

**NOTICE OF FUNDING AVAILABILITY (NOFA)**

**FO# HAHSTA-YPE-11.1.24**

**Youth Peer Sexual Health**

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:	Youth Peer Sexual Health
Funding Opportunity Number:	HAHSTA-YPE-11.1.24
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD, and TB Administration
DC Health Program Bureau	Prevention and Intervention Services
Funding Opportunity Contact:	Stacey L. Cooper, MSW, CPH preventionrfas@dc.gov
Funding Opportunity Description:	The DC Department of Health (DC Health), HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is seeking proposals to support a peer-based sexual health program that provides prevention programming for youth between the ages of 13-24.
Eligible Applicants	501(c)(3) Not-for profit organizations
Anticipated # of Awards:	1
Anticipated Amount Available:	Up to \$150,000
Annual Floor Award Amount:	\$100,000
Annual Ceiling Award Amount:	\$150,000
Legislative Authorization	FY25 Budget Support Act of 2024
Associated CFDA#	N/A
Associated Federal Award ID#	N/A

Cost Sharing/Match Required?	No
RFA Release Date:	November 1, 2024
Letter of Intent Due date:	Not applicable
Application Deadline Date:	December 2, 2024
Application Deadline Time:	3:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearing House <a href="https://communityaffairs.dc.gov/content/community-grant-program#4">https://communityaffairs.dc.gov/content/community-grant-program#4</a>  DC Health EGMS <a href="https://egrantsdchealth.my.site.com/sitesigninpage">https://egrantsdchealth.my.site.com/sitesigninpage</a>

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 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

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<b>RFA TERMS AND CONDITIONS.....</b>	<b>6</b>
<b>CHECKLIST FOR APPLICATIONS .....</b>	<b>8</b>
<b>1. GENERAL INFORMATION .....</b>	<b>9</b>
1.1 Key Dates.....	9
1.2 Overview.....	9
1.3 Purpose.....	9
1.4 Source of Grant Funding.....	10
1.5 Award Information.....	10
1.5.1 Amount of Funding Available .....	10
1.5.2 Period of Performance and Funding Availability .....	10
1.5.3 Eligible Organizations/Entities .....	10
1.5.4 Non-Supplantation .....	11
<b>2. BACKGROUND.....</b>	<b>11</b>
2.1 Demographic Overview .....	11
<b>3.PURPOSE.....</b>	<b>13</b>
3.1 Approach.....	13
<b>4. APPLICATION REQUIREMENTS .....</b>	<b>15</b>
4.1 Eligibility Documents .....	15
4.2 Proposal Components .....	16
<b>5. EVALUATION CRITERIA.....</b>	<b>20</b>
Criterion 1: Core Competencies.....	21
Criterion 2: Implementation.....	21
Criterion 3: Evaluative Measures.....	21
Criterion 4: Capacity.....	22
Criterion 5: Safety.....	22
<b>6. REVIEW AND SCORING OF APPLICATION .....</b>	<b>22</b>
6.1 Eligibility and Completeness Review .....	22
6.2 External Review.....	23
6.3 Internal Review.....	23
<b>7. POST AWARD ASSURANCES &amp; CERTIFICATIONS .....</b>	<b>23</b>
<b>8. APPLICATION SUBMISSION.....</b>	<b>23</b>
8.1 Register in EGMS .....	24
8.2 Uploading the Application.....	25

8.3 Deadline .....	25
<b>9. PRE-APPLICATION MEETING .....</b>	<b>25</b>
<b>10. GRANTEE REQUIREMENTS .....</b>	<b>26</b>
10.1 Grant Terms & Conditions.....	26
10.2 Grant Uses.....	26
10.3 Conditions of Award.....	26
10.4 Indirect Cost.....	27
10.5 Vendor Registration in DIFS .....	27
10.6 Insurance .....	27
10.7 Audits.....	27
10.9 Nondiscrimination in the Delivery of Services.....	27
10.10 Quality Assurance .....	28
<b>11. ATTACHMENTS .....</b>	<b>28</b>
<b>APPENDIX A: MINIMUM INSURANCE REQUIREMENTS .....</b>	<b>29</b>

# 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](http://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](mailto:doh.grants@dc.gov). Your request for this document will not be shared with DC Health program staff or reviewers.

