



# *INNOVATIONS IN AMBULATORY CARE*

## **Request for Applications**

RFA #CHA\_IACS081514



**Submission Deadline:**  
**Friday, October 3, 2014 by 4:30 pm**

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH  
COMMUNITY HEALTH ADMINISTRATION

NOTICE OF FUNDING AVAILABILITY (NOFA)  
Request for Applications #CHA\_IACS081514

**AMENDED**

INNOVATIONS IN AMBULATORY CARE SERVICES GRANTS PROGRAM

**This notice supersedes the NOFA RFA#CHA\_IACS072514 published in DC Register on 07/04/2014 volume 61/28.**

The Government of the District of Columbia, Department of Health (DOH) Community Health Administration (CHA) is soliciting applications for funding to implement or continue innovations in primary care services delivery that will increase access to care and/or improve outcomes for primary care patients residing in the District of Columbia.

This funding will be available through local appropriations in the Fiscal Year 2015 budget, and will be subject to the enactment of the Fiscal Year 2015 Budget Support Act of 2014.

Approximately \$750,000 in local appropriated funds will be available for up to four (4) awards. Award sizes will range from a minimum of \$75,000 up to a maximum of \$600,000 per year. The target grant period start date is January 5, 2015. The grants may be extended for a maximum of two (2) additional option years – for a total of three years of funding - subject to availability of funds, grantee performance, and program evaluation findings.

The following entities are eligible to apply for grant funds under this RFA: private not-for-profit organizations, private medical practices, and/or consortia with a record of providing, or assisting in the provision of, comprehensive primary medical, dental, and/or behavioral health care to medically-vulnerable populations in the District.

The Request for Applications **RFA #CHA\_IACS081514 release date will be Friday, August 15, 2014.** The complete RFA will be posted in the District Grants Clearinghouse section of the Office of Partnerships and Grants Services website, [www.opgs.dc.gov](http://www.opgs.dc.gov). A limited number of copies of the RFA will be available for pick up at DOH/CHA offices located at 899 North Capitol Street, NE Washington, DC 20002 3<sup>rd</sup> floor\*.

**The deadline for submission of applications will be Friday, October 3, 2014 at 4:30 pm.** A **Pre-Application Conference** will be held at 899 N. Capitol St. NE\*, **on Monday, September 8, 2014, from 2:00pm – 4:00 pm.**

For questions, please contact Bryan Cheseman at [bryan.cheseman@dc.gov](mailto:bryan.cheseman@dc.gov) or at (202) 442-9339.

\*899 N. Capitol St. NE is a secured building. Government issued identification must be presented for entrance.

**District of Columbia Department of Health**

**Terms for Requests for Applications & Funding**

**The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH):**

- Funding for an award is contingent on continued funding from the DOH grantor or funding source.
- The RFA does not commit DOH to make an award.
- 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. DOH shall notify the applicant if it rejects that applicant's proposal.
- DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded 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 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 provide the citations to the statute and implementing regulations that authorize the grant or sub-grant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
- 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 RFA terms may be obtained at the following site:  
[www.opgs.dc.gov](http://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](mailto:doh.grants@dc.gov) or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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## CHECKLIST FOR APPLICATIONS

- ☐ The applicant has completed a *DOH Application for Grant Funding* Form and affixed it to the front of the Application Package.
- ☐ A complete **Application Package** includes the following:
  - ☐ *DOH Application for Grant Funding* Form
  - ☐ Project Narrative, including the
    - Logic Model
    - Work Plan
    - Evaluation Plan
  - ☐ Combined Project Budget & Budget Justification
  - ☐ Other Attachments allowed or requested by the RFA. See page 16.
  - ☐ Assurances Package and certification documents
- ☐ Documents requiring signature have been signed by an AUTHORIZED representative of the applicant organization
- ☐ The Applicant has a DUNS number to be awarded funds. If needed, Applicant can obtain a DUNS number by applying for one with Dun and Bradstreet.
- ☐ The application format conforms to the “Application Elements” list in Section VII.B of the RFA.
- ☐ The Project Narrative is printed **double-sided** on 8½ by 11-inch paper with page numbers **and a minimum of one-inch margins**. Type is **double-spaced**, using **12-point Arial or Times New Roman font**. The Project Narrative **may not exceed 25 pages**, inclusive of the logic model and work plan. Applications that do not conform to this requirement will not be forwarded to the review panel.
- ☐ The Project Narrative includes a Logic Model, Work Plan, and Evaluation Plan in the forms and formats provided in Appendices B, C, and D, respectively, of the RFA.
- ☐ The combined Project Budget/Budget Justification is complete and complies with the budget forms provided as Appendix E of the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The appropriate attachments and other supporting documentation are enclosed (if applicable).

