DEPARTMENT OF HEALTH (DOH)
HIV/AIDS, HEPATITIS, STD and TUBERCULOSIS ADMINISTRATION (HAHSTA)
NOTICE OF FUNDING AVAILABILITY (NOFA)
2016 Transgender Health Initiatives

Summary of Amended Content
October 20, 2015
RFA# HAHSTA_DROP10.16.15

Page: Cover Page

Change From:
Application Submission Date Deadline: October 30, 2015 by 4:30 p.m.

Change To:
Application Submission Deadline: **November 6, 2015** by 4:30 p.m.

Remove: second logo

Insert NOFA

Page 1, Section: Available Funding
Change From:

Available Funding: Approximately $250,000 will be available for up to two providers for this FY16 grant award, with a two year optional, performance-based continuation year. The grant will be awarded through the use of District of Columbia Appropriated Funds as authorized by pending legislation for the FY16 local budget. The award under this authorization is projected to begin on January 1, 2016 and end on September 30, 2016.

Change To:
Available Funding: Approximately $250,000 will be available for up to two providers for this FY16 grant award, with a three year optional, performance-based continuation year. The grant will be awarded through the use of District of Columbia Appropriated Funds as authorized by legislation for the FY16 local budget. The award under this authorization is projected to begin on January 1, 2016 and end on September 30, 2016.

Page 2, Section: Program Activity Details
Change From:
PROGRAM ACTIVITY DETAILS
Transgender Health Initiative Program
**Approximately $250,000.00 available, up to two (2) awards*
Program Period, January 1, 2016-September 30, 2016, with two option years

Change To:
PROGRAM ACTIVITY DETAILS
Transgender Health Initiative Program

***Approximately $250,000.00 available, up to two (2) awards**
Program Period, January 1, 2016-September 30, 2016, with three option years

<u>Page 5, Section: Program Required Elements and Specific Evaluation Criteria for Program Area</u>

Remove:

Recommended Components*:* Applicants must describe their ability to address each of the recommended components listed above (i.e., provide hepatitis screening and education; linkages to hepatitis vaccinations; linkages to legal assistance; and patient navigation services to insurance carriers). Applicants must provide a detailed plan that describes their ability to integrate the recommended components of the Transgender Health Initiative into their program.

Condom Distribution: Applicants must describe how they will incorporate condom distribution into their existing programs to increase availability of free condoms to their target populations. HAHSTA will provide free condoms.

<u>Page 6, Section: Program Required Elements and Specific Evaluation Criteria for Program Area</u>
Remove:

Harm Reduction Activities: Applicants must demonstrate their understanding of harm reduction principles and practice, their knowledge of needle exchange (NEX) best practices and an understanding of HAHSTA policies and procedures for the delivery of NEX services.

HIV Counseling & Testing: Applicants must present a detailed plan for increasing knowledge of HIV status among clients of their needle exchange program. This can take the form of performing HIV testing or linking clients to HIV counseling and testing. In either case a complete description of how this task will be accomplished is expected. Applicants should emphasize how clients found to be HIV positive will be linked into HIV medical care. Applicants must also address the ability to access providers that offer HIV medical care and are user friendly to transgender persons. **MOU's without evidence of direct contact with agency personnel do not meet HAHSTA's requirement for demonstrating strong relationships that lead to enhanced access and/or linkage to services.**

Hepatitis Prevention & Screening: Applicants must include a detailed description of how the proposed program will provide either direct services or supported linkage to hepatitis screening, prevention, vaccinations, and education. Applicants should demonstrate an extensive understanding of hepatitis infection as it pertains to the community and should provide a clearly outlined strategy for linking hepatitis positive clients to a medical home where their disease can be managed.

Other Supported Linkage Services: Applicants must include a detailed description of how the proposed program will provide supported linkage to services such as; job readiness, drug detox and treatment, mental health services, wound care services, PrEP education, linkages to the PrEP

regimen, overdose prevention, STD screening and other social service needs of the transgender population. Supported linkage refers to a "hands on" approach for ensuring successful linkage and involves documented follow-up on the clients' progress in securing needed services.

Page 6, Section: Program Required Elements and Specific Evaluation Criteria for Program Area

Change From:

Stigma Reduction: Applicants must describe how they will address stigma associated with transgender persons accessing HIV and hepatitis treatment services.

Change To:

Stigma Reduction: **Applicants must describe how they will assist members of the transgender community with facing stigma.**

Page 8, Section 2: Application Submission Procedures- Internet

Change From:

This information shall be used to provide updates and/or addenda to the RFA#_THIP10.16.15 Transgender Health Initiative Program.

Change To:

This information shall be used to provide updates and/or addenda to the HAHSTA_ RFA#DROP10.16.15 Transgender Health Initiative Program.

Page 13, Section: Review Process and Funding Decisions

Remove: Review Process and Funding Decisions (entire section)

Insert: REVIEW AND SCORING OF APPLICATION (entire section)

Page 14, Section: External Review Panel

Change From:

Grants will be awarded through the use of District of Columbia Appropriated Funds as authorized by pending legislation for the FY16 local budget.

Change To:

Grants will be awarded through the use of District of Columbia Appropriated Funds as authorized by legislation for the FY16 local budget.

Page 15 A. Assurances Required to Submit Applications (Pre-Application Assurances)

Change from:

- Signed Assurances and Certifications
  - **a.** Certifications (attachment F3),
  - **b.** Federal Assurances (attachment F2)
  - **c.** DOH statement of Certification (attachment F1)

Change to:

Signed Applicant/Grantee Assurances, Certifications & Disclosures (Attachment F)

Page 16, Section: B: Assurances required for signing grant agreements for funds awarded through this RFA (Post- Award)

Remove:

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

Change From:

It is recommended that the Assurance Packet be submitted to the Financial Management and Administration Services Division by Friday, November 6, 2015 to allow for review and evaluation.

