

REQUEST FOR APPLICATIONS CHA-HDMEAL-051013

District of Columbia Department of Health Community Health Administration

RFA# CHA-HDMEAL-051013

Amended Version_05.22.13



Invites the Submission of Applications for Funding under the District of Columbia, Department of Health, Community Health Administration (CHA) Grant Award, and Authorization FY 2013 Budget Support Act of 2013.

Announcement Date: April 26, 2013

RFA Release Date: May 10, 2013

Application Submission Deadline: May 30, 2013 4:45 pm

Late applications will not be forwarded to the review panel.

Appendix A - FAQs - Response to Technical Questions

The Department of Health (DOH) reserves the right to, without prior notice, reduce or cancel one or more programs listed in this Request for Applications (RFA), reject all applications, adjust total funds available, or cancel the RFA in part or whole. Funding levels in the respective program areas and budget amount in the, if awarded, sub grant agreement are contingent on continued funding, sub grantee performance, and/or reduction, elimination, or reallocation funds by the Executive Office of the Mayor (EOM) of the Government of the District of Columbia and/or the Department of Health and in accordance with applicable sections within the sub grant award and/or agreement.

“NOTICE”

PRE-APPLICATION CONFERENCE



WHEN: May 16, 2013

WHERE: Department of Health
899 North Capitol Street, NE
3rd Floor Conference Room 306
Washington, DC 20002

TIME: 11:30 am 1 pm

CONTACT PERSON: Amelia Peterson-Kosecki
Department of Health
Nutrition and Physical Fitness Bureau
899 North Capitol St., NE Third Floor,
Room 315
Washington, DC 20002 Phone: 202-442-9140
amelia.peterson-kosecki@dc.gov

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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 i.
- 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.tov (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. Copies will be made available at all pre-application conferences.

CHECKLIST FOR APPLICATIONS

The applicant has completed a DOH Application for Grant Funding (NEW) and affixed it to the front of the Application Package, which includes an applicant profile, proposal summary/abstract, contact information, and all assurance and certification documents)

The Complete Application Package includes the following:

- ✓ DOH Application for Grant Funding
- ✓ Project Narrative
- ✓ Project Work Plan
- ✓ Project Budget & Justification
- ✓ Package of Assurances and Certification Documents
- ✓ Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, logic models, etc.)

Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization

The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain DUNS # if needed.

The Project Narrative is printed on 8½ by 11-inch paper, **double-spaced**, on one side, **Times New Roman font 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 proposal format conforms to the “Proposal Format” listed in the RFA.

The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.

The Proposed Work Plan is complete and complies with the forms and format provided in the RFA

The Applicant is submitting one (1) marked original and (5) hard copies.

The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.

The application is submitted to **DOH, 899 North Capitol St., NE, 3rd Floor Reception Area** no later than 4:45 p.m., on the deadline date of May 30, 2013.

— Applicant Profile Form (Attachment A) is completed and signed.

- Certifications regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment B) are completed and signed.
- Assurances (Attachment C) is signed
- Contains a Work Plan (Attachment D)
- Contains Meal Plans (Attachments E1 through E6)
 - Regular (Attachment E1)
 - Mechanically Altered (Attachment E2)
 - Vegetarian (Attachment E3)
 - Pork and Red Meat Free (Attachment E4)
 - Kosher (Attachment E5)
 - Halal diets (Attachment E6)
- Contains a Staffing Plan (Attachment F)
- Includes an Meal Delivery Cost Worksheet and Itemized Budget (Attachment G1) and a Budget Narrative/Justification (Attachment G2)
- The application is submitted with two original receipts (Attachment H)

Nutrition Service Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Income Eligibility Guidelines

Quality Control Log Sheets

Internal records documenting food service compliance with all regulations, laws and standards

Under-Insured

Client can demonstrate a lack of adequate health insurance to assist with covering health care needs.

Eligible Organizations/Entities

Eligible applicants include all public and private non-profit organizations serving District residents.

Source of Grant Funding

The grant is made available through the District of Columbia, Department of Health, Community Health Administration (CHA), using local appropriated funds.

Award Period

The award period for this grant is two weeks from the grant award through September 30, 2013, contingent upon availability of funds. No obligation or commitment of funds shall be allowed beyond the grant period of performance.