- ☐ The Applicant is submitting one (1) hard copy marked “original”, three (3) additional hard copies, and one (1) flash drive with an electronic copy for a total of four (4) paper copies and one (1) flash drive.
- ☐ The application is submitted to **DOH, 899 North Capitol Street NE, 3<sup>rd</sup> Floor Reception Area no later than 4:30 p.m.** on the deadline date of October 3, 2014.

## I. GENERAL INFORMATION

### A. Key Dates

Notice of Funding Announcement (NOFA):	July 4, 2014
Amended NOFA:	July 25, 2014
Request for Application Release Date:	August 15, 2014
Pre-Application Meeting Date:	September 8, 2014
Application Submission Deadline:	October 3, 2014
Anticipated Award Start Date:	January 5, 2015

### B. Overview

The Primary Care Bureau of the District of Columbia Department of Health’s (DOH) Community Health Administration is providing funding to established District primary care providers to implement or continue innovations in primary care services delivery that increase access to care and/or improve outcomes for primary care patients residing in the District of Columbia.

The Department will award up to four (4) grants for a total of \$750,000, with a minimum of \$75,000 up to a maximum of up to \$500,000 annually per grantee. The anticipated grant period will be from January 5, 2015 through September 30, 2015. The grants may be extended for a maximum of two (2) additional option years - for a total of three (3) years of funding - subject to availability of funds, grantee performance, and program evaluation findings. The Primary Care Bureau (PCB) will administer and monitor the grants.

Eligible applicants include: private not-for-profit organizations and other private medical practices in DC with a demonstrated track record of providing primary medical, dental, and/or behavioral health care to medically-vulnerable populations in the District. See Section F below for additional information on eligibility requirements.

**C. Source of Funding**

This funding will be available through local appropriations in the Fiscal Year 2015 budget, and will be subject to the enactment of the Fiscal Year 2015 Budget Support Act of 2014.

**D. Amount of Funding Available**

This RFA will make available \$750,000 in funding to up to four (4) organizations. Grants will range in amounts, with an award ceiling of up to \$500,000 per grantee.

**E. Performance and Funding Period**

The anticipated performance and funding period is January 2015 through September 2015.

**F. Eligible Applicants**

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

- Private not-for-profit organizations, private medical practices, and consortia in DC that:
  - Provide primary medical, dental, and/or mental health care to medically-vulnerable populations in the District;
  - Participate in the DC Medicaid (all eligible managed care organization (MCO) contracts), DC Health Care Alliance, Medicare, and private health insurance programs AND bill for all reimbursable services;
  - For private practices, at least 30% of patients must be DC Medicaid-insured;
  - Have a demonstrated ability to meet reporting requirements related to programmatic, financial, and management benchmarks as required by the RFA.

Primary care is the provision of first contact, person-focused, ongoing preventive and sick care, as well as, the coordination of care for patients that require higher-level services.

Medically-vulnerable populations include those that are: economically-disadvantaged; racial and ethnic minorities; uninsured, underinsured, or otherwise at-risk of underservice; and/or with a high burden or risk of chronic health conditions.



## II. BACKGROUND & PURPOSE

### A. Background

While the insurance provisions of the Patient Protection and Affordable Care Act (ACA) are most commonly known, the ACA also includes a multitude of provisions related to transforming primary care as well as the delivery of care across all settings. The goal of this transformation is what the Institute for Healthcare Improvement (IHI) has termed the “Triple Aim”: health care systems that maximize “the experience of the individual; the health of a defined population; per capita cost for the population”.<sup>1</sup> The United States Department of Health and Human Services (HHS) has spearheaded the roll out of these provisions, including substantial planning and implementation grants out of the Centers for Medicare and Medicaid Services’ (CMS) Innovation Center.