Change To:

It is recommended that the Assurance Packet be submitted to the Financial Management and Administration Services Division by Wednesday, October 28, 2015 to allow for review and evaluation.

ATTACHMENT A:

Change from: HAHSTA_RFA#_THIP10.16.15

Change to: HAHSTA_RFA#_DROP10.16.15

ATTACHMENT C:

Change from: HAHSTA_RFA#_THIP10.16.15

Change to: HAHSTA_RFA#_DROP10.16.15

Funding Opportunity

Government of the District of Columbia Department of Health

H A H S T A

AMENDED

Transgender Health Initiatives

(Drop-in Center, Health Education and Support Services)

RFA# HAHSTA_DROP10.16.15

Submission Deadline: November 6, 2015 by 4:30 p.m.

LATE APPLICATIONS WILL NOT BE ACCEPTED

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

WE ARE WASHINGTON DC

The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH 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 DOH, as well as any reduction, elimination or re-allocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of 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 DOH terms of agreement.

DEPARTMENT OF HEALTH (DOH)
HIV/AIDS, HEPATITIS, STD and TUBERCULOSIS ADMINISTRATION (HAHSTA)

NOTICE OF FUNDING AVAILABILITY (NOFA)

AMENDED

HAHSTA_RFA#_DROP10.16.15

2016 Transgender Health Initiatives

This notice supersedes the notice published in DC Register on 10/02/2015 volume 62/41

The Government of the District of Columbia, Department of Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is soliciting applications from qualified organizations to provide prevention services. The following entities are eligible to apply: private, non-profit and for profit organizations, and licensed to conduct business in the District of Columbia. Private entities include community development corporations, community action agencies, community-based and faith-based organizations.

Target Populations: Applications are being solicited to target transgender individuals.

Program Area: Transgender Health Initiatives

Total Available – up to $250,000.00 is anticipated to make up to two awards to provide a comprehensive program that leads to positive health outcomes for transgender persons who are HIV negative and persons living with HIV.

Grants will be awarded using District of Columbia appropriated funds as authorized by the FY 16 local budget. All awards resulting from this RFA are contingent upon the availability of locally appropriated District of Columbia funding. Grant awards under this authorization are projected to begin January 1, 2016 and end September 30, 2016, with three additional option years. The Department of Health reserves the right to rescind the RFA and funding at any time.

The release date for this Request for Applications (**RFA) is 10/16/2015**. The RFA#**_DROP10.16.15** will be available on the following website http://www.opgs.dc.gov/opgd/cwp/view, under District Grants Clearinghouse. A limited number of copies of the RFA will be available for pick up at DOH/HAHSTA offices located at 899 North Capitol Street, NE Washington, DC 20002 4th floor.

The Request for Application (RFA) submission deadline is no later than 4:30 p.m. on Friday, November 6, 2015. Late applications will not be accepted for funding consideration. A Pre-Application Conference will be held **on Wednesday, October 21, 2015 from 10:00 a.m. to 12:00 p.m.** at 899 North Capitol Street, NE, 4th Floor, Washington, DC in the HAHSTA 4th floor conference room.

Please contact Stacey Cooper at 202-671-4900 or Stacey.Cooper@dc.gov for additional information.

District of Columbia Department of Health
RFA Terms and Conditions

v06.2015

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

- Funding for a DOH sub-award is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.

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

- The RFA does not commit DOH to make any award.

- Individual persons are not eligible to apply or receive funding under any DOH RFA.

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

- DOH 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).

- DOH 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 to the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.

- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

- DOH 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.

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

- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

- DOH 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.

- DOH 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 (i.e. the total number of years for which funding has been approved) 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.

- 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.

- DOH 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, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH under OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; 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.

- 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: www.opgs.dc.gov (click on Information) or click here: City-Wide Grants Manual.

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy,** please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers.

Transgender Health Initiatives

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Transgender Health Initiatives

RFA# HAHSTA_DROP10.16.15

OVERVIEW

Purpose

The DC Department of Health; HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) intends to support up to two Transgender Health Initiative programs. The applicant must describe their capacity to provide a comprehensive program that leads to positive health outcomes for transgender persons who are HIV negative and persons living with HIV. These services are intended to fund client support services that will promote individual health, well-being and self-sufficiency to prevent HIV, STDs, hepatitis and TB.

The goals of the Transgender Health Initiative program are to:

- Increase healthy outcomes and individual success through strategies to enhance economic, behavioral health, social services, housing and other opportunities;
- Provide a safe and confidential environment for transgender persons;
- Increase the number of transgender persons accessing HIV, STD, hepatitis and TB screening, primary medical care, Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), HIV medical care and treatment (including linkage and retention to achieve viral load suppression), health insurance, and additional health services; and
- Increase cultural competency among health and non-health providers to ensure safe, respectful and appropriate services for transgender persons.

Available Funding: Approximately $250,000 will be available for up to two providers for this FY16 grant award, with a three year optional, performance-based continuation year. The grant will be awarded through the use of District of Columbia Appropriated Funds as authorized by pending legislation for the FY16 local budget. The award under this authorization is projected to begin on January 1, 2016 and end on September 30, 2016.

Additional Non-funded Resources and Opportunities

HAHSTA encourages applicants to consider adding complementary activities and resources to its prevention programs as appropriate. It is encouraged that the following add-on opportunities be utilized to develop a comprehensive HIV prevention program that addresses key District goals for reducing transmission of HIV; such as, increasing the number of condoms distributed, increasing the availability of syringes (including their safe removal), and increasing the number of individuals aware of their hepatitis and STD risk and status.