Grant awards are made annually, contingent on demonstrated progress by the Grantee in achieving performance objectives, and contingent upon availability of funds. CHA reserves the right to make partial awards (e.g., providing partial funding for a proposal and/or carving out proposed services) and to fund more than one agency for each target population covered in all program areas.

Grant Awards and Amounts

There will be one award of up to \$675,000.00. Approximately \$675,000 in local appropriated funds is anticipated to be available for this grant. The local funds anticipated to be awarded to the eligible provider by the Community Health Administration are for services to residents of the District of Columbia.

SECTION II SUBMISSION OF APPLICATIONS

Submit one (1) original hard copy and five (5) additional hard copies in one (1) envelope or package to CHA by 4:45 pm on May 30, 2013. Two (2) copies of Attachment H (Original Receipt) should be affixed to the outside of the envelope or package. DOH will not forward the proposal to the review panel if the applicant fails to submit the required total of six (6) applications and all other required elements as stipulated in the RFA. Additions or deletions to an application will not be accepted after the deadline of 4:45 pm on May 30, 2013. Telephonic, telegraphic and facsimile submissions will not be accepted.

Applications must be delivered to:

District of Columbia Department of Health
Community Health Administration
3rd Floor Conference Room
899 North Capitol Street, NE
Washington DC 20002

Grants Manager

Bryan Cheseman
Office of Grants Monitoring & Program Evaluation
DC Department of Health
Community Health Administration
District of Columbia Government
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
202.442.9339
bryan.cheseman@dc.gov

Program Contact

Amelia Peterson-Kosecki
Nutrition and Physical Fitness Bureau
DC Department of Health
Community Health Administration
District of Columbia Government
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
202.442.9140

Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia,

Department of Health with the information listed below by contacting bryan.cheseman@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.

Explanations to Prospective Applicants

Applicants are encouraged to email their questions to the grants management contact person listed until 4:45 pm on May 23, 2013. Questions submitted after the deadline date will not receive responses. Please allow ample time for mail to be received prior to the May 23, 2013 deadline.

Mail/Courier/Messenger Delivery

Applications that are mailed or delivered by Messenger/Courier services must be sent in sufficient time to be received by the 4:45 pm deadline on May 30, 2013 at the location listed above.

NOTE: 899 North Capitol is a secured building, requiring applicants to present photo ID and undergo electronic screenings. DOH will not accept responsibility for delays in the delivery of the proposal.

SECTION III PROGRAM REQUIREMENTS

Use of Funds

Applicants shall only use grant funds to support the program listed in this RFA consistent with the terms as outlined in this RFA and the ensuing grant agreement.

Indirect Cost Allowance

Applicant's budget submissions must adhere to a ten-percent (10%) maximum for indirect costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

SECTION IV GENERAL PROVISIONS

Insurance

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

Inspections/Licenses and Certifications

All applicants that receive awards under this RFA shall show proof of all applicable inspections, licenses, and certifications as required by federal and state regulations and laws.

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.

Assurances

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

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

The assurances package shall include:

- 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
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the applicant organization.

Nondiscrimination and Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), an 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 funding support from the Department of Health.

SECTION V PROGRAM SCOPE OF WORK

General Considerations

The mission of CHA is to improve health outcomes for all residents of the District of Columbia with an emphasis on women, infants, children (including children with special health care needs) and other vulnerable groups such as those with a disproportionate burden of chronic disease and disability. CHA embraces the values of accountability, collaboration, and initiative in the pursuit of its mission and fosters public participation in the design and implementation of community health programs. Addressing the burden of chronic diseases through improving the health and nutritional status of the District’s most vulnerable population is critical to the mission of CHA. To this end, CHA coordinates and helps develop an integrated, community-based health care delivery system; ensures access to preventive and primary health care; and fosters citizen and community participation towards improving the health outcomes of targeted residents in the District of Columbia.

Overview

Chronic diseases such as, cancer, end stage renal disease, diabetes, cardiovascular disease, stroke, and HIV/AIDS can create healthcare burdens that directly and/or indirectly affect many residents of the District of Columbia. The incidence of these chronic diseases has grown to epidemic proportions, and the District’s community has been affected at higher rates than the nation as a whole. The late stages of serious chronic conditions coupled with income and health insurance constraints, often leave patients and family in need of support to obtain food and related services. This support is especially critical when the resident is homebound and unable to leave the home for nourishment. The purpose of this Request for Application is to solicit proposals for a comprehensive plan that will provide home delivered meals and clinical nutrition services to this vulnerable homebound population.