The CMS Innovation Center has funded a number of practice innovations-related projects in the District; most notably:

- Medicaid’s Health Homes: The District’s Departments of Health Care Finance (DHCF) and Behavioral Health (DBH) joint initiative to provide enhanced care coordination and support services for those with severe mental illness;
- Mary’s Center’s CCIN: The Capital Clinical Integrated Network (CCIN), comprised of: DC Medicaid managed care organizations (MCOs), community health centers, mental health providers, hospitals, and health technology specialists, that has developed and deployed a patient care model based on “care teams” and health information exchange; and, most recently,
- George Washington University’s (GW) Prevention at Home (PAH): GW’s initiative to use mobile technologies and integrated care systems to optimize the prevention and care continuum for HIV+ individuals.

In addition to direct *funding* for innovation, health care stakeholders also have had access to an extensive resource pool including information on conceptual frameworks, piloted care models, and best practices. For the purposes of this funding opportunity, organizations such as IHI, the Advisory Board Company, the Patient-Centered Primary Care Collaborative, and HHS programs, such as AHRQ’s Health Care Innovations Exchange, HRSA and SAMHSA’s joint Center for Integrated Health Solutions, and CMS’ Advanced Primary Care Practice Demonstration and Health Care Innovations Projects may provide particularly useful conceptual models and examples of innovation.

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<sup>1</sup> Institute for Healthcare Improvement (2009);  
<http://www.ihi.org/Engage/Initiatives/TripleAim/Documents/ConceptDesign.pdf>

In DC, locally-grown payment reform initiatives, such as the DC City Council's passage of the Telemedicine Reimbursement Act of 2013 (L20-0026), CareFirst's Telemedicine grants program, and DHCF's recently-proposed Health Homes State Plan Amendment, have provided additional impetus to health care providers to identify, adapt, and adopt innovative practice models.

Since 2009, the Primary Care Bureau (PCB) of the District of Columbia Department of Health's (DOH) Community Health Administration (CHA) has overseen the investment of more than \$90 million in the construction of new and expansion of existing health access points across the District. In FY14, DOH sought to build on the brick and mortar foundation laid by this investment, by funding District health care sites to implement practice innovations that would continue to expand access to care. Four organizations were funded to conduct feasibility studies or to implement pilots on telehealth or urgent care.

In FY15, through the present request for applications (RFA), DOH seeks to continue funding for these and other types of practice innovations, both to prepare providers for planned changes and to provide data that can be used to inform future change decisions that will ultimately support improved access to care *and* health outcomes.

## **B. Purpose**

The purpose of the Innovations in Ambulatory Care Services grants is to provide funding to implement or continue innovations in the delivery of primary care services that will increase access to primary care and/or improve health care outcomes for primary care patients.

Types of projects that could achieve the purpose of this funding opportunity include, but are not limited to:

- Access to Care
  - Integration of services (e.g. behavioral health, dental, etc.)
  - Telehealth
  - Urgent care
  - Practice efficiencies
  - Patient outreach and accommodations
  - Cross-facility partnership
- Patient Outcomes
  - Care coordination/case management
  - Chronic disease prevention and self-management
  - Social needs assessments and/or programs to address social determinants of health (SDOH)

Projects may be relevant to both focus areas; in such cases, the primary focus area will be dependent on the outcome objectives included in the Evaluation Plan. While the specific projects are not prescribed, all projects should be designed to achieve the following outcome objective(s):

- Projects in the Access to Care focus area must include the following objectives - in addition to applicant-defined objectives - relevant to the proposed project:
  - Reduction in ED visits by patients for non-acute conditions\*
- Projects in the Patient Outcomes focus area must include the following objectives - in addition to applicant-defined objectives - relevant to the proposed project:
  - Improved select patient health indicators (e.g. HbA1c levels, BMI, LBW, blood pressure, etc.)
  - Reduction in in-patient admissions and/or readmissions for relevant chronic conditions\*

Please note that providers can now register to receive free alerts when their patients interface with the hospitals. More information is available at the following link: <http://dhcf.dc.gov/page/health-information-exchange> or <http://crisphealth.org/CRISP-HIE-SERVICES/Encounter-Notification-System-ENS>.

### III. ADMINISTRATIVE REQUIREMENTS

#### A. Grant Uses

- The grants awarded under this RFA will be used exclusively to pay costs associated with the implementation of the grant.

Grant funding may be used for the following:

- Contract or salary costs for direct service personnel
- Practice consultants and reorganization costs
- Care modules or curricula
- Staff training
- Partnerships
- Equipment and software directed related to delivery of services
- Minor renovations <\$30,000 directly related to delivery of services

Grant funding may not be used for the following:

- Grant administration personnel
- Reimbursable health services

- Major renovations >\$30,000
- Memberships

- Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan.