HIV testing technical assistance/test kit supports: the District is committed to providing free oral rapid HIV tests and 4th generation test kits to community partners to make this non-invasive technology available to broader segments of the population. HAHSTA offers test kits, training for providers, and technical assistance to funded as well as non-funded partners.

Applicants may also consider participating in test promotion rather than test provision. HAHSTA has developed a wide social marketing strategy to promote the participation in HIV screening at the provider as well as at the community level. For example, materials for the "Ask for the test" are readily available for providers to distribute within the community, preferably outside of their established client base, in order to enhance the impact of this social marketing campaign.

Innovative Testing Strategies: HAHSTA also makes available to funded and non-funded providers, training and skills development in innovative CTRS strategies such as Social Networks. HAHSTA is able to mobilize resources to schedule Social Networks trainings, hosted by the U.S. Centers for Disease Control and Prevention (CDC) and DOH/HAHSTA staff.

PROGRAM ACTIVITY DETAILS

Transgender Health Initiative Program

Approximately $250,000.00 available, up to two (2) awards
Program Period, January 1, 2016-September 30, 2016, with three option years

The Department of Health has made Health Equity a priority of its public health vision for the District of Columbia. A definition from the CDC: Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." HAHSTA is applying the Health Equity framework in launching a new Transgender Health Initiative that aims to promote health, wellness and individual success. HAHSTA recognizes that to achieve improved health outcomes for transgender persons, the Initiative will require a comprehensive approach that offers pathways for economic independence, self-advocacy, housing stability, life skills management and other supports. HAHSTA intends to fund up to two providers to develop a comprehensive program with multiple components to address the transgender community's needs.

To be more effective, public health, health care, and prevention practitioners must understand the cultural context of the transgender community, and possess the skills and desire to work in those contexts. Providers must have cultural competence in order to interact effectively with people of different cultures and backgrounds to produce positive change. Understanding the social determinants of health that affect the transgender community is a key component to reducing health disparities and achieving health equity. Applicants must describe the social determinants of health that transgender persons may face. They must also explain how they will address the social determinants of health to ensure healthy outcomes.

Applicants must provide a detailed description for a programmatic approach that provides a comprehensive health and wellness program that addresses the needs of the transgender community.

Transgender Health Initiatives

RFA# HAHSTA_DROP10.16.15

The core components of the Transgender Health Initiative are below:

1. Pathway to Success
    a. Navigation to workforce development, vocational rehabilitation and employment services
    b. Life skills management
    c. Job orientation, readiness and preparation
    d. Navigation to housing services
    e. Navigation to behavioral health services
    f. Navigation to income and financial assistance programs and services
    g. Navigation to relevant public benefit programs
    h. Navigation to health insurance
    i. Navigation to legal assistance
2. Safe and Confidential Space
    a. Day drop-in center: access to locker facilities, shower, restrooms, clothing bank, computers, food, and social engagement activities
    b. Youth and young adult focused activities
    c. Education on personal safety and violence prevention
    d. Support for managing stigma
    e. Navigation to other providers of transgender services
3. Peer Model
    a. Training and support
    b. Stipend, if applicable
    c. Plan for center and community engagement
4. Health Services
    a. HIV testing and linkage to care
    b. Pre- Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) education, linkage to PrEP services and support for individuals on PrEP
    c. STD screening
    d. Navigation to primary medical care
    e. Health literacy
    f. Sexual health education
    g. Syringe access services
    h. Condom distribution
    i. Linkage to hepatitis screening and education
    j. Linkage to hepatitis vaccination
5. Capacity Building
    a. Cultural competency training for clinical and non-clinical community providers

HAHSTA released a supplemental report entitled *HIV among Transgender Persons in the District of Columbia* in 2014 that provided a detailed analysis of the demographic and HIV care data of transgender individuals in the District of Columbia. Here are the key findings of this supplement on transgender persons living with HIV in the District:

- At the end of 2013, there were a total of 16,423 residents of the District of Columbia diagnosed and living with HIV, of which 246 (1.5%) were among transgender persons.
- Two-thirds of transgender persons living with HIV are transgender women.
- High rates of transgender persons were linked to care (96.3%), received care in 2014 (69.9%) and achieved viral suppression (62.2%), which are higher than the District's average.
- One-third of transgender persons were initially diagnosed with Stage 3 HIV disease, previously known as an AIDS diagnosis. Though some of those persons were able to increase their CD4 counts to Stage 1 or Stage 2, 54% remained at Stage 3. Overall, among HIV positive persons who were ever diagnosed at Stage 3, only 25% were documented to have Stage 3 disease based on the last CD4-related laboratory information received by the health department.

There are encouraging statistics that transgender persons are getting linked to care and remaining in care. This initiative intends to support individuals for greater success in retention in treatment and viral suppression. Nearly a third (29.0%) of transgender persons living with HIV were diagnosed between the ages of 20-29 years of age, and one-third (33.5%) were diagnosed between 30-39 years of age. The initiative aims to address the particular needs of young transgender women and men.

A successful applicant will be able to successfully describe their capacity to deliver a program that specifically targets the transgender community and promotes positive health outcomes. Applicants must provide a scope of work, identify a program approach, include the number of clients to be served, and the service units to be delivered. Applicants must complete a 12 month budget and service plan that clearly outlines a plan for delivery of a package of services for the transgender community.

Applicants must establish, document, and maintain formal linkages internally and/or externally for provisions of a drop-in center, needle exchange services, linkages to HIV screening, navigation services, job readiness programs (Department of Employment Services- DOES), HIV medical care linkages, linkages to or access to hepatitis screening, hepatitis risk and prevention education, linkages to hepatitis vaccination, Post Exposure Prophylaxis (PEP) education, linkages to PEP, Pre-Exposure Prophylaxis (PrEP) education, linkages to PrEP, overdose prevention/treatment, linkages to case management, linkages to primary medical care services,

linkages to residential and outpatient substance abuse treatment programs, linkages to methadone programs, linkages to mental health services, and other support services.

