



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH  
COMMUNITY HEALTH ADMINISTRATION

**DC Health Youth Advisory Council**  
**REQUEST FOR APPLICATIONS**

**FO# FO-CHA-PG-00007-000**

**RFA# CHA\_YAC\_7.8.22**

**SUBMISSION DEADLINE:**

**WEDNESDAY, AUGUST 10, 2022, BY 6:00 PM**

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

**DC DEPARTMENT OF HEALTH**

**Community Health Administration**

**NOTICE OF FUNDING AVAILABILITY (NOFA)**

**FO# FO-CHA-PG-00007-000**

**RFA# CHA\_YAC\_7.8.22**

**DC Health Youth Advisory Council**

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

Funding Opportunity Title:	DC Heath Youth Advisory Council
Funding Opportunity Number:	FO-CHA-PG-00007-000
Program RFA ID#:	RFA# CHA_YAC_7.8.22
DC Health Administrative Unit:	Community Health Administration
DC Health Program Bureau	Family Health Bureau
Program Contact:	Kamil Quander, Public Health Advisor Child, Adolescent and School Health Division DC Health <a href="mailto:DCHealthYAC@dc.gov">DCHealthYAC@dc.gov</a>
Program Description:	<p>The District of Columbia Department of Health (DC Health) Community Health Administration (CHA) is seeking proposals to implement and support the DC Health Youth Advisory Council (YAC). The YAC program is designed to promote health and build leadership skills among DC youth.</p> <p>The goal is to collaboratively engage and support young people of the District of Columbia to develop their ability to successfully navigate transitions in life and education, while building meaningful relationships and living healthy lives. Core programming topics could include but are not limited to: healthy relationships, education, health and wellness, leadership, employment and entrepreneurship</p>
Eligible Applicants	Non-profit, community-based organization

Anticipated # of Awards:	1
Anticipated Amount Available:	\$100,000 per year
Annual Floor Award Amount:	\$100,000
Annual Ceiling Award Amount:	\$100,000
Legislative Authorization	Social Security Act, Title V, 45 CFR 96 42 U.S.C. § 701(a)(1)
Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing/Match Required?	No
RFA Release Date:	July 8, 2022
Letter of Intent Due date:	Not applicable
Application Deadline Date:	August 10, 2022
Application Deadline Time:	6:00 p.m.
Links to Additional Information about this Funding Opportunity	<p>DC Grants Clearinghouse  <a href="https://communityaffairs.dc.gov/content/community-grant-program#4">https://communityaffairs.dc.gov/content/community-grant-program#4</a></p> <p>DC Health EGMS <a href="https://dcDCHealth.force.com/GO_ApplicantLogin2">https://dcDCHealth.force.com/GO_ApplicantLogin2</a></p>

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

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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 Source of Grant Funding.....	9
1.4 Award Information.....	10
<b>2. BACKGROUND.....</b>	<b>11</b>
2.1 Demographic Overview .....	11
2.2 Needs Assessment: Youth Risk Behavior Survey Results.....	12
2.3 COVID-19 Pandemic and its Impact on Children and Adolescents in the District .....	13
<b>3. PURPOSE .....</b>	<b>14</b>
3.1 PROGRAM APPROACH .....	14
3.2 YAC Framework.....	15
3.3 DEVELOPING Activities to Align with Core Components.....	16
3.4 Core Components and Indicators.....	17
3.5 Summation of the DC YAC Framework.....	21
<b>4. PERFORMANCE REQUIREMENTS.....</b>	<b>21</b>
4.1 Target Population.....	21
4.2 Location of Services .....	22
4.3 Scope of Services .....	22
<b>5. APPLICATION REQUIREMENTS .....</b>	<b>24</b>
5.1 Eligibility Documents .....	24
5.2 Proposal Components .....	25
<b>6. EVALUATION CRITERIA.....</b>	<b>30</b>
Criterion 1: Need.....	30
Criterion 2: Implementation.....	30
Criterion 3: Evaluative Measures.....	31
Criterion 4: Capacity.....	31
Criterion 5: Support Requested.....	31
<b>7. REVIEW AND SCORING OF APPLICATION .....</b>	<b>32</b>
7.1 Pre-Screening.....	32

7.2 External Review Panel.....	32
7.3 Internal Review.....	32
<b>8. POST AWARD ASSURANCES &amp; CERTIFICATIONS .....</b>	<b>33</b>
<b>9. APPLICATION SUBMISSION.....</b>	<b>33</b>
9.1 Register in EGMS .....	33
9.2 Uploading the Application .....	35
9.3 Deadline .....	35
<b>10. PRE-APPLICATION MEETING .....</b>	<b>35</b>
<b>11. GRANTEE REQUIREMENTS .....</b>	<b>36</b>
11.1 Grant Terms & Conditions.....	36
11.2 Grant Uses.....	36
11.3 Conditions of Award.....	36
11.4 Indirect Cost.....	37
11.5 Insurance .....	37
11.6 COVID-19 Grantee Requirement .....	37
11.7 Audits.....	37
11.8 Nondiscrimination in the Delivery of Services.....	37
11.9 Quality Assurance .....	38
<b>12. GLOSSARY OF TERMS .....</b>	<b>39</b>
<b>13. ATTACHMENTS.....</b>	<b>40</b>
<b>APPENDIX A: MINIMUM INSURANCE REQUIREMENTS .....</b>	<b>41</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 sub-award 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 **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 (15-page maximum)
    - Budget Table
    - Budget Justification
    - Organization Chart
    - Work Plan
    - Staffing Plan
    - Evaluation Plan
- ☐ Documents requiring signature have been signed by an agency head or **AUTHORIZED Representative** of the applicant organization.
- ☐ The Applicant needs a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- ☐ 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 minimum of one-inch margins. Applications that do not conform to these requirements will not be forwarded to the review panel.**
- ☐ The application proposal format conforms to the “Proposal Components” (See section 6.2) 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 **6:00pm** on the deadline of **08/10/2022**.



# 1. GENERAL INFORMATION

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## 1.1 KEY DATES

- Notice of Funding Announcement Date: **June 24, 2022**
- Request for Application Release Date: **July 8, 2022**
- Pre-Application Meeting Date: **visit <https://OGMDCHHealth.eventbrite.com>**
- Application Submission Deadline: **August 10, 2022**
- Anticipated Award Start Date: **October 1, 2022**

## 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 (CHA) within DC Health promotes healthy behaviors and healthy environments to improve health outcomes and reduce disparities in the leading causes of morbidity and mortality in the District. CHA focuses on population health strategies to prevent and control cancer, chronic disease, and vaccine preventable diseases; promote nutrition and physical fitness; ensure access to quality health care services; and support the health and well-being of families across the lifespan. CHA's approach targets the behavioral, clinical, and social determinants of health through evidence-based programs, policy, and systems change.