## **B. Conditions of Award**

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

- Revise and resubmit a work plan and budget in accordance with the approved scope of work, assignments prescribed in the DOH Notice of Intent to Fund, and any pre-award negotiations with assigned DOH project and grants management personnel.
- Meet pre-award requirements, including submission and approval of required assurances and certification documents (see Section VII.D - Assurances Package), documentation of non-disbarment or suspension (current or pending) of eligibility to receive federal funds.
- Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Director of the DOH 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.
- Utilize Performance Monitoring & Reporting tools developed and approved by DOH.

## **C. Indirect Cost**

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for indirect costs. The indirect costs must be included in the total cost of the proposed project, which should not exceed the award ceiling. All proposed costs must be reflected as either a direct charge to specific budget line items or as an indirect cost.

## **D. Insurance**

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

## **E. 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 A-133 rules must have available and submit as requested the most recent audit reports, as requested by DOH personnel.

**F. 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.

**G. Quality Assurance**

DOH 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. All programs shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and be subject to review at any time during the grant period.

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

**IV. PERFORMANCE REQUIREMENTS**

**A. Implementation:**

Grantees will have a nine-month initial project period to implement the approved work plan.

**B. Evaluation:**

All grantees will be expected to develop and implement an evaluation plan that includes both process measures and outcome measures related to the project's area of focus (i.e. access to care or patient health). Process measures will refer to work plan activities. Outcome measures will refer to the impact of the projects on access to care or patient health outcomes.

**C. Sustainability:**

DOH expects funds to be used to implement activities that the organization will be able to complete during the grant period and/or be willing to sustain with other organizational funds at the end of the grant period. Although the intent is to fund projects for up to three (3) years, DOH cannot guarantee additional funding past the initial grant period.

## V. APPLICATION SECTIONS

### A. Project Narrative (limit 25 pages)

#### 1. Background and Need

- Describe the primary care site(s) where proposed project will be implemented, including: site location(s), patient profile, services currently offered, and the size and make-up of clinical and support staff.
- Describe, using both quantitative and qualitative data, the need(s) that the proposed project will target.

#### 2. Project Description, Logic Model, and Work Plan

- Describe the proposed project, including – but not limited to the following: project goals/objectives, services to be provided, patients to be served, staffing and/or staff to be involved, project setting, tools/resources to be procured/used, and how the service(s) will be incorporated into the applicant's current and future operations.
- Provide a description, including a logic model (See Appendix B), of how the project will address the need(s) identified in the preceding section. Include references to conceptual frameworks, as applicable. Outcomes in the logic model should correspond to measures in the Evaluation Plan (Section V.A.4. and Appendix D).
- As applicable, reference any national and/or local initiatives/policies relevant to the project.
- Describe any other organizational resources to be used to implement the project.
- Describe any partnerships that will be formed to implement the proposed project, and include evidence (letters of agreement, memoranda of understanding, etc.) of all proposed partnerships.
- Provide a work plan (Appendix C) with major milestone activities related to implementing the project, with associated staff responsible and start and completion dates for each activity.
- Describe the sustainability plan for the project, including reference – as applicable - to anticipated cost-savings, revenue increases, etc.

#### 3. Organizational Capacity

- Describe experience the applicant has relevant to the proposed project (e.g. previous initiatives, quality improvement capacity, etc.).
- For applications proposing partnerships, describe your past or current activities with the proposed partner(s). Partnership-based projects must

include evidence of formal partnership (e.g. MOU, Letters of Agreement, etc.).

- Briefly describe administrative staffing, resources and processes to be used in the successful implementation of the grant and to ensure compliance with grant requirements. Please note, grant funding shall not be used to fund grants management functions (e.g. finance, reporting, etc.)
- Briefly describe any past history the applicant has with achieving DOH grant deliverables and program outcomes. Also, please include any challenges or deficiencies the applicant has had with meeting DOH grant goals, both fiscally and programmatically.

#### **4. Performance Monitoring and Evaluation**

- Develop a draft evaluation plan with both process and outcome measures and associated targets (see Appendix D for Evaluation Plan Template), including, where relevant, industry-accepted quality measures. Outcome measures must correspond to relevant objectives outlined in Section II.B. of the RFA.
- Describe plans for collecting and analyzing data, including staffing.
- Describe how evaluation findings will be utilized.