Program Required Elements and Specific Evaluation Criteria for Program Area

Target Population: Applicants must include a full description of their target population (i.e., transgender men and women, members of the young transgender community, and Latino/a transgender individuals), the cultural competency required to serve the population and recruitment activities to engage members of the community. Applicants must demonstrate an understanding of the barriers to service utilization that are often the case for members of the transgender community and give a thorough plan for increasing the potential for successful linkage. Using a client advocacy, navigation or a short term case management approach are accepted ways of addressing supported linkages that provides potential for greater success. This section should also include the number of individuals to be targeted and served.

Social Determinants: Applicants must address the social determinants of health that may affect the health and well-being of the target population. Social determinants of health can have a significant impact on target population health outcomes. Factors related to health outcomes may include but are not limited to: housing status, education level, access to health care, health literacy and access to food. Applicants must describe how the proposed program will improve the conditions of daily life for the transgender population and how these factors can lead to improved health outcomes.

Peer Support: Applicants must describe how they will improve the knowledge base and capacity of the transgender community to have them become peer educators. The peers will be an integral part of the program and provide education and support to other clients.

Core Components: Applicants must describe their organization's capacity to address each of the core components listed above (i.e., HIV testing and linkage to care, Pre-Exposure Prophylaxis (PrEP) education, linkage to PrEP services and support for individuals on PrEP, a safe and confidential day drop-in center to include access to computers, syringe exchange services, job readiness assistance, a clothing bank, laundry facilities, locker facilities, a shower, and clothing bank; linkages to STI screening; navigation to "transgender-friendly" providers, linkages to primary medical care and behavioral health, general health and sexual health education, education sessions to promote transgender safety, condom distribution; and cultural competency sessions for clinical and community based providers establish a safe drop-in center that specifically targets transgender persons). Applicants must provide a detailed plan that includes provisions for each activity.

Past Performance: Applicants must describe their past experience in working with the target population and their ability to access, recruit, engage and retain program participants. Past performance as a HAHSTA sub-grantee is a factor during the review process.

Stigma Reduction: Applicants must describe how they will assist members of the transgender community with facing stigma. Applicants must include a plan that details the steps that will be taken to address fear of rejection and/or stigma as a barrier to participants accessing services.

Monitoring and Evaluation: Applicants must describe their capacity to capture, report, and review key characteristics of individuals enrolled in Transgender Health Initiative services that are critical to program implementation. The plan should include targets for number and types of providers and professionals to be reached and outcomes for program goals. Applicants must have the ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables. All funded providers are required to report client-level data in accordance with DOH-specific policies and processes.

Other Supported Linkage Services: Applicants must include a detailed description of how the proposed program will provide supported linkage to services such as; job readiness, drug detox and treatment, mental health services, wound care services, PrEP education, linkages to the PrEP regimen, overdose prevention, STD screening and other social service needs of the transgender population. Supported linkage refers to a "hands on" approach for ensuring successful linkage and involves documented follow-up on the clients' progress in securing needed services.

Partnerships: Applicants must describe their ability to develop partnerships with external partners (i.e., Department of Employment Services- DOES, clinical providers, HIV screening providers, behavioral health providers, insurance carriers, and community based providers). Evidence of partnerships must include Memorandums of Agreement, sub-contractual agreements, and/or letters of support. A successful applicant will demonstrate their capacity to provide a comprehensive program that includes access to complementary services.

Collaboration: Applicants must address their willingness to work with HAHSTA and other funded providers to ensure the delivery of quality services and ensure adequate coverage across the District without overlapping the geographic locations.

*APPLICATION ELEMENTS****

I. HAHSTA Assurance Packet
II. Executive Summary (Required Template)
III. Background, Need, and Impact Description (up to 7 pages)
IV. Organizational Capacity Description (up to 10 pages)
V. Partnership, Linkages and Referrals Description (up to 5 pages)
VI. Program Activity Plan (up to 15 pages)
- i. Program Activity Narrative, including evaluation plan
- ii. Work Plan (Required Template)
- iii Budget (Required Template)

VII. Attachments

APPLICATION SUBMISSION PROCEDURES

1. Pre-application Conference

A Pre-Application Conference will be held on October 21, 2015 from 10:00 a.m. to 12:00 p.m. The meeting will provide an overview of HAHSTA's RFA requirements and address specific questions about the RFA.

The conference will be held in the 4thFloor Conference Room at the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) 899 North Capitol Street, NE, 4th Floor.

2. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting Stacey.Cooper@dc.gov. Please be sure to put "**RFA Contact Information**" in the subject box.

Name of Organization
Key Contact
Mailing Address
Telephone and Fax Number
E-mail Address

This information shall be used to provide updates and/or addenda to the RFA#DROP10.16.15 Transgender Health Initiative Program.

3. Letter of Intent (LOI)

A LOI is not required, but is highly recommended. This information will assist HAHSTA in planning for the review process. Please fax only one LOI per application to HAHSTA, using the template in Attachment A, no later than 4:30 p.m. on October 21, 2015. The letter of intent should be faxed to Stacey L. Cooper at (202) 671-4860.

4. *Assurances*

It is recommended that the Assurance Packet be submitted to the Financial Management and Administration Services Division by October 28, 2015 to allow for review and evaluation. Applicants with complete assurance packets will receive a receipt that they should bring with them along with their application in lieu of the assurance documents at the time they submit their application. Proposals from organizations that do not have the complete required assurances will not be considered for funding.