In the District of Columbia, these chronic diseases result in significant numbers of men, women, and children whose health is further compromised by their need for medical nutrition therapy. Clinical nutrition services as provided will include:

- The full range of Medical Nutrition Therapy (MNT) following the Nutrition Care Process (NCP) model
- Assessments that identify nutrition diagnoses using International Dietetics and Nutrition Terminology (IDNT);
- Special interventions will include:
 - Detailed plans and interventions for wasting syndrome;
 - Management of food, drug and nutrient interactions; and
 - Assessment of the clients living environment and activity level

These MNT services shall be combined with a home delivered meal program directed at those whose health and mobility are too fragile to allow for them to obtain these services for themselves.

Award Information

Fiscal Year Funds:	2013
Approximate Fiscal Year Funding:	\$ 675,000
Approximate Number of Awards:	1
Approximate Average Award:	\$ 675,000

The Grantee funded under this announcement shall demonstrate the ability to work collaboratively to deliver comprehensive, clinical, culturally competent, home-delivered nutrition services to persons with chronic diseases as defined in the definitions section of this RFA.

This RFA will support one award to a public or private non-profit organization demonstrating the capacity, capability and experience to deliver the above specified services to the District residents in need as articulated in the following paragraph and elsewhere in this RFA.

Target Population

Applicants must demonstrate the capacity to reach and serve low-income and uninsured District residents - adults and children, with debilitating chronic disease(s). The Grantee shall provide clinical Medical Nutrition Therapy and home delivered meals in a fashion that is culturally competent and respects the privacy of the clients. Meals shall meet nutritional needs per the IDNT diagnoses, as demonstrated with documented analysis. Furthermore meals shall be nutritious, varied, texture appropriate, and appealing. All nutrition plans, as tailored by a Registered Dietitian licensed in the District of Columbia must reflect diets appropriate to the condition. Meal delivery service may include provisions for one informal caregiver who cannot leave the bedside long enough to obtain or prepare food.

Grantee Responsibility

The Grantee shall design home-based interventions that meet the following requirements:

1. The Grantee shall provide a plan for the preparation and delivery of at least three (3) meals and three between meal nourishment offerings daily, including holidays, with an overall delivery that meets, at a minimum, 100% of the dietary requirements of

homebound persons with chronic disease(s) diagnosed by a health professional licensed in the District of Columbia. Food combinations shall include perishable and non-perishable items that meet dietary needs and kitchen limitations. The plan for service as presented in the application shall include a description of the procedure for providing MNT, meal services, referrals and all other applicable components. Meal planning shall consider:

- a. Provisions for providing meals that account for the chronic illness identified as part of the scope as well as any co-morbidities such as impaired dentition, dysphagia, and Parkinson's disorders;
 - b. Religious and cultural and personal preferences;
 - c. Nutritional supplementation prescribed to prevent or treat diagnosed wasting syndrome(s);
 - d. Fresh fruits and vegetables shall be provided with each meal as appropriate;
 - e. Variety and balance in appearance, type, texture, and flavor of meals delivered; and
 - f. Client environment including storage for perishable and non-perishable food.
2. The Grantee's MNT and meal planning services shall be provided by a Registered Dietitian licensed to practice in the District of Columbia.
 3. The Grantee shall ensure that all food services, including receiving, storage, preparation, labeling, and delivery, are provided in accordance with all applicable District and federal standards, regulations, laws, guidelines, and recommendations. All quality control log sheets, inspection reports, and food handler certifications shall be available upon request.
 4. The Grantee shall ensure at least one face to face meeting between the client and the Registered Dietitian within two weeks of the initiation of meal service delivery.
 5. The Grantee shall provide nutrition intervention and education services that cover at a minimum the following
 - a. Drug and nutrient interaction;
 - b. Healthy eating for improved health; and
 - c. Food safety and sanitation.
 6. The Grantee shall provide referral services to food assistance programs such as:
 - a. Special Nutrition Assistance Program (SNAP);
 - b. The Commodity Supplemental Food Program (CSFP);
 - c. The Child and Adult Care Food (CACFP); and
 - d. Emergency food, including The Emergency Food Assistance Program (TEFAP).
 7. The Grantee shall demonstrate its plan to access patient medical information in order to ensure that all clients receiving services have been diagnosed with one or more of the chronic diseases covered in the scope of this application. Relevant primary medical care information shall be a part of referrals for nutritional counseling.
 8. Home Delivered Meals