The Child, Adolescent and School Health Division (CASH) builds and sustains efforts to improve the quality of health outcomes of children and adolescents within the District of Columbia. CASH aims to enhance protective factors that contribute to a child's ability to transition into a thriving and healthy adulthood. The DC Title V program is committed to improving the health of the District's maternal and child health population, including children and youth with special health care needs. The Agency's Title V approach recognizes that a person's health is impacted by: factors present prior to conception; poverty and racism, which profoundly affect psychosocial well-being and contribute to disparities; and social policies, which can allow or prevent families from leading healthy lives.

## 1.3 SOURCE OF GRANT FUNDING

Funding is made available under the Title V Maternal and Child Health Services Block Grant Program.

## **1.4 AWARD INFORMATION**

### **1.4.1 Amount of Funding Available**

The total funding amount of \$300,000 in federal funding will be made available for one (1) award over a three-year period. The total funding amount of \$100,000 per twelve-month budget period in federal funds will be made available per 12-month period.

### **1.4.2 Performance and Funding Period**

Awards are projected to begin on October 1, 2022 and continue through September 30, 2025. There will be up to three 12-month budget periods (October 1, 2022 – September 30, 2023; October 1, 2023 – September 30, 2024; October 1, 2024 – September 30, 2025) for program implementation. The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and the recipient's performance.

### **1.4.3 Eligible Organizations/Entities**

Non-profit, community-based organizations are eligible organizations/entities who can apply for grant funds under this RFA.

### **1.4.4 Non-Supplantation of Funds**

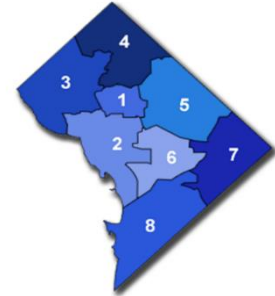
Recipients may supplement, but not supplant, funds from other sources for initiatives that are the same or similar to the initiatives being proposed in this award.

## 2. BACKGROUND

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### 2.1 DEMOGRAPHIC OVERVIEW

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



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

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<sup>1</sup> Government of the District of Columbia, Office of Planning. *District of Columbia Population Change by Ward: 2010 to 2020*. Published August 13, 2021.

<https://planning.dc.gov/sites/default/files/dc/sites/op/publication/attachments/Map%20-%20Population%20Change%20by%20Ward%202010-2020.pdf>

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

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

<sup>4</sup> United States Census Bureau. Quick-Facts: District of Columbia. <https://www.census.gov/quickfacts/fact/dashboard/DC/POP010220>

<sup>5</sup> DC Open Data. DC Health Planning Neighborhoods. <https://opendata.dc.gov/datasets/DCGIS::dc-health-planning-neighborhoods/about>. Updated December 8, 2021.

<sup>6</sup> DC Health Matters. *2021 Demographics*.

[https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=130951&sectionId=936#sectionPiece\\_72](https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=130951&sectionId=936#sectionPiece_72)

<sup>7</sup> DC Department of Employment Services. *Labor Force, Employment, Unemployment, and Unemployment Rate by Ward*.

[https://does.dc.gov/sites/default/files/dc/sites/does/page\\_content/attachments/DC%20Ward%20Data%20Dec21-Nov21-Dec20.pdf](https://does.dc.gov/sites/default/files/dc/sites/does/page_content/attachments/DC%20Ward%20Data%20Dec21-Nov21-Dec20.pdf)

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

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

## 2.2 NEEDS ASSESSMENT: YOUTH RISK BEHAVIOR SURVEY RESULTS

The Youth Risk Behavior Survey (YRBS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence, sexual behaviors related to unintentional pregnancy, and sexually transmitted diseases including HIV infection, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity.<sup>7</sup>

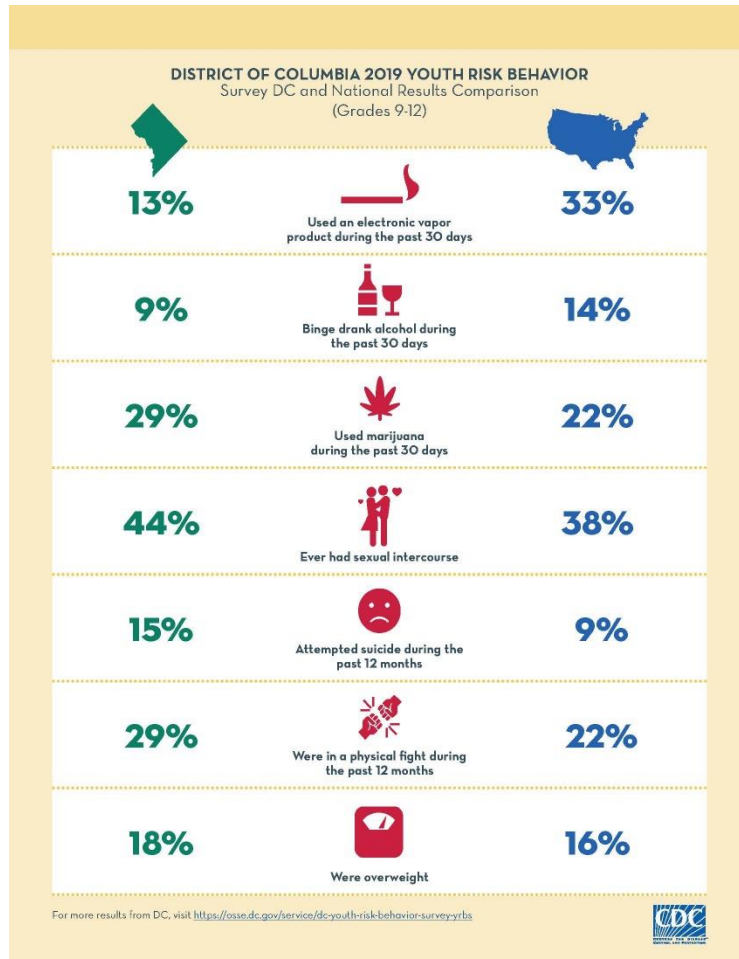
In the District of Columbia, the YRBS survey is conducted by the Office of the State Superintendent of Education (OSSE) every two years amongst middle- and high school-aged students. The 2019 YRBS indicated some positive health trends in the District, including declines in alcohol, tobacco, and illegal drug use and decreases in violence victimization and violent behaviors.<sup>8</sup> However, the survey also identified areas of concern, including declines in student mental health and increases in unhealthy sexual behaviors. According to the 2019 findings, DC high and middle school students increasingly report feeling sad and/or hopeless and attempting suicide, especially female students and those who identify as lesbian, gay, bisexual, or transgender. Additionally, despite some positive substance use trends, DC high school students were more likely to report using marijuana in the past 30 days and ever using other drugs (inhalants, heroin, methamphetamines, and ecstasy) than high school students nationally.<sup>9</sup> DC high school students were also more likely to report they ever had sexual intercourse (44%) and, among sexually active students, were more likely to report not using any method to prevent