The envelope with the assurances must have attached a copy of the Assurance Checklist or the receipt that confirms a complete assurance packet was received.

Please contact April Richardson on 202-671-4828 regarding assurance submission.

5. Prepare application according to the following format:

    a. Font size: 12-point unreduced

    b. Spacing: Double-spaced

    c. Paper size: 8.5 by 11 inches

    d. Page margin size: 1 inch

    e. Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.

    f. Printing: Only on one side of page

    g. Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

6. Submit one original and five hardcopies of your application to HAHSTA by 4:30 p.m. on October 30, 2015. Applications delivered after that deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration
4th Floor Conference Room
899 North Capitol Street, NE
Washington DC 20002

The application must have the following components:

I. Executive Summary

II. Applicant Profile

III. Background, Need and Impact Description

IV. Organizational Capacity Description

V. Partnership, Linkages and Referral Description

VI. Program Activity Plan (one for each activity)

    a. Program Activity Narrative, including evaluation plan

b. Work Plan (Required Template)

VII. Budget (Required Template) Attachments

One original and five hardcopies must each be submitted in separate envelopes. The original must have attached a copy of the Application Receipt (Attachment C) affixed to the front of the envelope.

APPLICATION EVALUATION CRITERIA

HAHSTA Assurance Packet

Required, not scored. [1 packet in good standing required from each organization]

Executive Summary (Required Template)

Required, not scored
Template includes Summary Budget

Background, Need, and Impact Description

5 points

The extent to which the applicant:

a. Demonstrates a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program activities;

b. Includes data and other supporting evidence to justify the proposed approach and target audience(s) and presents sources of such data;

c. Demonstrates the potential for significant impact and success in achieving the selected goal for the selected priority population;

d. Describes how the proposed activities enhance or complement existing or planned activities of the applicant's organization.

e. Demonstrates that services will only be used for District residents in District venues.

Organizational Capacity Description

5 points

a. Demonstrated experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community).

b. Evidence of staff and organizational expertise and performance in activities and services related to those proposed in this application. (Please present any relevant

performance results from prior or related activities).

c. Structure, management and staffing, and administrative/fiscal management supports: Describe how you will ensure that staff members reflect the target population and have a history of experience working with the proposed target population or can demonstrate proven effectiveness in working with the target population or on the proposed interventions. (Please describe, as a group, the characteristics of your key program staff in terms of experience working with the target population, gender, race/ethnicity, HIV serostatus, area of risk expertise, or other relevant factors). Describe past management of governmental grant funds, and/or current administrative structure in place to support effective management.

d. Overall monitoring & evaluation system and expertise— please describe: current system of data collection and methods for reporting HIV prevention activities including data system specifications and data management information systems; capacity to collect and report client-level data for HIV prevention services and the effect of those services on client HIV risks and health service utilization; any barriers and facilitators to the collection of client level demographic and behavioral characteristics; plans to ensure data quality and security; any technical assistance needs to meet evaluation and monitoring requirements.

e. Services Checklist—describe the core services your agency directly provides and the core services for which direct linkages to other service providers currently exist. This checklist will be kept on file as part of cataloguing available services and service providers in DC.

f. Note: Organizations should only apply for the program service areas they can effectively support and implement during the upcoming year. That is, if an organization applies for multiple program activities, the organizational capacity evaluation will be based on the ability to realistically implement all of the proposed plans, in keeping with the resource and scale-up approaches of the application. However, only one application per organization with multiple program areas will be accepted. The submission of more than one application per organization will be deemed ineligible and will not be reviewed.

Partnership, Linkages, and Referrals Description

25 points

Organizations that are most successful are often those that have well-defined missions and implement programs within their comparative advantage, extending or changing their mission strategically and consciously over time.

We do, however, encourage organizations to be aware of critical partnerships that are available and can provide complementary services to clients. Inclusion of Memorandums of Agreement (MOA) and/or Memorandums of Understanding (MOU) will not suffice as proof of partnerships. In this section, we are NOT looking for general information on referrals to each

and every service that might be available. Instead, we ARE looking for you to identify the complementary services that are most often most critical to the clients you serve, and to describe the direct linkages you have established or plan to establish with a handful of close providers to serve your clients' needs.

Specifically, describe your plans for a linkage network to ensure that clients identified through your program have access to comprehensive services, including additional prevention services as well as primary care and essential support services (substance abuse treatment, mental health services, housing, etc.) that will maintain HIV-positive individuals in systems of care and potentially provide relevant services to most-at-risk HIV-negative individuals.

- Provide copies of sub-contracts and agreements with providers and other agencies where your clients may be linked. Organizations should develop sub-contracts with core collaborating agencies that will support prevention activities.

- Explain how you will track linkages and their outcomes, as well as how you will collect and report data on referrals.

Specific areas of comment should include:

- How will you ensure linkages of high-risk negatives to prevention services?
- How linkages will ensure that the target population receives HIV and hepatitis screening and additional complementary services?
- How will you ensure patient follow-up and confirmation of attendance at appointments?

Program Activity Plan*

65 points

Overall, the program activity plan will be scored on the feasibility of being fully and successfully implemented and having prevention impact on the target population(s). Targeted population(s) must be clearly identified for each activity. Approach includes overcoming barriers to reaching participants effectively over time, and include a reasonable plan to assess performance and effect. Proven capacity to deliver same or related services strengthens the feasibility of successful performance. ***Plan should explicitly include organizational and/or client level targets.***

Each Program Activities Details section highlights specific required elements that should be included in your plan and specific evaluation criteria that will be applied in scoring. All standard elements will be reviewed as part of evaluation criteria. This summary provides a thorough description to routine best practices and required elements for strong programs, on which the technical evaluation of your application will be based. It also highlights details to evaluating descriptions of these programs.

a. Program Activity Narrative, including Evaluation Plan (10 points for performance and evaluation plan component)

b. Work Plan (Required Template Attachment D)

c. Budget (Required Template Attachment E) - not scored

Supplemental Description:

The following questions translate some of the key program elements and approaches to how they may be evaluated in your application and should be used to assist your preparation of the program plan.