### **B. Budget and Budget Justification**

- Include a combined budget/budget justification as a separate attachment using the form provided as Appendix D of this RFA. The budget/budget justification should be directly aligned with the work plan and project description.
- Include an estimate and explanation of the per-patient project cost (i.e. total project cost/total number of patients to be impacted)

## **VI. EVALUATION CRITERIA**

Eligible applications will be assessed in each area to extent to which an applicant achieves the following:

### **A. Project Narrative**

#### **1. Background and Need (15 points)**

- Clearly identifies need(s) to be addressed by proposed service(s)
- Provides a compelling justification for why targeted need(s) and patient population(s) are priorities for DOH grant funding

## **2. Project Description and Work Plan (40 points)**

- The project description is detailed and clear.
- Provides strong theoretical/evidence-based foundation for proposed project
- Clearly outlines - in narrative form and in the logic model - how proposed activities will impact identified need(s)
- Demonstrates how project activities will be incorporated into existing operations
- Demonstrates organizational commitment to the project
- Proposed partnerships represent a commitment to developing integrated *systems* of care
- Implementation work plan is complete and reasonable to ensure project milestones are achieved during the grant period.
- Options for project sustainability are reasonable and informed by national/local policy trends

## **3. Organizational Capacity (15 Points)**

- Demonstrates experience relevant to the proposed project
- Demonstrates sufficient resources to implement grant-funded service(s) (e.g. staff, space, etc.)
- Has a history of successfully achieving DOH grant award deliverables

## **4. Performance Monitoring and Evaluation (20 Points)**

- Plan includes both process and outcome measures that are logical and related to the logic model and work plan
- Data collection and analysis plan is realistic; applicant has access to data and sufficient resources to conduct necessary analyses
- Demonstrates commitment to utilizing evaluation findings to inform practice

## **B. Budget and Budget Justification (10 points)**

- Is the combined project budget/budget justification reasonable and consistent with stated objectives and planned program activities?
- Are per-patient costs of the project reasonable and competitive?

# **VII. APPLICATION SUBMISSION**

## **A. Application Package**

Only one (1) application per organization will be accepted. A **complete** Application Package shall contain the following:



- *DOH Application for Grant Funding Form* (See Appendix F)
- Four (4) copies (including one (1) marked “Original”) of:
  - Project Narrative (See Section VII.B. Application Elements and Section VII.C. Format)
  - Budget/Budget Justification (See Section VII.B. - Application Elements)
  - Attachments (See Section VII.B. – Application Elements)
- One (1) copy of Assurances Package (See Section VII.D. – Assurances Package)

## **B. Application Elements - Project Narrative, Budget & Attachments**

- Project Narrative (limit 25 pages, inclusive of Logic Model and Work Plan)
  - Background & Need
  - Project Description
    - Logic Model (Appendix B)
    - Work Plan (Appendix C)
  - Organizational Capacity
  - Performance Monitoring & Evaluation
    - Evaluation Plan (Appendix D)
- Budget/Budget Justification (Appendix E)
- Attachments
  - Letters of Agreement, Memoranda of Understanding, etc.
  - Optional items

## **C. Format**

Prepare applications according to the following format:

- Paper size: 8.5 by 11 inches
- Page numbers must be included
- Page margin size: 1 inch
- Printing (for hard copies): **Double-sided**, as possible
- Font size: Times New Roman or Arial 12-point unrounded
- Spacing: Double-spaced
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

## **D. Assurances Package**

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

the Assurances Package. The Assurances Package must be submitted along with the application package. Only ONE Assurances Package is required per application package.

DOH 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 either ineligible for funding consideration [required to submit applications assurances] or ineligible to sign/execute grant agreements [required to sign grant agreements assurances].

If the applicant does not have current versions of the documents listed below on-file with CHA, copies must be submitted with the application.

- A current business license, registration, or certificate to transact business in the District of Columbia
- 501 (C) (3) certification (for non-profit organizations)
- Current certificate of good standing from local tax authority (within the preceding 3 months of application deadline)
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the Board
- Signed Assurances and Certifications (Appendix G)

## **E. Pre-Application Conference**

A Pre-Application Conference will be held at 899 North Capitol Street NE on the third floor on Monday, September 8, 2014, from 2 p.m. to 4:00 p.m. The meeting will provide an overview of CHA’s RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance. Pre-registration by Thursday, September 4, 2014 is requested via an email to [geraldine.pierce@dc.gov](mailto:geraldine.pierce@dc.gov). Please include the following information in your email:

- Name of Organization
- Type of Organization
- Name(s) of Representative(s) Participating
- Contact Phone and Email

## **F. Submission**

Submit four (4) hard copies (one (1) marked “Original” and three (3) copies) and one (1) electronic copy via a flash drive to the Community Health Administration (CHA) at or before 4:30 pm on October 3, 2014. Applications delivered after that deadline will not be reviewed nor considered for funding.