# CHECKLIST FOR APPLICATIONS

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- 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
  - 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

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## 1.1 KEY DATES

- Notice of Funding Announcement Date: **October 25, 2024**
- Request for Application Release Date: **November 1, 2024**
- Pre-Application Meeting Date: visit <https://OGMDCHHealth.eventbrite.com>
- Deadline to register in EGMS for new applicants: **November 18, 2024**
- Application Submission Deadline: **December 2, 2024**
- Anticipated Award Start Date: **January 1, 2025**

## 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 HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is the core District government agency to prevent HIV/AIDS, STDs, Tuberculosis and Hepatitis, reduce transmission of the diseases and provide care and treatment to persons with the diseases.

The Prevention and Intervention Services Division aims to prevent the spread of HIV, STIs, and Hepatitis by intervening at targeted times when their spread is more likely, i.e., intravenous drug use, risky sexual behaviors, and unprotected sex.

## 1.3 PURPOSE

The DC Department of Health (DC Health), HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) intends to support a peer-based sexual health program that provides prevention programming for youth between the ages of 13-24. In addition to HIV and STI prevention, it also includes the prevention of unintended pregnancies, education about contraceptive choice, the promotion of health literacy, and the inclusion of health equity in all policies and approaches to the work focused on youth. Proposals requested by this funding announcement will enhance existing prevention services and expand access to HIV and STI screening among youth. Engaging youth requires an entity that has direct access to them and that can speak in an easily understood manner. Studies show that good communication about these topics helps prevent teens from engaging in behaviors that could lead to pregnancy, sexually transmitted infections (STIs), and other risky behaviors.

DC Health is seeking to support a Youth Sexual Health Peer Program that encourages positive communication with youth about these topics related to HIV/STI prevention, pregnancy prevention, body positivity, health literacy, self-efficacy, harm reduction, and gender identity.

DC Health intends to support one entity that has the capacity to provide a comprehensive program that leads to positive health outcomes for youth between the ages of 13-24. These services are intended to

support programming for youth that will promote individual health, well-being and self-sufficiency to prevent HIV, STIs, and unplanned pregnancies.

The long-term goals of the Youth Sexual Health Peer Programs include:

- Increasing the number of District youth who have access to HIV and STI prevention, testing, and treatment.
- Increasing access to other services to support youth between the ages of 13-24, including primary health care, contraceptive care, primary medical care, behavioral health, violence interruption, and screening and linkage to comprehensive services.
- Establish a cadre of peer educators and youth leaders who can disseminate information about sexual health.
- Provide accessible resources and pathways that support all DC youth in making healthy decisions around relationships and sexual health.
- Establish a pathway for youth engagement in developing youth programming, sexual health decision-making, and building healthy relationships.
- An evaluation component that includes assessment of program performance, success, and reach.

Youth are a focus population because of the high rates of sexually transmitted infections among their community.

## **1.4 SOURCE OF GRANT FUNDING**

Funding is anticipated to be available using DC Appropriated Funds, funded by the FY25 Budget Support Act of 2024.

## **1.5 AWARD INFORMATION**

### **1.5.1 AMOUNT OF FUNDING AVAILABLE**

The total funding amount of \$150,000 is anticipated for one (1) award for the budget period.