Transgender Health Initiatives

- How will you ensure services are culturally sensitive and relevant?
- How will you ensure linkages to complementary services occur?
- How will you ensure client confidentiality?
- How will you collect and report process and monitoring data for this program model?
- What is/are your recruitment strategy/strategies? How did you involve the target population in selecting the recruitment strategy/strategies and determining the use of incentives for your program? List and describe how incentives will be used throughout your program.
- How will your program activities address barriers to HIV prevention and issues of stigma and discrimination based on infection status, race, sexual orientation, or gender identity?
- What qualifications will you require of staff providing HIV prevention services?
- How will you address the target populations documented risk for HIV and hepatitis B & C?
- How will you train, support, and retain staff to provide these program models?

REVIEW AND SCORING OF APPLICATION

Technical Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH 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.

External Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program 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.

Internal Review

DOH 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. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct an DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH 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 DOH to fund the applicant.

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

In addition to your application's comprehensive objective review, the following factors may affect the funding decision:

Preference for funding will be given to ensure that the overall portfolio of funded activity best meets the overall programming needs of the District. Specifically:

- Considerations will be given to both high and lower prevalence areas: the number of funded organizations may be adjusted based on the burden of infections in the jurisdiction as measured by HIV or AIDS reporting.

- Funded applicants are balanced in terms of targeted racial/ethnic minority groups. (The number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)

- Funded applicants are balanced in terms of geographic distribution. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)

- Funded organizations have substantial experience serving the proposed target population.

- ***All services are for District residents in District venues ONLY.***

Grants will be awarded through the use of District of Columbia Appropriated Funds as

authorized by legislation for the FY16 local budget.

POSTAWARD ACTIVITIES

Successful applicants will receive a letter confirming their award. It will also outline the next steps as a sub-grantee with the Department of Health.

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by DOH/HAHSTA and following the procedures determined by DOH/HAHSTA. If you are funded, reporting forms will be provided during your grant-signing meeting with HAHSTA.

Continuation of funding for Years 2 and 3 are dependent upon the availability of funds for the stated purposes, fiscal and program performance under the Year 1 grant agreement, and willingness to incorporate new District-level directives, policies, or technical advancements that arise from the community planning process, evolution of best practices, or other locally relevant evidence.

BUDGET DEVELOPMENT AND DESCRIPTION

You will need to provide a detailed line-item budget and budget justification that includes the type and number of staff you will need to successfully put into place your proposed activities. You must follow the model of the sample budget included Attachment E.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities (give this in a percentage, e.g., 50% of time spent on evaluation).

The applicant should list each cost separately when possible, give as much detail as possible to support each budget item, and demonstrate how the operating costs will support the activities and objectives it proposes.

The applicant shall use a portion of their proposed budget for evaluation activities.

Indirect Costs

If your organization has a Federally Negotiated Indirect Cost Agreement, you will be required to submit a copy of that agreement in lieu of providing detail of costs associated with this line. You may charge indirect at a rate not to exceed 10% of the total projected direct costs of your program.

If your organization does not have a Federally Negotiated Indirect Cost Agreement, you will be

required to provide detail of what costs are captured in your indirect cost line not to exceed 10% of the total projected direct cost of your program.

ASSURANCES

HAHSTA requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package.

HAHSTA classifies assurances packages as two types: those "required to submit applications" and those "required to sign grant agreements." Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

A. Assurances Required to Submit Applications (Pre-Application Assurances)

- Applicant/Grantee Assurances, Certifications & Disclosures (Attachment F)
- Current Certification of Clean Hands from Office of Tax & Revenue (OTR)
- 501 (c) 3 certification
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

B. Assurances required for signing grant agreements for funds awarded through this RFA (Post-Award)

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

A list of current HAHSTA sub-grantees with valid assurance packages on file with HAHSTA will be available for review at the pre-application conference. Current sub-grantees who do not attend the pre-application conference may contact their grant monitor after the conference to review the list of their valid assurance packages on file. Organizations with confirmed valid assurance package on file will not be required to submit additional information.

It is recommended that the Assurance Packet be submitted to the Financial Management and Administration Services Division by Wednesday, October 28, 2015 to allow for review and evaluation. Applicants with complete assurance packets will receive a receipt that they will bring with them in lieu of the assurance documents at the time they submit their application. Proposals from organizations that do not have the complete required assurances will not be considered for funding.

The envelope with the assurances must have attached a copy of the Assurance Checklist or the receipt that confirms a complete assurance packet was received.

Please contact April Richardson at 202-671-4828 regarding assurance submission.

HAHSTA CONTACTS

Applicants are encouraged to e-mail or fax their questions to the contact person(s) listed below on or before October 28, 2015. Questions submitted after the deadline date will not receive responses. Please allow ample time for questions to be received prior to the deadline date.

Contact Person: Stacey L. Cooper, MSW
Deputy Division Chief, Prevention
Government of the District of Columbia, Department of Health
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
899 North Capitol Street, NE 4th Floor
Washington, D.C. 20002
E-Mail: Stacey.Cooper@dc.gov
Phone: 202.671.4900
Fax: 202.671.4860
Direct Budget Questions to Anthony Young:
Anthony.Young@dc.gov

Glossary of Terms

Target Population: A particular group of people that is identified as the intended recipient of a service, activity or program (i.e. transgender persons). **All services are intended for District residents only.**

Program Area: The particular service area available for funding.