**Applications must be delivered to:**

District of Columbia Department of Health  
Community Health Administration  
899 North Capitol Street NE, 3<sup>rd</sup> Floor  
Washington, DC 20002

**G. Contact Information**

**Grants Management**

Bryan Cheseman  
Office of Grants Monitoring & Program Evaluation  
DC Department of Health  
Community Health Administration  
899 North Capitol Street NE, 3rd Floor  
Washington, DC 20002  
[bryan.cheseman@dc.gov](mailto:bryan.cheseman@dc.gov)

**Program Contact**

Lauren Ratner  
Primary Care Bureau  
DC Department of Health  
Community Health Administration  
899 North Capitol Street NE, 3rd Floor  
Washington, DC 20002  
[lauren.ratner@dc.gov](mailto:lauren.ratner@dc.gov)

**VIII. APPLICATION REVIEW & SELECTION INFORMATION**

- Applications shall be reviewed by an external review panel made up of technical and subject matter experts for the expressed purpose of providing an independent, objective review of applications. This external review panel shall be responsible for providing a score and technical review comments for record.
- Assurance and certification documents will be reviewed by internal DOH personnel assigned to ascertain whether eligibility and certification requirements have been met prior to consideration of review and recommendation of award.

- Applications, external review scores, and technical review comments will be reviewed by an internal DOH review panel for the purpose of determining recommendations for award. The panel may be composed of DOH staff and/or consultants who shall be responsible for making final recommendations for award, including funding level recommendations, service scopes and targets, project designs, evaluation plans and budgets.
- In the review phase, applicants may be asked to answer questions or to clarify issues raised during the technical review process. No external review panel member will contact the applicant.
- DOH may request an in-person presentation to answer questions or clarify issues raised during the review process.
- Applicants approved for pre-award review will receive a Notice of Intent to Fund. The notice will outline pre-award requirements and propose any revisions and conditions of awards.
- Successful applicants will receive a Notice of Grant Award (NOGA) from the Department of Health. The NOGA shall be the only binding, authorizing document between the recipient and DOH. The NOGA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NOGA will be mailed to the recipient fiscal officer identified in the application.

## **IX. APPENDICES**

- A. Definitions**
- B. Logic Model Template**
- C. Work Plan Template**
- D. Evaluation Plan Template**
- E. Budget/Budget Justification Template**
- F. DOH Application for Grant Funding Form**
- G. Assurances**

## APPENDIX A: DEFINITIONS

For the purposes of this RFA, please use the following definitions as guidance:

<b>Applicant</b>	A single non-profit organization submitting an application for itself or on behalf of multiple organizations.
<b>Medically-Vulnerable Populations</b>	Economically-disadvantaged, racial and ethnic minorities, uninsured or underinsured, or otherwise at-risk of underservice, and/or with a high burden or risk of chronic health conditions
<b>Primary Care</b>	Primary care is the provision of first contact, person-focused, ongoing preventive and sick care as well as the coordination of care for patients that require higher-level services. Includes medical, dental, and mental health care.
<b>Primary Care Provider</b>	Health care professional delivering first contact, person-focused, ongoing preventive and sick medical, dental, or mental health care as well as coordinating care for patients that require higher-level services.



## APPENDIX B: LOGIC MODEL TEMPLATE

RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
What resources are available to support the program that is being proposed (e.g. staff, funding, time, partnerships, technology, etc.)?	What specific activities are undertaken or planned to achieve the program outcomes?	What products (e.g. materials, units of services delivered) are produced as a result of the activities performed?	What occurs between your activities and the point at which you see the long-term outcomes?	What do you ultimately want to change as a result of your activities?