- a. The Grantee shall ensure that home delivered meals are:
 - i. Prescribed by a Registered Dietitian licensed to practice in the District of Columbia;
 - ii. Prepared, transported and delivered following all applicable District and federal standards, regulations, and laws related to sanitation, food safety, inspections; and
 - iii. Prepared, transported and delivered on a daily basis, including holidays.
9. The Grantee shall describe the process for confirming a client has a debilitating chronic disease(s) and is in need of home-delivered nutritional assistance for meals.
10. The Grantee shall describe the process for screening clients for financial and health insurance eligibility. If waiting lists exist for services, the Grantee must describe how such lists will be administered.
11. The Grantee shall provide a minimal amount of safe drinking water in the event of a water emergency as declared by the jurisdiction's Department of Health. Grantee must provide information on safe drinking water on a regular basis and provide a sufficient amount of water for a week's worth of consumption.
12. The Grantee shall confine services to District residents. The Grantee shall describe its delivery area and demonstrate the ability to provide services, daily, including holidays, in a timely manner.
13. The Grantee shall demonstrate the capacity to safely receive, maintain, prepare, store/house, and deliver the food.
14. The Grantee shall conduct random quality satisfaction surveys with the clients once during the award period and submit documented findings related to overall customer service, on time meal delivery, meal completeness, and meal quality and acceptance.
15. The Grantee shall submit a monthly report detailing
 - a. Demographics of clients served
 - b. Number of nutritional assessments completed by ward
 - c. Breakdown of chronic diseases diagnosed for clients and number of clients with each disease
 - d. Number of unduplicated clients served by ward
 - e. Number of complete meal units delivered by ward
 - f. Number of referrals made

The Grantee shall adhere to the CHA-approved budget and work plan, which are incorporated by reference.

SECTION VI

REVIEW AND SCORING OF APPLICATION

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, social services planning and implementation. The review panel will review, score and rank each applicant's proposal, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/CHA will make recommendations to the Director of DOH who will weigh the results of the review panel against other internal and external factors in making the final funding determinations.

SCORING CRITERIA

Applicants' proposal submissions will be objectively reviewed against the following specific scoring criteria listed below.

Scoring Criteria		
Criterion A	Medical Nutrition Therapy	Total Points 25
a	Demonstration of knowledge and understanding of the medical and nutritional needs of the chronically ill homebound population	10
b	Experience in providing medical nutrition therapy to the chronically ill homebound population	10
c	Ability to provided MNT supported by curriculum vitae for all Registered Dietitians on staff	5
Criterion B	Home Delivered Meal Services	Total Possible Points 35
a	Experience in providing meals to the chronically ill homebound population	10
b	Demonstration of ability to provide home delivered meals daily	10
c	Knowledge and understanding of applicable laws, regulations, and standards related to home delivered meals	5
d	Menu plans submitted in the application follow applicable guidelines for the target audience and take into consideration diverse textures, flavors, and appearance	10
Criterion C	Theoretical and Technical Soundness of Proposal	Total Possible Points 20
a	Applicant describes sound program goals and objectives that are time-phased, measurable and specific	5
b	Applicant has developed a work plan with a timeline that includes start up, implementation, and monitoring. The staff person responsible for all major activities are identified.	5
c	Applicant describes collaborations, partnerships, memoranda of agreement with other organizations that will enhance the ability to provide the proposed services.	10
Criterion D	Organizational History and Experience	Total Possible 10
a	Applicant describes past experience in implementing projects similar to the one being proposed	5
b	Applicant describes how the program will be managed and skills and experience of the program staff	5
Criterion E	Evaluation	Total Possible Points 10
a	Applicant identifies methods for conducting process evaluations related to its goals and objectives and states how the organization will use the information to make changes in the program during the grant period	5
b	Applicant describes process for evaluating client meal acceptance	5
Criterion F	Budget Justification	Not Scored
	Applicant's proposed budget is reasonable and realistic	
	Applicant's resources and personnel are sufficient to achieve goals and objectives	

SECTION VII PROPOSAL FORMAT – ALL PROGRAM AREAS

Proposal Requirements

Applicants are required to follow the format listed below and each proposal submitted and must contain the following information: (Page totals are advisory only, total pages must not exceed 25 double spaced pages.)