<sup>7</sup> CDC. *Youth Risk Behavior Surveillance System (YRBSS)*. Adolescent Health and School Health. Retrieved June 2, 2022, from <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

<sup>8</sup> *District of Columbia Youth Risk Behavior Survey*. (2019). DC Office of the State Superintendent of Education.

<sup>9</sup> CDC. District of Columbia 2019 and United States 2019 Results. <https://nccd.cdc.gov/Youthonline>

pregnancy during their last sexual intercourse (21%) compared to high school students nationally. The infographic below visualizes some key results from the 2019 DC Youth Risk Behavior Survey, helping to further contextualize health trends amongst high school students in the District to those in the broader United States.<sup>10</sup>



## 2.3 COVID-19 PANDEMIC AND ITS IMPACT ON CHILDREN AND ADOLESCENTS IN THE DISTRICT

The ongoing COVID-19 pandemic has only exacerbated certain youth health issues in the District. The Adolescent Behaviors and Experiences Survey (ABES), conducted in 2021 online

<sup>10</sup> Why is my school participating in the DC YRBS? (2019). DC Office of the State Superintendent of Education. [https://osse.dc.gov/sites/default/files/dc/sites/osse/service\\_content/attachments/YRBS\\_Infographic\\_SchoolLeaders.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/service_content/attachments/YRBS_Infographic_SchoolLeaders.pdf)

to assess the impact of COVID-19 on behaviors and experiences of U.S. high school students, found: “Many populations that experienced more inequity before the pandemic also had greater risks during the COVID-19 pandemic related to mental health, suicide, substance use, abuse, and racism.” The pandemic has negatively impacted youth mental health and safety due to uncertainty, social isolation, stress, disruptions to daily life and loss of routines, need to quarantine, and loss of family members or loved ones. Nationally about 37% of students who completed the ABES reported that their mental health was most of the time or always not good during the COVID-19 pandemic, and over half of students reported experiencing emotional abuse in the home and more than 10% reported physical abuse in the home. Youth substance use also increased during the pandemic. Within the ABES, high school students strongly agreed or agreed that they drank more alcohol and used more drugs during the COVID-19 pandemic than before it started.<sup>11</sup>

### **3. PURPOSE**

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The District of Columbia Department of Health (DC Health), Community Health Administration (CHA), Child, Adolescent School Health Division (CASH) is requesting proposals from eligible community-based youth-serving organizations to design, plan and implement a District of Columbia Youth Advisory Council (DC YAC) to improve the health and overall outcomes of Youth Advisory Council members and targeted youth in the District of Columbia. Applicants must incorporate the Positive Youth Development (PYD) approach and utilize the DC Health YAC framework as a reference in their proposal to design, plan and implement the DC Youth Advisory Council.

Advancing youth health and wellbeing is a priority in the District, especially in response to the COVID-19 pandemic. Based on burden, youth health issues such as mental health, violence, sexual health, and healthy behaviors are key focus areas for DC YAC programming.

#### **3.1 PROGRAM APPROACH**

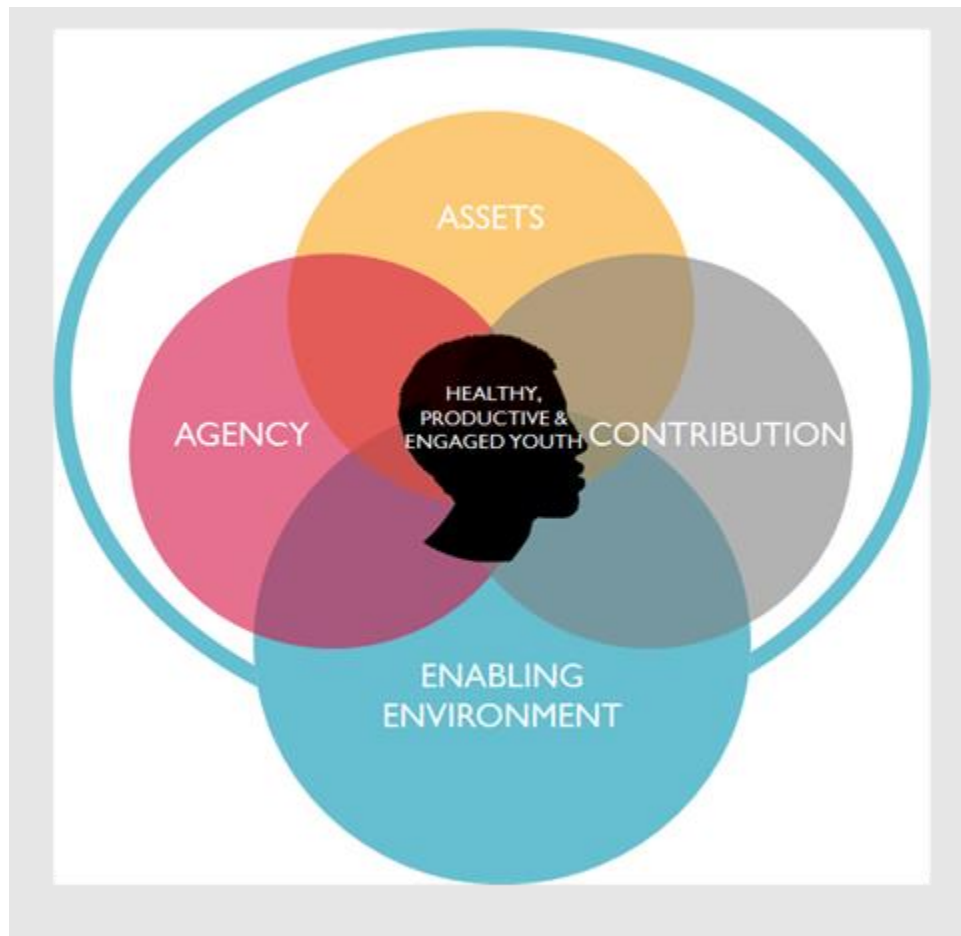
The grantee shall employ strategies and implementation activities as outlined in this section. Applicants shall demonstrate how the proposal will impact each of these areas and demonstrate their organizational capacity to do so.