Social Determinants: Economic and social conditions that influence the health of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. Social determinants of health affect factors that are related to health outcomes (http://www.cdc.gov/nchhstp/socialdeterminants/faq.html).

Drop-In Center: A safe and confidential location that includes access to computers, job readiness assistance, a clothing bank, laundry facilities, locker facilities, a shower, and clothing bank; linkages to STI screening; navigation to "transgender-friendly" providers, linkages to primary medical care and behavioral health, general health and sexual health education, education sessions to promote transgender safety, and condom distribution.

Harm Reduction Activities: A set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

List of Attachments

Attachment A: Letter of Intent

Attachment B: Applicant Profile

Attachment C: Applicant Receipt

Attachment D: Work Plan

Attachment E: Budget Format and Guidance

Attachment F: Applicant/Grantee Assurances, Certifications & Disclosures

Attachment G: Application Checklist

Attachment H: Organizational Services Summary

Attachment I: Executive Summary

Attachment J: Assurances Checklist

Attachment A: Letter of Intent

Letter of Intent to apply for the 2016 Transgender Health Initiatives program from HAHSTA. Although a letter of intent is not required, this information will assist the HIV/AIDS, Hepatitis, STD and TB Administration in planning for the review process.

Please fax your letter of intent to Stacey Cooper at (202) 671-4860 by October 21, 2015.

The purpose of this letter is to inform you that our organization is interested in applying for funding under **HAHSTA_RFA#_DROP10.16.15.**

Name of Organization _____

Mailing Address_____

City_____ State_____ Zip _____Ward_____

Contact Name_____

E-mail_____

Phone:_____ Ext:_____ Fax:_____

Category Applying Under

(If you wish to apply to provide services to more than one service area you must note them on this letter of intent and submit no more than one application per organization.)

_____ Program Area: Transgender Health Initiatives

ATTACHMENT B - Applicant Profile

Applicant Name:

_____

TYPE OF ORGANIZATION

Small Business_____ Non-Profit Organizations _____Other _____

Contact Person:_____

Office Address:_____

_____

Telephone: _____

E-Mail Address:

_____

Program Description:

_____

_____

DUNS#

Program Area:

BUDGET

Total Funds Requested: $_____

ATTACHMENT C: Applicant Receipt

District of Columbia, Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration
899 North Capitol Street, NE
Washington, DC 20002

HAHSTA_RFA#_ 0.16.15

THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH
HAHSTA - PREVENTION AND INTERVENTION SERVICES DIVISION IS IN RECEIPT OF:

_____
(Contact Name/Please Print Clearly)

_____
(Organization Name)

_____
(Address, City, State, Zip Code)

_____ _____ _____
(Telephone) **(Fax)** **(E-mail Address)**

_____ **$**_____
(Program Title- If applicable) **(Amount Requested)**

Program Area for which funds are requested in the attached application:

(Check Just one per Application)

_____ Program Area: Transgender Health Initiatives Program

	Area: Transgender Health Initiatives
[District of Columbia, Department of Health USE ONLY]	
ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES	
RECEIVED ON THIS DATE: _____/_____/ 2015	
TIME RECEIVED: _____ RECEIVED BY: _____	

ATTACHMENT D: WORK PLAN

Please duplicate this page as needed for each Program Goal. Ensure that there are goals and objectives linked to each of the interventions covered under this grant.	
Grant #:	**Submission Date:**
Target Population /Service:	**Submitted by:**
Total Budget $	**Telephone #**

GOAL 1:

Measurable Objectives/Activities:

Process Objective #1: ***[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]***

Key activities needed to meet this objective:	Start Date/s:	Completion Date/s:	Key Personnel (Title)
•			
•			
•			
•			

SAMPLE

Process Objective #2:

Key activities needed to meet this objective:	Start Dates:	Completion Dates:	Key Personnel (Title)
•			
•			
•			
•			

Process Objective #3:

Key activities needed to meet this objective:	Start Dates:	Completion Dates:	Key Personnel (Title)
•			
•			
•			
•			

Z:\Workplan Template.doc (link to work plan template)

ATTACHMENT E: Budget Format and Guidance

Provider Name
Service Area Name _____

Service Area Budget Summary

	Proposed Budget
Salaries & Wages Subtotal	
Fringe Benefits Subtotal	
Consultants & Experts Subtotal	
Occupancy Subtotal	
Travel & Transportation Subtotal	
Supplies & Minor Equipment Subtotal	
Capital Equipment Subtotal	
Client Costs Subtotal	
Communications Subtotal	
Other Direct Costs Subtotal	
Administrative Cost Subtotal 10%	
Advance Subtotal	
TOTAL	**-**

Personnel Schedule

		Option No. 1		Option No. 2				
Position Title	**Site**	**Annual Salary**	**FTE**	**Hourly Wage**	**Hours per Month**	**Monthly Salary or Wage**	**No. of Mo.**	**Budget Amount**
TOTAL								

Consultant/Contractual

Item	**Unit**	**Unit Cost**	**Number**	**Budget**
				-
TOTAL				-

Occupancy Schedule

Facility	**Site**	**Unit**	**Unit Cost**	**Number**	**Budget**
Rent					-
Utilities (Gas/Electric/Water)					-
TOTAL					-

Travel / Transportation Schedule

Item	Unit	Unit Cost	Number	Budget
				-
TOTAL				-

Supplies

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Capital Equipment Schedule

Item	Site	Unit	Unit Cost	Number	Budget
TOTAL					

Client Cost Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-

TOTAL					-

Communications Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
					-
TOTAL					-

Other Direct Costs Schedule

Item	Unit	Unit Cost	Number	Budget
TOTAL				

Indirect Costs

TOTAL								

APPENDIX F. APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

This section includes certifications, assurances and disclosures made by the authorized representative of the Applicant/Grantee organization. These assurances and certifications reflect requirements for recipients of local and pass-through federal funding.