	Total Pages (Not to Exceed 25 pages)
Application Profile See (Attachment A)	Not counted in page total
Table of Contents	Not counted in page total
1. Knowledge and Understanding of Need	Not to exceed 3 Pages
2. Organizational History and Experience	Not to exceed 4 Pages
3. Work Plan, Program Goals, Objectives & Activities	
a. Description of the Problem and Proposed Solution	Not to exceed 15 Pages
i. Medical Nutrition Therapy	Theoretical and Technical Aspects of Application
ii. Home Delivered Meal Service	Theoretical and Technical Aspects of Application
iii. Referrals	Theoretical and Technical Aspects of Application
b. Program Activities	Theoretical and Technical Aspects of Application
4. Project Evaluation	3 Pages
5. Budget Justification (Attachment)	Not counted in page total
6. Certifications and Assurances ()	Not counted in page total
7. Appendices	Not counted in page total
8. Attachments	Not counted in page total

Formatting Requirements

Prepare application according to the following format:

- Font size: Times New Roman or Arial 12-point unrounded
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

Description of Proposal Sections

The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their goals, objectives and plans for services. It is

important that proposals reflect continuity among the goals and objectives, program design, work plan of activities, and that the budget demonstrates the level of effort required for the proposed services.

Official Transmittal Letter

An individual authorized to submit applications on behalf of the organization shall sign a letter transmitting the proposal to the Grants Manager listed in Section II.

Applicant Profile

Each application shall include an Applicant Profile, which identifies the applicant, type of organization, project service area and the amount of grant funds requested. See Attachment A.

Table of Contents

The Table of Contents shall list major sections of the proposal with quick reference page indexing.

Organizational History and Experience

In this section the applicant should describe its' experience providing services to the target population and implementing the types of interventions proposed as well as the skills and experience of your organization and staff.

Knowledge and Understanding of Need

This section should contain a description of the target population and an understanding of need for the proposed intervention. Provide a description of the barriers they face to access services and how the proposed program will reduce those barriers; a description of services to the target population; and a description of the wards and/or neighborhoods where services will be provided along with the reasons for choosing those areas.

Work Plan - Program Goals, Objectives and Activities

The applicant shall prepare a work plan using the attached template (Attachment D) that includes measurable objectives, timelines and identification of key staff responsible. The applicant will include in the work plan all of the elements noted in the Grantee Responsibility section of this RFA.

The applicant must provide objectives that are measurable (i.e., show with numbers that progress is being made and what specific activities are implemented to achieve each objectives).

Also included as part of the work plan and narrative shall be the following:

Timeline

The applicant shall include an achievable timeline to accompany the work plan.

Client Access, Retention and Referral

The applicant shall include a plan to access, retain and refer clients.

Management and Staffing of the Program

The applicant will demonstrate the personnel capacity to fulfill goals, objectives, and activities as described in the work plan. A current curricula vitae shall be enclosed for each licensed professional that will be directly involved with clients.

Quality Assurance and Program Evaluation Plan

In this section, the applicant discusses how it will evaluate the intervention from both a process and outcome perspective. Process evaluation describes how an organization will remain focused on implementing a quality program on time and within budget. Outcome evaluation describes the types of instruments chosen by your organization to document the outcome(s) of your intervention. These instruments include but are not limited to data collection, surveys, focus groups, etc.

The applicant shall also discuss its plans to assess client satisfaction with services provided:

- Clinical nutrition services
- Meal Plans
- Food delivery customer service

Program Budget and Budget Narrative

Standard budget forms are provided in Attachments G and G1. The budget for this proposal shall contain detailed, itemized cost information that shows personnel and other direct and indirect costs. The detailed budget narrative shall contain a justification for each category listed in the budget. The narrative should clearly state how the applicant arrived at the budget figures.

Personnel

Salaries and wages for full and part-time project staff should be calculated in the budget section of the grant proposal. If staff members are being paid from another source of funds, their time on the project should be referred to as donated services (i.e., in-kind, local share and applicant share). Applicants should include any matching requirements, i.e. in-kind employees.