## APPENDIX C: WORK PLAN TEMPLATE

[illegible]



APPENDIX D: EVALUATION PLAN TEMPLATE


Measure	Indicator	Target	Calculation	Data Source (and Frequency of Collection)	Timeline for Achievement
Process Measures					
Outcome Measures					



## APPENDIX E: BUDGET FORM AND FORMAT

<b>Organization:</b>	<b>Contact Person:</b>
<b>Project Title:</b>	<b>Telephone #:</b>
<b>Total Proposed Budget Amount:</b>	
<b>BUDGET CATEGORY:</b> Include details/justification of expenditures within each budget category	<b>PROPOSED ALLOCATION:</b> List the dollar amount budgeted for the category
<b>Personnel:</b> (E.g. 1 Dentist FTE: Grant funds will be used to hire a full-time dentist. The dentist will see a target of 3,000 patients per year and will provide the following dental services:...) )	\$120,000
<b>Fringe Benefits:</b>	
<b>Travel:</b>	
<b>Equipment:</b>	
<b>Supplies:</b>	
<b>Contractual:</b>	
<b>Other:</b>	
<b>Subtotal Direct Costs:</b>	
<b>Indirect/Overhead:</b> (Not to Exceed 10%)	
<b>TOTAL:</b>	

## APPENDIX F: DOH APPLICATION FOR GRANT FUNDING FORM

 <div style="text-align: center;"> <b>Department of Health District of Columbia</b>  <b>Application for Grant Funding</b> </div>			
<b>RFA #:</b>	CHA IACS081514	<b>RFA Title:</b>	FY2015 Innovations in Ambulatory Care Services
<b>Release Date:</b>	August 15, 2014	<b>DOH Administrative Unit:</b>	Community Health Administration
<b>Due Date:</b>	October 3, 2014 by 4:30 p.m.	<b>Fund Authorization:</b>	FY15 Local appropriations for ambulatory care services
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Supplemental <input type="checkbox"/> Competitive Continuation <input type="checkbox"/> Non-Competing Continuation			
APPLICANT # _____			
The following documents should be submitted to complete the Application Package: <ul style="list-style-type: none"> <li><input type="checkbox"/> DOH Application for Grant Funding Form</li> <li><input type="checkbox"/> Project Narrative and Work Plan</li> <li><input type="checkbox"/> Combined Budget/Budget Justification</li> <li><input type="checkbox"/> Other Attachments, as necessary</li> <li><input type="checkbox"/> Assurance Package</li> </ul>			
Complete the sections below. All information is mandatory.			
<b>1. Applicant Profile:</b>		<b>2. Contact Information:</b>	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS Number:			
<b>3. Application Profile:</b>			
<b>Funding Amount Requested:</b>	\$ _____		



**APPENDIX G: ASSURANCES**

*(Include 1 copy only with “original” copy of application)*



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health**

**Statement of Certification for a DOH Notice of Grant Award**

- A. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant/Grantee certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. 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 has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

- J. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with a Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

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Applicant /Grantee Name

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Street Address

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City

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State

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Zip Code

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Application Number and/or Project Name

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Grantee IRS/Vendor Number

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Typed Name and Title of Authorized Representative

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Signature

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Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Health**

**Statement of Assurances to Comply with Federal Assurances**

The Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR,

Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance

is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
  - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
  - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
  - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85et.seq.
  - d) 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.)
  - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
  - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
  - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
  - h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C.



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**FY2015 Innovations in Ambulatory Care Services Grants**

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1101)

- i) Executive Order 12459 (Debarment, Suspension and Exclusion)
- j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
- p) Federal Funding

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

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Applicant /Grantee Name

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Street Address

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City

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State

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Zip Code

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Application Number and/or Project Name

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Grantee IRS/Vendor Number

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Typed Name and Title of Authorized Representative

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Signature

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Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Health**

**Certifications Regarding**

**Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace**

Grantees should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

**1. Lobbying**

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;

- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

**2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

***The Grantee certifies that it and its principals:***

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. Drug-Free Workplace (Awardees Other Than Individuals)**

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The Grantee certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The Grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
  - (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
  - (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
  - (7) Abide by the terms of the statement; and
  - (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
  - (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Health Promotion, 899 North Capitol St. NE, Room 3115, Washington DC 20002. Notice shall include the identification number(s) of each effected grant.
  - (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---
    - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
    - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (l), (c), (d), (e), and (1).
  - (11) The Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

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**FY2015 Innovations in Ambulatory Care Services Grants**

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Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67.615 and 67.620-

- (12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- (13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

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Applicant/Grantee Name

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Street Address

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City

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State

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Zip Code

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Application Number and/or Project Name

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Grantee IRS/Vendor Number

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Typed Name and Title of Authorized Representative

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Signature

---

Date