The grantee shall utilize a Positive Youth Development (PYD) approach to developing and implementing YAC program activities. A PYD approach refers to a broad tactic that aims to build youth's competencies, skills, and abilities to grow and flourish throughout life. PYD is both a philosophy and an approach to adolescent development. This holistic approach is used as a

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<sup>11</sup> CDC. *Adolescent Behaviors and Experiences Survey (ABES)*. Adolescent Health and School Health. Retrieved June 22, 2022, from <https://www.cdc.gov/healthyyouth/data/abes/tables/index.htm>

guide in developing of the DC Health YAC Framework and program activities to ensure the support of healthy, productive, and engaged youth. PYD ensures that youth have the necessary assets (i.e., resources, skills, competencies) to achieve their goals, a sense of agency, are engaged to provide meaningful contributions, and are situated within enabling environments (Figure 1).



**Figure 1: Domains of PYD Framework (Hinson et al., 2016).**

### **3.2 YAC FRAMEWORK**

Applicants shall design, plan and implement DC YAC activities referencing the five core components listed and defined below. These core components provide the overarching themes that anchor and guide the development and evaluation of the YAC activities. The core components are as follows:

- Core Component 1: Relationships and Inclusion
- Core Component 2: Education



- Core Component 3: Health and Wellness
- Core Component 4: Leadership and Advocacy
- Core Component 5: Employment and Entrepreneurship

These components are modeled from an existing tool created to guide the development of youth councils or other forms of collaborative youth engagement ([CYN Youth framework 2015](#)). Each core component is associated with several long-term goals for YAC members. Complete details on the core components and their associated goals, indicators, and example metrics are provided in the next section. The YAC framework has also utilized additional tools and guides that focus on specific areas of adolescent development. The specific areas of development are focused on physical, cognitive, emotional, social, and morals and values. It's important to recognize that these developmental areas overlap and intersect. The structure of the DC YAC has incorporated certain program activities that support these identified areas of youth or adolescent development and the importance of cultivating competence, confidence, connection, character and caring (the five (5) C's) in young people in order to move away from a risk reduction approach to youth development and move towards implementation of strategies that promote healthy youth development. The DC YAC Program is designed to support healthy youth development. The program utilizes a multifaceted approach to work toward this objective. They include robust recruitment strategies, training/education, workshops, resources/benefits and planning and implementation of activities. These elements offer the youth the ability to develop the necessary skills for positive development.

### **3.3 DEVELOPING ACTIVITIES TO ALIGN WITH CORE COMPONENTS**

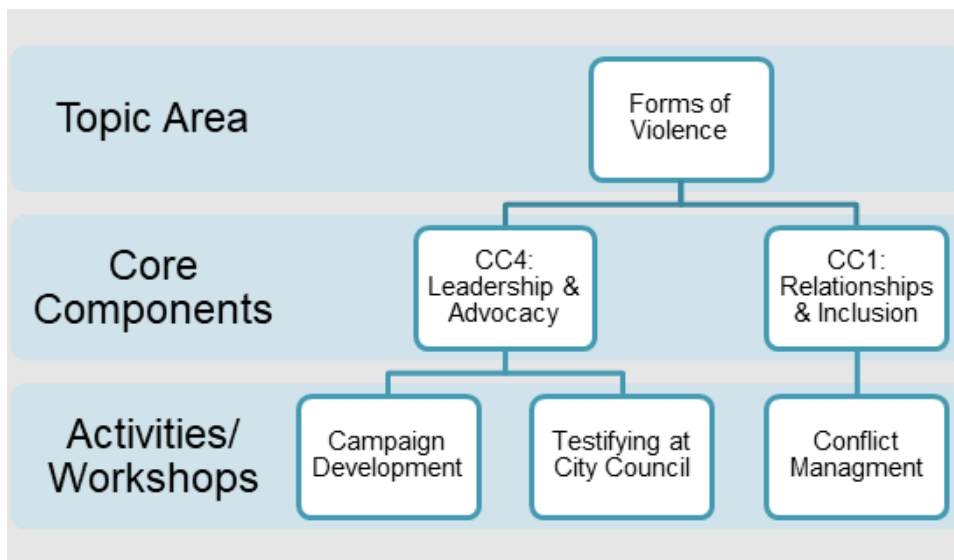
The framework allows for the emergence of new or changing topic areas and the flexible development of workshops and activities. Fundamentally, this framework is supported by and will align with priorities identified by the Maternal and Child Health Advisory Council and the Title V Community Health Needs Assessment. Example topic areas are listed below:

- Sexual Health and Dating
- Youth Violence
- Nutrition and Physical Wellbeing
- Environmentalism
- Life Skills and Financial Awareness
- Personal Development/Visioning/Goal Setting
- Mental Health
- Homelessness
- Social Justice
- YAC Member-identified Topics

Topic areas may align with one or more of the core components of the framework. Although the topic areas that the DC YAC will focus on may change from year to year, each core component should be integrated into the DC YAC activities each year. **Figure 2** below provides an example



schematic of how activities, topic areas, and core components are related. **Appendix B** provides a more comprehensive example of a potential approach toward integrating the DC YAC workshops and activities with the framework.



**Figure 2. Example Depiction of Relationship between YAC Workshops/Activities, Topic Areas, and Core Components**

### **3.4 CORE COMPONENTS AND INDICATORS**

Applicants will utilize the defined core components and corresponding indicators below to develop an evaluation plan for the DC YAC. Each core component is associated with outcome goals and success indicators used to evaluate the effectiveness of DC YAC programming. Achievement towards these goals may be assessed using success indicators and metrics that can be measured during a respective YAC year. An outline of these goals, potential indicators, and example metrics is provided below.