### **1.5.2 PERIOD OF PERFORMANCE AND FUNDING AVAILABILITY**

The first budget period of this award is anticipated to begin on January 1, 2024, and to continue through September 30, 2025. The project period of this award is anticipated to be January 1, 2024 – September 30, 2027. 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:

- 501(c)(3) Not-for profit organizations located and licensed to do business in the District of Columbia.
- Community-Based Organizations

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-SUPLANTATION**

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

## **2. BACKGROUND**

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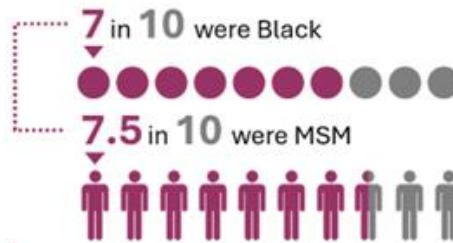
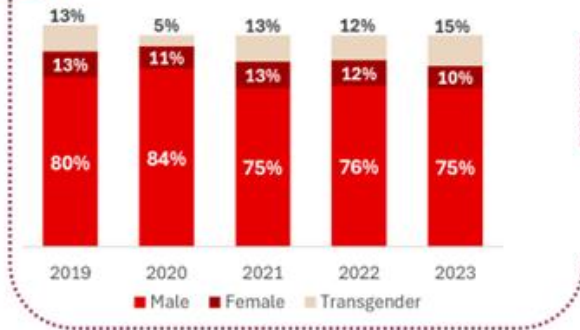
### **2.1 DEMOGRAPHIC OVERVIEW**

According to the 2016-2020 *Youth Sexual Health Plan*, 2013, District youth ages 14–24 comprised 15.7% of the population (United States Census Bureau, 2015). As the table below illustrates, DC youth disproportionately engage in sexual behaviors that accelerate risk for sexually transmitted infections (STIs), including HIV, as well as unintended pregnancy. Across DC, in 2012, 16% of male students and 3% of female students reported initiation of sexual intercourse by age 11, while 25% of male students and 6% of female students reported initiation by age 13 (Ost & Maurizi, 2013). Additionally, 19% of high school students had a recent sexual partner that was three or more years older (Ost & Maurizi, 2013). Given the complexities of the youth population, DC Health considers youth to be between the ages of 13-24.

The data below depicts the rates of HIV and STI infection among District youth between 2019 and 2023.

## Youth aged 13-24

**210** Newly diagnosed cases were Youth aged 13-24 between 2019-2023



## HIV Care Continuum among Youth aged 13-24 Living with HIV, 2023



## Newly Reported Early Syphilis, Chlamydia, and Gonorrhoea diagnoses among Youth aged 13-24, DC, 2019-2023



\*Primary, Secondary, and Early Non-Primary Non-Secondary Syphilis

Annual Epidemiology & Surveillance Report: Data Through December 2023. District of Columbia Department of Health, HIV/AIDS, Hepatitis, STI, & TB Administration 2024. Accessed September 25, 2024, at <https://dchealth.dc.gov/service/hiv-reports-and-publications>

Young people report higher levels of unsafe sex and have higher rates of sexually transmitted infections than any other age group. Youth-serving organizations are prime to offer access to early intervention

services, such as HIV and STI prevention, access to condoms and other safer sex materials, violence interruption, sexual health education, conflict resolution, and pathways to healthy decisions. This funding announcement seeks to identify an organization that understands, and access to the needs of youth between the ages of 13-24.

The selected entity must demonstrate their capacity to deliver a comprehensive youth sexual health program that engages youth in meaningful conversations and interventions that lead to HIV and STI risk reduction and healthier life choices.

## **3.PURPOSE**

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DC Health is requesting proposals from qualified applicants to fund up to one (1) entity to deliver comprehensive youth HIV and STI prevention and education services to the District's youth between the ages of 13-24. Applicants must provide detailed descriptions for programmatic approaches that ensure access to a full range of youth prevention services. HAHSTA's strategy for youth prevention service remains to be centered around using youth peer educators and leaders to engage other youth in discussions about HIV and STI education, testing, and treatment, pregnancy prevention education, sexual health, harm reduction, and building health relationships.