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by DOH, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
8. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
9. The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.
11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;
12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

The Applicant/Grantee shall comply with all applicable District and federal statutes and regulations, including, but not limited to, the following:

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Clean Air Act (Subgrants over $100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et.seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20

U.S.C. 1001);

13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
    1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

    2) Establish a drug-free awareness program to inform employees about:
        a. The dangers of drug abuse in the workplace;
        b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
        c. Any available drug counseling, rehabilitation, and employee assistance programs; and
        d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

    (3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

1. The Applicant/Grantee certifies that the information disclosed in the table below is true at the time of submission of the application for funding and at the time of award if funded. If the information changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification

2. Applicant/Grantee Mandatory Disclosures

A. Per OMB 2 CFR §200.501– any recipient that expends $750,000 or more in federal funds within the recipient's last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee's last fiscal year, were you required to conduct a third-party audit?	☐ **YES** ☐ **NO**
B. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.	☐ **YES** ☐ **NO**
C. Executive Compensation: For an award issued at $25,000 or above, do Applicant/Grantee's top five executives do not receive more than 80% of their annual gross revenues from the federal government, Applicant/Grantee's revenues are greater than $25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission. *If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.*	☐ **YES** ☐ **NO**
D. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: _____ If yes, insert the name of the cognizant federal agency? _____	☐ **YES** ☐ **NO**
E. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DOH award.	☐ **YES** ☐ **NO**

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

I am authorized to submit this application for funding and if considered for funding by DOH, to negotiate and accept terms of Agreement on behalf of the Applicant/Grantee organization; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and

I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

Sign: Date:

NAME: INSERT NAME TITLE: INSERT TITLE

AGENCY NAME:

Attachment G: Application Checklist

- ☐ The applicant organization/entity has responded to all sections of the Request for Application.
- ☐ The Applicant Profile, Attachment B, contains all the information requested and is affixed to the front of each envelope.
- ☐ The Proposed Budget is complete and complies with the Budget format listed in Attachment E of the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins. Applications that do not conform to this requirement will not be forwarded to the review panel.
- ☐ The application is unbound and submitted with rubber bands or binder clips only.
- ☐ **One hard copy marked "original" with all attachments is in an individually sealed envelope and five (5) hard copies. Applications will not be forwarded to the review panel if the applicant fails to submit the required submission.**
- ☐ The application is submitted to the HAHSTA no later than 4:30 p.m. on the deadline date of October 30, 2015.
- ☐ The project narrative section is complete and is within the page limit for this section of the RFA submission.
- ☐ The Certifications and Assurances, and all of the items listed on the Assurance Checklist, are complete and are included in the assurance package.
- ☐ The assurance packages are submitted marked "original."
- ☐ The appropriate appendices, including Memoranda of Understanding, job descriptions; licenses (if applicable) and other supporting documentation are enclosed.

Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
1. Primary HIV Care (PLWHA)			
2. Medical Case Management (PLWHA)			
3. Case Management (non-Medical) (PLWHA)			
4. Substance Abuse Services			
5. Mental Health Services			
6. Nutritional Services/Food Bank			
7. Emergency Financial Assistance			
8. Housing Services			
9. Prevention for PLWHA			
10. Support Groups			
11. Individual-Level Prevention, For persons who are HIV Negative/Unknown			

Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
12. Group-level Prevention Interventions, For persons who are HIV Negative/Unknown			
13. Community-level Prevention Interventions, for persons who are HIV Negative/Unknown			
14. HIV Counseling, Testing, Referral			
15. STD Diagnosis and Treatment			
16. IDU risk reduction including Needle Exchange			
17. Condom distribution/Recruitment of Condom Distribution sites			
18. Childcare or Respite Services			
19. Transportation Services			
20. Outreach Services			
21. Legal Services			

Attachment I: Executive Summary

Organization _____

We are applying for (Check list of parts & activities):

Check Applicable Service Areas	Prevention Activities	Target Population(s)*	New Activity/Continuing Activity	$$ Requested
Transgender Health Initiatives				

Attachment J: Assurances Checklist

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

Name of Organization_____

ASSURANCES CHECKLIST

1. ☐ Signed DOH Federal Assurances (located in RFA in which you are applying)
   - Certifications Regarding Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace
   - Federal Assurances
   - Department of Health Statement of Certification

2. ☐ Current Business License
   Department of Consumer and Regulatory Affairs (DCRA)
   1100- 4th Street, S.W. Contact: 202-442-4400
   www.dcra.dc.gov Click on "Business Licensing & Regulation," then click on "Renew" BBL

3. ☐ Clean Hands Certification (formerly Certificate of Clean Hands)
   Office of Tax & Revenue (OTR) **(You can only apply for this on-line. It takes at least 7 days, but no more than 14 days.)**
   1100- 4th Street, S.W. Contact: Rhonda Lycorish 202-442-6815
   www.otr.cfo.dc.gov Click on "Business Tax," then click on "Certificate of Clean Hands"

4. ☐ 501 © (3) Certifications. For Non-Profit Organizations

5. ☐ List of Board of Directors, on letterhead, for current year, signed by a certified official from the Board.

6. ☐ Medicaid Certification(s) if applicable. NOTE: Medicaid certification is not applicable to service categories funded under this RFA.

For more information contact April Richardson, Grants Management Specialist (HAHSTA) – April.Richardson@dc.gov or 202-671-4828