## Core Component 1: Relationships and Inclusion

Developing and maintaining positive relationships is critical for young people as they transition to early adulthood (Department of Health & Human Services, 2019). It is important that young people are able to effectively communicate, engage in decision making, and have positive social skills. Conflict resolution and collaborative problem solving are essential to achieving these outcomes. It is intended that participation in the DC YAC gives young people additional skills that encourage health and inclusive relationships and interactions.

Long-term Outcomes	Success Indicators	Example Metrics
Young people have a network of healthy relationships with their peers and the surrounding community.	YAC members are given a safe space to explore themselves and increase confidence.	Proportion of YAC members report having an adult they can talk to about their problems
	YAC members receive training in relationship building and equity diversity and inclusion.	Proportion of YAC members who have a mentor
	YAC members are connected to support networks.	Increased proportion of YAC members who value the inclusion of people different from themselves
	YAC members experience social inclusion.	YAC members report developing new relationships as a result of YAC experiences.
		Increased strength of relationship/network ties among former and current YAC members
Young people effectively collaborate with other individuals and organizations in their communities.	YAC members are equipped with community engagement best practices and skills.	YAC members collaborate as a group to execute a community project.
	YAC members are equipped with conflict resolution skills.	YAC members report practicing shared leadership.

## Core Component 2: Education

The education component focuses on encouraging lifelong learning and scholarship. By integrating interactive and participant-driven activities into the DC YAC Program, members will be more engaged and able to practice their leadership skills during and after participation.

Long-term Outcomes	Success Indicators	Example Metrics
Young people have educational experiences that promote successful skill development and lifelong learning.	YAC members have learning opportunities that align with, and create awareness of, personal interests.  YAC members are engaged in a variety of learning styles and methodologies.	YAC members report X percent of workshop/activities were engaging.  YAC members report X percent workshop/activities were relevant.
Young people access meaningful learning, training, and skill development opportunities.	YAC member's ideas, perspectives, skills and strengths are integrated into the design and delivery of programs and activities.	YAC members are provided the opportunity to lead and develop activities and workshops.

## Core Component 3: Health and Wellness

Physical and emotional wellbeing provides young people with the ability and confidence to achieve their full potential. The health and wellness core component provides youth with a robust understanding of their own health, and the health of their peers and community. Providing a holistic approach to health within the DC YAC will equip members with strategies to address many individual and community-level health concerns.

Long-term Outcomes	Success Indicators	Example Metrics
Young people are proactive about their physical, mental, and emotional health.	YAC members receive nutrition, mindfulness, and physical health education.	YAC members report knowing how to prepare healthy foods; YAC members report healthful eating practices.  YAC members learn and apply strategies to deal with stress and anxiety.
Young people have an understanding of the social and environmental determinants of health.	YAC members receive education and training related to health disparities and environmental health.	YAC members research and present 1 case study on a community health topic of their choice.

Young people are equipped to take action to support a healthy lifestyle.	YAC members have knowledge of, and access to, health related resources.	Proportion of YAC members who report engaging in behaviors that support healthy lifestyles during their service.
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## Core Component 4: Leadership and Advocacy

The youth leadership and advocacy component aim to equip young people with the knowledge, skills, and experiences to become effective leaders and advocates in their communities. Young people who are engaged in leadership roles often have higher self-esteem and grades and are more physically active and committed to their friends, families and communities (Sacks, R., 2009). Youth with leadership and advocacy skills are able to take action to communicate their values, represent their interests, and obtain services they need. They are also able to work in partnership with their peers and others to promote social inclusion, equality and social justice.

Long-term Outcomes	Success Indicators	Example Metrics
Young people have the leadership skills that provide them with the capacity to be engaged, productive members of their communities.	<p>YAC members can define leadership for themselves.</p> <p>YAC members take leadership roles within the community.</p> <p>YAC members have knowledge of their neighborhood and community.</p>	<p># of YAC members who feel they know how to effectively advocate for issues they care about</p> <p>Young people participate in decision-making that affects them.</p>
Young people are involved in their community and participate in creating solutions.	<p>YAC members volunteer and contribute their skills to their community or school.</p> <p>YAC members create, lead, and implement community solutions.</p>	<p>Proportion of YAC members that participate in community organizations or boards</p> <p>Proportion of YAC members who volunteer in their community or at school events</p> <p>YAC members provide input and influence DOH programs, policies, or approaches.</p>
Young people are resilient and resourceful in finding their own solutions.	<p>YAC members have the confidence to advocate for themselves.</p> <p>YAC members share their opinions and play a role in informing decisions.</p>	<p># of YAC members who believe their voice/opinion matters</p> <p># of YAC members who believe they can enact change in their school or community</p>

## Core Component 5: Employment and Entrepreneurship

Providing resources and supports that offer skill-building related to employment and entrepreneurship has been shown to have positive effects on the career development of young people (Workforce GPS, 2019). Additionally, fostering entrepreneurship in young people can empower them to invest in innovative career trajectories.

Long-term Outcomes	Success Indicators	Example Metrics
Young people have relevant experiences, tools and resources to facilitate entry into employment.	YAC members receive training in communications, professional networking, resume writing, and interview skills.	100% of YAC members report having gained or refined at least one professional development skill.
	YAC members are exposed to diverse career pathway options.	YAC members report being exposed to X number of career options throughout their tenure.
	YAC members are encouraged and provided tools to discover their personal mission in life, vision and goals.	YAC members report having an increased understanding of themselves and the goals they want to achieve.

### 3.5 SUMMATION OF THE DC YAC FRAMEWORK

This framework has provided background as to why the DC Youth Advisory Council (YAC) is an effective public health approach that can utilize young people's voices, energy and enthusiasm to affect positive change and improve health outcomes for District residents. The framework utilizes the Positive Youth Development approach as the best practice theory behind its development and provides additional guides and models as evidence to support its use. As a result, the grantee shall be required to utilize the framework and methodology behind the development in planning, implementation and evaluation of the DC YAC. This framework provides examples for the grantee of aligning the essential core components with potential topic areas and activities and how that alignment allows us to develop goals and objectives that assist in conducting program evaluation.

## 4. PERFORMANCE REQUIREMENTS

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Applicants should propose projects that meet the criteria listed below.

### 4.1 TARGET POPULATION

The target population is DC YAC members and includes all youth in the District of Columbia that the YAC members will be aiming to educate, inform and possibly recruit to become future YAC members.