The applicant must describe their ability to provide core activities must be included in the program description:

- Delivery of comprehensive HIV and STI prevention and education services to the District's youth using a peer model.
- Delivery of services, such as linkage to HIV Counseling and Testing, linkage to STI screening, education on pregnancy prevention, building health relationships, linkage to primary medical care, linkage to contraceptive choices, other harm reduction services (i.e., overdose prevention - Naloxone).
- Recruit peer educators that share similar backgrounds and life experiences to share health information and linkages to additional services.
- Capacity to integrate condom distribution into their existing framework.
- Provide conflict resolution to deter partner/dating violence among youth.
- Identify peer advocates within schools to assist with school-based screening and education during DC Health's School-Based Screening days with DCPS and DC Charter Schools.

### **3.1 APPROACH**

To be more effective, public health, health care, and prevention practitioners must understand the cultural context of the youth community and possess the skills and desire to work in those contexts. Providers must have cultural competence to engage effectively with youth of different cultures, gender identities, and backgrounds to produce positive change. Understanding the social determinants of health that affect the youth community is a key component to reducing health disparities and achieving health equity. Applicants must describe the social determinants of health that youth between the ages of 13-24 may face. They must also explain how they plan to find avenues to address these social determinants of health to ensure healthy outcomes.

Applicants must provide a detailed description for a programmatic approach that provides a comprehensive health and wellness program that addresses the needs of the youth community. Additionally, the applicant must describe their capacity to utilize a peer model that ensures wellness, self-care, and empowerment among peer advocates and members of the population of focus.

The core components of the Youth Peer Sexual Health program are below:

1. Pathway to Success
  - a. Life skills management
  - b. Navigation to behavioral health services
  - c. Access to sexual health and primary care services
2. A Safe and Confidential Space
  - a. Youth and young adult focused activities
  - b. Education on personal safety and conflict resolution
  - c. Support for LGBTQIA youth
  - e. Navigation to other providers of youth services
3. Peer Model
  - a. Training and support
  - b. Stipend, if applicable
  - c. Recruit and retain peers
4. Health Services
  - a. Linkages to or direct access to HIV testing and linkage to care
  - b. Access to and education about Pre-exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) education, linkage to PrEP services and support for individuals on PrEP
  - c. Linkages to STI screening, treatment, and education
  - e. Navigation to primary medical care
  - f. Health literacy
  - g. Sexual health education
  - h. Pregnancy screening, education, and prevention
5. Increasing Visibility
  - a. Encourage increased visibility and raise awareness about youth health needs
  - b. Provide education about transgender concerns/needs
6. Capacity Building
  - a. Cultural competency training for other youth-serving entities

## 4. APPLICATION REQUIREMENTS

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### 4.1 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.**

## 4.2 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 and a clear evaluation plan for data collected.
- **Please note that applicants should express their ability to recruit and protect the safety of youth engaged in programming.**

### PROJECT NARRATIVE (5-page maximum)

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.

#### Program Required Elements and Specific Evaluation Criteria for Category A: Youth Peer Sexual Health

**Focus Population:** Applicants must include a full description of their focus population, the cultural competency required to serve the population, and recruitment activities to engage individuals. Applicants must demonstrate an understanding of the barriers to service utilization for transgender people and give a thorough plan for increasing the potential for successful linkage. Using a client advocacy, navigation or a short-term case management approach are acceptable ways of addressing supported linkages for greater success. This section should also include the number of individuals to be served.

**Social Determinants:** Applicants must address the social determinants of health that may affect the health and well-being of youth (13-24). Factors related to health outcomes may include, but are not limited to: poverty, housing status, education level, access to health care, health literacy, and access to other social services. Applicants must describe how the proposed program will improve the conditions of daily life for youth and how these factors can lead to improved health outcomes.



Core Components: Applicants must describe their organization’s capacity to address each of the core components listed above. Applicants must provide a detailed plan that includes provisions for each activity.

Peer Engagement: Applicants must describe how they will integrate a peer-based model into their program. Applicants must detail how peers will be recruited, retained, and contribute to program activities, including number of peers, responsibilities, and how compensated. Applicants must also describe their ability to recruit and retain peers.

Centering Voices: Applicants must describe how they will engage the youth population in program planning, focus and activities. Providers should consider how they will engage and center the community to elicit their participation and empower them to be active participants in supporting their own community. Applicants should provide details on how they will recruit and engage youth in dialogues about health, needs and concerns. The applicant should describe how community members will be engaged to develop an advocacy goal for the program.

Evaluation: Applicant must describe their capacity to evaluate program implementation, success, impact, and effectiveness. Providers should be able to demonstrate their capacity to collect and report evaluate data related to the youth peer health program. They should be able to describe how their work impacts District youth.

Data Collection: Applicant must demonstrate their capacity to collect data related to youth experiences of sexual health, including sex education and LGBTQIA bullying and safety. The applicant should describe their capacity to develop a formalized data collection tool that tracks youth satisfaction with sex education, health education that includes the LGBTQIA community, access to behavioral health services, harm reduction, and other issues that directly impact the youth population.

<https://www.dropbox.com/s/w2yqchla5c9il5q/SexIs%20051619.mp4?dl=0>

Partnerships: Applicants must describe their ability to develop partnerships with other community partners for services not provided directly. Evidence of partnerships must include Memorandums of Agreement, sub-contractual agreements, and/or letters of support.

**PROJECT OR POPULATION NEED**

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

- Provide an overview of constituent population as relevant to the project, including rates of youth sexual health, and corresponding social determinants of health.
- Describe how the target population was identified for this proposal.
- Define the reach, boundaries, zip codes and/or geography of the target population.
- Describe the specific problem(s) and contributing factors to be addressed within the target population.

- Describe the ability to reach the priority population and how they will be served through this project.

### **PROJECT DESCRIPTION**

This section should provide a clear and concise description of strategies and activities 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, above. Describe activities for each strategy, how they will be implemented, and how they will be operationalized to achieve program goals, objectives, and outcomes

### **PARTNERSHIPS**

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

### **PERFORMANCE MONITORING**

This section should describe applicant's plan for collecting and reporting data, including ongoing person centric activities that help to mitigate potential barriers to services.

### **ORGANIZATIONAL CAPACITY**

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

### **WORK PLAN**

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

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

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

- Specific: includes the "who," "what," and "where." Use only one action verb to avoid issues with measuring success.
- Measurable: focuses on "how much" change is expected.
- Achievable: realistic given program resources and planned implementation.
- Relevant: relates directly to program/activity goals.
- Time-bound: focuses on "when" the objective will be achieved.
- Inclusive: brings traditionally marginalized or impacted groups into focus.
- Equitable: aims to address injustice or inequity

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

### **BUDGET TABLE**

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

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

### ***Key Budget Requirements***

The budget should reflect a 9-month period, as follows:

- January 1, 2025 – September 30, 2025: description

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.

## **5. EVALUATION CRITERIA**

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Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The four review criteria are outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review:

## **CRITERION 1: CORE COMPETENCIES**

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

- The extent to which the applicant demonstrates a comprehensive understanding of the purpose and intended outcomes aligned with the goals of this funding opportunity (5 points)
- The extent to which the applicant provides a comprehensive description and demonstrative understanding of the focus population including demographic description with relevant statistics and context; social determinants of health (SDOH); the barriers to care experienced by the population of focus; how the SDOH may impact the population of focus and how their proposed program will improve health outcomes for the population. (5 points)