## **4.2 LOCATION OF SERVICES**

The grantee must be located in the District of Columbia and services must be delivered in the following targeted settings:

- District of Columbia schools,
- District of Columbia agency offices/headquarters and/or virtual platform
- Grantee's headquarter location and affiliated offices

All staff who work directly with young people must pass and complete a background check with District of Columbia Public Schools and the Public Charter schools within 30 days of the award period and prior to the provision of services. Grantees will be responsible for coordinating with schools to ensure the necessary background clearances are completed and documentation is provided to DC Health.

## **4.3 SCOPE OF SERVICES**

The grantee shall utilize a Positive Youth Development (PYD) approach in developing of strategies, workshops, trainings, programs, and services. The grantee shall reference the DC YAC framework during implementation to ensure the support of healthy, productive and engaged youth.

The DC YAC will be comprised of students from across the District of Columbia, with the purpose of developing young leaders amongst their peers and community and build skills in community project planning. Grantee shall collaborate with DC Health to increase the impact of the program within schools and the community across the three-year term.

The grantee will be directly responsible for ensuring the accuracy, timeliness and completion of all grant deliverables under this effort including program development, implementation, and technical assistance in implementing specific activities of the Youth Advisory Council. All printed and educational materials must be approved by designated DC Health staff prior to securing or finalizing. Electronic copies of documents must be provided in Microsoft Word, PowerPoint, or Excel Format (unless otherwise noted).

### **Core Program Logistics**

- The grantee shall recruit and retain 30 YAC members aged 14-21 from all eight Wards and ensure retention. The YAC shall recruit a racially diverse group of young people that identify with all gender types to ensure we have an inclusive YAC representative of the youth population in DC.
- The grantee shall develop the schedule for and plan to host YAC meetings and training on various topics related to youth development from local community-based organizations and/or other District agencies. All slides and materials must be secured, reviewed and approved by DC Health prior to implementation. Youth development topics should include but are not limited to topics that directly align with the DC Health Title V priorities topic areas and those noted in the DC YAC Framework. These priority topics are determined

during the summer months in consultation with the Maternal and Child Health Advisory Board.

- The grantee shall secure all materials needed for the weekly DC YAC meetings and events throughout the year including awards, certificates, incentives, refreshments and snacks, keepsakes, supplies, and parting gifts. DC Health will provide a list of items.
- The grantee shall expand and build DC YAC's strategic partnerships and community networks by establishing formal relationships with other youth organizations, schools, and DC agencies that focus on youth services. YAC members will utilize the partnerships to extend the reach and impact of YAC activities.
- Grantee shall engage the YAC in working with other youth to engage in public health initiatives and awareness activities (i.e. immunization, COVID-19, access to health services, health literacy, etc.)
- The grantee shall attend events planned for the YAC. Events may include advocacy, outreach or programming events.
- The grantee shall leverage social media to increase the reach and scale of DC YAC activities and advance youth engagement, including communicating important DC YAC events and co-creating content with YAC members to spread awareness on key youth health issues in the District. DC Health must approve all social media content (e.g., wording, graphics, etc.) before posting online.
- The grantee shall engage with and lead the activities of a Summer Youth Advisor cohort. The Summer Youth Advisor program is comprised of YAC members available to continue programmatic work during the summer and focuses on developing the next year's program priorities and any other DC Health ad hoc requests. Summer schedule corresponds with the school's summer schedule.
- To establish accountability and value of each YAC members' commitment to serving the District of Columbia, the grantee must establish a payment system that will account for the YAC member's time in participation and travel to selected sites.

### **Events and Activities**

- Grantee shall create and integrate interactive and participant-driven activities that encourage lifelong learning and scholarship for YAC members.
- The grantee will establish a process to create an educational forum for YAC members and the community focused on one or more of the youth development topics from above.
- The grantee shall partner with other youth groups and schools to coordinate learning and service opportunities for YAC members.

### **Monitoring and Reporting Deliverables**

Develop a plan to provide the following deliverables in an agreed upon format and by a specified deadline. Reporting requirements are subject to change as determined by DC Health. Additional reports may be requested by DC Health and supplied by the Grantee to monitor program progress and outcomes.

- The grantee shall attend bi-weekly grantee meetings. The grantee shall submit a comprehensive End of Fiscal Year Performance Report annually including but not limited to key activities, progress updates, challenges and deviations from the plan.
- The grantee shall support data collection activities, including but not limited to gathering member responses to evaluation assessments, feedback on workshops/sessions, and responses to ad hoc requests from DC Health to acquire youth perspectives on initiatives. DC Health will provide evaluation templates to implement for target audiences.
- The grantee will use existing and develop new indicators to best track progress toward DC YAC Program goals and objectives.

<b>Deliverable</b>	<b>Timeline for Submission</b>
Year-End Performance Report	Annually
Data collection	Ongoing, as needed
Indicator Development	Ongoing, as needed

## **5. APPLICATION REQUIREMENTS**

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### **5.1 ELIGIBILITY DOCUMENTS**

#### **CERTIFICATE OF CLEAN HANDS**

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

#### **CURRENT BUSINESS LICENSE**

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

#### **CURRENT CERTIFICATE OF INSURANCE**

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

#### **COPY OF CYBER LIABILITY POLICY**

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



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

#### **IRS TAX-EXEMPT DETERMINATION LETTER**

This applies to nonprofits only.

#### **IRS 990 FORM**

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

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

This CANNOT be signed by the executive director.

#### **ASSURANCES, CERTIFICATIONS AND DISCLOSURES**

This document must be signed by an authorized representative of the applicant organization. (Attachment 1).

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

## **5.2 PROPOSAL COMPONENTS**

### **PROJECT ABSTRACT**

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

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

### **PROJECT NARRATIVE** (15-page maximum)

The narrative section should describe the applicant's approach to supporting and implementing a Youth Advisory Council based on the DC Youth Advisory Council Framework. 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 youth population as relevant to this project.
- Describe current public health challenges experienced by the youth population and its impact on youth development.
- Identify any gaps in services and resources that may address the identified public health issue facing young people. 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 of the narrative should provide a clear and concise description of strategies and activities the applicant will use to achieve the project outcomes and detail how the program will be implemented. Applicants must base their strategies and activities on those described in the Performance Requirements sections 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.

- Describe plan for how YAC will engage and sustain partnerships with other youth organizations and young people in the District of Columbia.
- Describe applicant's experience working with organizations in other sectors to address social determinants of health and plans for engaging existing and establishing new cross-sector partnerships to improve health outcomes for young people in the District and successfully build the DC YAC network.
- Describes a plan for how DC YAC will engage with other youth-serving organizations and young people in DC to increase the community reach of the YAC members.

#### ***PERFORMANCE MONITORING***

This section should describe applicant's plan for collecting and reporting data, including the required metrics outlined in Section 4.3 Scope of Services.

Describe what information will be collected and by whom (e.g., CBO, other staff).

- Describe plans for how data will be recorded and tracked.

- Describe plans for how data will be used to conduct ongoing evaluation and continuous improvement activities.
- Describe plans for how data will be reported to DC Health in a timely manner.

### ***ORGANIZATIONAL CAPACITY***

This section should provide information on the applicant’s current mission and structure and scope of current activities and their alignment with the DC YAC framework.

This section should provide information on the applicant’s current mission and structure and scope of current activities and their alignment with those of the DC YAC framework.

- Describe how the mission and structure contribute to the organization’s ability to conduct the program requirements and meet program expectations.
- Describe established relationships within the target population, DC youth aged 14–21.
- Describe capacity to fulfill the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- Describe experience and past successes working collaboratively with government agencies and non-government organizations from various sectors to implement health and/or public health initiatives to advance a public health goal.
- Describe the organizational personnel that have demonstrated qualifications (training and experience) in planning, implementing, and evaluating evidenced-based or informed programs with a Positive Youth Development approach.
- Describe ability to manage staff and policies enforced to oversee completion of tasks.
- Describes strategies to manage schedules, financial management and organization skills efficiently.
- Applicants should affirm organizational leadership commitment to complete the project as proposed in the work plan.

### **WORK PLAN**

The Work Plan is required (Attachment 2). The work plan describes key process objectives and goals for successful program implementation. Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables.

- The work plan should include a chronological list and description of activities to be performed. Each activity should have an identified responsible staff, target completion dates, and projected outcomes.
- The work plan should include process objectives and measures. Objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed)
  - The attributes of a SMART objective are as follows
    - Specific: includes the “who”, “what”, and “where”. Use only one action verb to avoid issues with measuring success.

- Measurable: focuses on “how much” change is expected.
  - Achievable: realistic given program resources and planned implementation.
  - Relevant: relates directly to program/activity goals.
  - Time-bound: focuses on “when” the objective will be achieved.
- Objectives are different from listing program activities. Objectives are statements that describe the results to be achieved and help monitor progress towards program goals. Activities are the actual events that take place as part of the program

## **BUDGET TABLE**

The application should include a project budget worksheet using the excel spreadsheet in District Grants Clearinghouse as noted in the form provided (Attachment 3). The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes. The budget should reflect two budget periods, as outlined below (Key Budget Requirements).

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

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

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

- Year 1 (October 1, 2022 – September 30, 2023): implementation period, during which grantee will conduct YAC's activities.

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 (Attachment 4). The budget justification is a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the proposed project narrative.

Include the following in the Budget Justification Narrative:

**Personnel Costs:** List each staff member to be supported by (1) funds, the percent of effort each staff member spends on this project, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each

staff member (or indicate a vacancy), position title, percentage of full-time equivalency dedicated to this project, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for service delivery and/or coordination, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality, and reporting. This list must include the Project Director on the Notice of Award.

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

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

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

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

***Equipment:*** Include the projected costs of project-specific equipment (e.g., blood pressure monitors, home health backpacks, hardware/software for data collection/tracking, etc.). Provide itemized costs, specifications, quantity, unit, unit cost, and basis for a 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 consultants and/or contractual.

## **ORGANIZATIONAL CHART**

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

## **STAFFING PLAN**

The applicant’s staffing plan must be submitted (*no template provided*). The staffing plan should describe staff qualifications and include the type and number of FTEs. Staff CVs, resumes, and position descriptions may also be submitted.

## **Evaluation Plan**

The evaluation plan (Attachment 5) should outline the progress of the workplan goals.

## **6. 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 five 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: NEED**

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

The extent to which the applicant

- Provides an overview of the youth population as relevant to this project. (2 points)
- Describes current public health challenges experienced by youth population and its impact. (2 points)
- Identifies any gaps in services and resources that may address the identified public health issue facing young people. (2 points)
- Describes the specific problem(s) and contributing factors to be addressed within the target population. (2 points)
- Describes their ability to reach the priority population and how they will be served through this project. (2 points)

### **CRITERION 2: IMPLEMENTATION**

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

The extent to which the applicant:

- Demonstrates a strong understanding of a Positive Youth Development approach and describes how it will be utilized for the effective development and implementation of DC YAC program activities (5 points)
- Describes clear plan for how 30 YAC members will be recruited, enrolled, and retained in the program. (5 points)
- Demonstrates how proposed plan provides a foundation for retention of youth members and community partners. (5 points)
- Describes clear plan for how the grantee will provide services to youth members, including but not limited to community connections that relate to youth development topics. (5 points)
- Represents a logical and realistic plan of action for timely and successful achievement of objectives that support program goals in the work plan (5 points)

- Outlines plan to increase the impact of the program within schools and the community in collaboration with DC Health. (5 points)

### **CRITERION 3: EVALUATIVE MEASURES**

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

- Applicant demonstrates proficient capacity in data collection, storing of data, and strong data management policies to collect data for DC YAC including but not limited to gathering member responses to evaluation assessments, feedback on workshops/sessions, and responses to ad hoc requests from DC Health to acquire youth perspectives on initiatives (10 points).
- Applicant provides innovative indicators to track progress towards DC YAC program goals and objectives in its evaluation plan. (10 points)

### **CRITERION 4: CAPACITY**

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

The extent to which the applicant:

- Outlines its mission and structure and scope of current activities are aligned to those of the DC YAC and will contribute to their ability to conduct program requirements and meet program expectations. (5 points)
- Describes clear plans for engaging existing and/or establishing a cross-sector network of partners to support the implementation of the applicant's program, which can be leveraged to successfully build the DC YAC network. (5 points)
- Describes plan for how DC YAC will engage with other youth serving organizations and young people in DC to increase the community reach of the YAC members. (5 points)
- Demonstrates experience and past successes working collaboratively with government agencies and non-government organizations from a variety of sectors to implement health and/or public health initiatives aimed to advance a public health goal. (5 points)
- Describes strategies to efficiently manage schedules, financial management and organization skills. (5 points)
- Demonstrates capacity to fulfill the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. (5 points)
- Has personnel with demonstrated qualifications (training and experience in planning, implementing and evaluating evidenced based or informed programs with a Positive Youth Development approach). (5 points)
- Has demonstrated reach and established relationships within target population, DC youth aged 14-21. (5 points)

### **CRITERION 5: SUPPORT REQUESTED**

Not scored - Corresponds to Sections: Budget and Budget Justification

The extent to which the applicant:

- Provides a proposed budget that is reasonable for the project period in relation to the objectives, the complexity of the activities, and the anticipated results. Costs outlined in the budget and required resources sections are reasonable given the scope of work.
- Demonstrates key personnel have adequate time devoted to the project to achieve project objectives.