## **CRITERION 2: IMPLEMENTATION**

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

- The extent to which the proposal outlines how their activities will support program initiation and implementation via realistic, well-defined timelines, and are specifically tailored to unique needs and dynamic within the youth population. (20 points)
- Includes a well-organized Year 1 workplan with clear sections for activities, timelines, and responsible parties. Applicant includes SMARTIE (Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable) objectives, clearly indicating expected outcomes. The Workplan is a detailed graphic depiction of the applicant’s capacity to deliver services that are equitable and inclusive to the population of focus. The applicant should provide clear details that describe overall goals, included staff, outcomes, and how members of the focus population will be engaged in program planning. Workplan is aligned with budget and budget justification. (10 points)
- The extent to which the applicant presents an overarching approach. Proposal includes thorough explanation of the main issues to be addressed and an overall strategy to execute all required activities over 3-year program period. Approach includes justification or rationale for the methods selected, detailed plan of activities, expected outcomes and measurable objectives. (5 points)
- The extent to which the application integrates and centers a robust peer-based model into programming. Outlines specific strategies for involving youth in programming conceptualization, implementation, and evaluation. Includes feasible methods for soliciting and incorporating youth feedback throughout the program period. Presence of comprehensive recruitment and retention strategies, to include of compensation if applicable. (15 points)

## **CRITERION 3: EVALUATIVE MEASURES**

**(12 POINTS)** – Corresponds to Sections: Performance Monitoring

- The extent to which the applicant’s proposal includes data collection methods and process and outcome performance measures according to activities specified in the project description, to include data on youth experiences and expected health outcomes (4 points)
- The extent to which the applicant describes how evaluation and performance measurement will be incorporated into planning, implementation and reporting of project activities. Includes a plan of

how findings will be used to demonstrate outcomes and conduct continuous quality improvement of project activities (4 points)

- The extent to which the applicant’s evaluation plan and quality improvement process have clear methods to include youth (4 points)

#### **CRITERION 4: CAPACITY**

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

- The extent to which the applicant describes their ability to implement the approach and address core components effectively. Outlines strategies for identifying and mitigating risks to ensure successful implementation. (8 points)
- The extent to which the applicant describes how leveraging partnerships will build capacity for implementing and evaluating the program. Includes discussion of how community input will shape program design. Provides evidence of successful collaborations and/or existing relationships with youth communities or local organizations supporting youth. (7 points)

#### **CRITERION 5: SAFETY**

(15 POINTS) – Corresponds to Sections: Protection of Youth

- The extent to which the application outlines safety procedures for all activities involving youth, including staff background checks, adequate supervision, and how those support systems and mechanisms will encourage youth to report concerns or seek support confidentially. (5points)
- The extent to which the applicant outlines a plan for staff training for continuous professional development on safety and crisis prevention and how it will prevent abuse. 4 points)
- The extent to which the application presents a strategy to educate youth about their rights and how to identify and report unsafe situations, including a procedure for feedback on safety concerns and program experiences. (4 points)
- The extent to which the applicant ensures programming is safe and accessible for youth, including psychological, environmental and physical safety. (2 points)

## **6. REVIEW AND SCORING OF APPLICATION**

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### **6.1 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.

## **6.2 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.

## **6.3 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.

## **7. POST AWARD ASSURANCES & CERTIFICATIONS**

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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.

## **8. APPLICATION SUBMISSION**

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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.

## 8.1 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#** 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](http://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](mailto: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](mailto: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

## 8.2 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
  - Budget Table
  - Budget Justification
  - Organization Chart
  - Work Plan
  - Risk self-assessment

## 8.3 DEADLINE

Submit your application via EGMS by 3:00 p.m., on the deadline date of December 2, 2024. Applications will **not** be accepted after the deadline.

**It is highly recommended that applicants submit their applications at least 48 hours before the deadline.**

## 9. PRE-APPLICATION MEETING

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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 November 21, 2024.

## **10. GRANTEE REQUIREMENTS**

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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:

### **10.1 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.

### **10.2 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.

### **10.3 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.

## **10.4 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.

## **10.5 VENDOR REGISTRATION IN DIFS**

All applicants 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.

## **10.6 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.

## **10.7 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.

## **10.9 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.

## **10.10 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.

## **11. ATTACHMENTS**

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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

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## 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 affected 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 Contractor's 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 more than 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.