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

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### **7.1 PRE-SCREENING**

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 PANEL**

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

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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 DCRA.
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

Failure to submit the required assurance package will likely make the application ineligible to sign/execute grant agreements.

## 9. APPLICATION SUBMISSION

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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 DC Health Office of Grants Management in time for submission. To register, complete the following:

#### IMPORTANT: WEB BROWSER REQUIREMENTS

1. **Check web browser requirements for EGMS** –EGMS is supported by the following browser versions:
  - Microsoft ® Internet Explorer ® Version 11

- Apple ® Safari ® version 8.x on Mac OS X
  - Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
  - Google Chrome ™ version 30 & above (Most recent and stable version recommended)
2. **Access EGMS:** The user must access the login page by entering the following URL in to a web browser: [https://dcdoh.force.com/GO\\_ApplicantLogin2](https://dcdoh.force.com/GO_ApplicantLogin2) Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.
  3. 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.
  4. Your EGMS registration will require your legal organization name, your **DUNS # 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](http://www.sam.gov)).
  5. When your Primary Account User request is submitted in EGMS, the DC Health 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. **SUBJECT LINE: EGMS PRIMARY USER AGENCYNAME.** 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.
  6. Once you register, your Primary Account User will get an auto-notice to upload a “DUNS Certification” – this will provide documentation of your organization’s DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

#### **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
- Wrong DUNS, 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 (15-page maximum)
- Budget Table
- Budget Justification
- Organization Chart
- Work Plan
- Staffing Plan
- Evaluation Plan

## 9.3 DEADLINE

Submit your application via EGMS by 6:00 p.m., on the deadline date of August 10, 2022. Applications will **not** be accepted after the deadline.

## 10. 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 to do so. Registration is required.

RFA Updates will also be posted on the [District Grants Clearinghouse](#).

Questions about this funding opportunity **will only be accepted in writing**. All responses to questions received will be published to the District Grants Clearinghouse in a Frequently Asked Questions (FAQ) document.

## **11. 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:

### **11.1 GRANT TERMS & CONDITIONS**

All grants awarded under this program shall be subject to the DC Health Standard Terms and Condition for all DC Health issued grants. 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 grant agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
4. Utilize performance monitoring and reporting tools developed and approved by DC Health.

## **11.4 INDIRECT COST**

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. Grant awardees will be allowed to budget for indirect costs of no more than ten percent (10%) of total direct costs.

## **11.5 INSURANCE**

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

DC Health reserves the right to request certificates of liability 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.

## **11.6 COVID-19 GRANTEE REQUIREMENT**

All applicants that receive awards under this RFA are required to ensure that their employees, agents, and sub-grantees (“grantee personnel”) are in compliance with Mayor’s Order 2021-099, available at: <https://coronavirus.dc.gov/page/mayor%E2%80%99s-order-2021-099-covid-19-vaccination-certification-requirement-district-government>. Frequently asked questions about the vaccine certification requirement are made available online, [here](#).

To ensure compliance with this item, grantees shall upload a signed attestation from an authorized representative from your organization into the organization profile in EGMS before the Notice of Grant Award is released. A template for an attestation form and step-by-step guide on how to upload the document into EGMS will be provided.

## **11.7 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 CRF part 200, subpart F rules must have available and submit as requested the most recent audit reports, as requested by DC Health personnel.

## **11.8 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.

## **11.9 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 the Department of Health and provided and held for record and use by DC Health in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DC Health Office of Grants Management.

## 12. GLOSSARY OF TERMS

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**Youth** - Persons between the ages of 15 and 24 years.<sup>12</sup>

**Youth advisory council** - A body of young people appointed by one or more government officials, institutions or organizations to advise on issues of public policy or administrative actions which are felt to directly affect young people

**Positive Youth Development** - An intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups and families in a manner that is productive and constructive, recognizes, utilizes, and enhances young people strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships and furnishing the support needed to build on their leadership strengths.

**Youth Engagement** - Means involving youth in planning and making decisions that involve themselves and others.<sup>13</sup>

**Healthy Behaviors** - Health behaviors, sometimes called health-related behaviors, are actions taken by individuals that affect health or mortality. These actions may be intentional or unintentional and can promote or detract from the health of the actor or others. Actions that can be classified as health behaviors are many; examples include smoking, substance use, diet, physical activity, sleep, risky sexual activities, health care seeking behaviors, and adherence to prescribed medical treatments.<sup>14</sup>

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

**Social Determinants of Health** – Social determinants of health are the conditions in which people are born, live, work, play and age that influence health. The public health community has long understood that there is a link between an individual’s health and the social environmental and economic conditions within which an individual resides and interacts. Social determinants of health include access to healthy foods, housing, economic and social relationships, transportation, education, employment and access to health. The higher the quality of these resources and supports, and the more open the access for all community members, the more community outcomes will be tipped toward positive health outcomes. Thus, improving

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<sup>12</sup> WHO, United Nations, Definition of Youth <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>

<sup>13</sup> “What Is Youth Engagement, Really?” *Youth Engagement - ACT for Youth*, [https://actforyouth.net/youth\\_development/engagement/](https://actforyouth.net/youth_development/engagement/).

<sup>14</sup> Short, Susan E, and Stefanie Mollborn. “Social Determinants and Health Behaviors: Conceptual Frames and Empirical Advances.” *Current Opinion in Psychology*, U.S. National Library of Medicine, Oct. 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511598/>.

conditions at the individual and community level involve improving societal conditions, Page 36 of 36 including social and economic conditions (freedom from racism and discrimination, job opportunities and food security), the physical environment (housing, safety, access to health care), the psycho-social conditions (social network and civic engagement), and psychological conditions (positive self-concept, resourcefulness and hopefulness).

## **13. ATTACHMENTS**

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Attachment 1: Assurances and Certification

Attachment 2: Work Plan

Attachment 3: Budget Table

Attachment 4: Budget Justification

Attachment 5: Evaluation Plan

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 sub-grantee 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 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 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.