Non-personnel

These costs generally include expenditures for space, rented or donated, and should be comparable to prevailing rents in the surrounding geographic area. Applicants should also add in the cost of utilities and telephone services directly related to grant activities, maintenance services (if essential to the program) and

insurance on the facility.

Applicant shall include a line item and narrative for all non-personnel and non-indirect costs associated with meal delivery.

Costs for supplies such as paper, stationery, pens, computer diskettes, publications, subscriptions and postage should also be estimated.

All transportation-related expenditures should be included, estimates of staff travel, pre-approved per diem rates, ground transportation, consultant travel costs, employee reimbursement and so forth.

Indirect Costs

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

Certifications and Assurances

Applicants shall provide the information requested in Attachments B and C and return them with the application.

Appendices

This section shall be used to provide technical material, supporting documentation and endorsements.

SECTION VIII ATTACHMENTS

Attachment List

Applicant Profile Form (Attachment A) is completed and signed.

Certifications regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment B) are completed and signed.

Assurances (Attachment C) is signed

Contains a Work Plan (Attachment D)

Contains Meal Plans (Attachments E1 through E6

Regular (Attachment E1)

Mechanically Altered (Attachment E2)

Vegetarian (Attachment E3)
Pork and Red Meat Free (Attachment E4)
Kosher (Attachment E5)
Halal diets (Attachment E6)

Contains a Staffing Plan (Attachment F)

Includes an Meal Delivery Cost Worksheet and Itemized Budget (Attachment G1) and a Budget Narrative/Justification (Attachment G2)

The application is submitted with two original receipts (Attachment H)



Community Health Administration

APPENDIX A
PRE-APPLICATION CONFERENCE
RFA# CHA-HDMEAL-051013
FAQS - Response to Technical Questions

Q1 Are the allowable costs as defined in the RFA retroactive to October 1, 2012?

Response: No, retroactive costs are not allowed. All costs billable to this award must be incurred during the period of the grant which will be clearly stated in the grant agreement.

Q2 There is no place to put a budget total on Budget Attachment G 1. Can the attachment be modified?

Response: The Meal Delivery Cost Worksheet and Itemized Budget Attachment G1 has been modified to include a budget total. See attached.

Q3 Proposed Staffing Plan Attachment F does not require total effort charged to the award. Can the attachment be modified?

Response: The Proposed Staffing Plan Attachment F has been modified to include total effort charged to the award. See attached.

Q4 There is no definition for homebound.

Response: The homebound population for the purposes of this RFA are defined as a chronically ill resident that "is homebound and unable to leave the home for nourishment". See page 14 under Overview. Additionally, "Meal delivery service may include provisions for one informal caregiver who cannot leave the bedside long enough to obtain or prepare food." See page 15 under Target Population.

Q5 Will there be a requirement for monthly financial reports?

Response: Yes. There will be a requirement for a monthly report detailing itemized spending. During the award process, DOH will review all financial reporting requirements.

Q6 Is it necessary to include menus for items that the contractor is not able to provide and will this impact scoring? Specifically it was mentioned that it may not be feasible to offer kosher meals.

Response: Applicants will be scored on all areas as described in the RFA. It is noted that applicants can elect to obtain special meals from a subcontractor as deemed necessary.



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Q7 **When would it be necessary to provide bottled water to the homebound population being served by this award?**

Response: Bottled water delivery shall be required during a State declared water emergency. Upon declaration by an appointed official, the awardee shall immediately begin including bottled water sufficient to meet the daily drinking needs of the homebound individual as part of its delivery. Delivery of the water shall continue until the emergency is declared over.

Q8 **What is expected in the Goals and Objectives section of Work Plan Attachment D?**

Response: The applicant will complete the Work Plan to describe how services provided will meet goals and objectives of the project. The applicant will use its discretion to determine the number of sheets to attach.

Q9 **Are shelf stable foods an allowable cost?**

Response: The over-riding goal of this RFA is to ensure that wholesome, fresh-prepared meals are offered daily to chronically ill District residents who are homebound. Shelf stable foods are allowable only in support of the meal and between meal nourishments. Shelf stable food items are allowable if supported by documentation that food cooking and storage facilities in the home are limited and that food safety is a concern. Grocery deliveries in place of prepared meals are not an allowable cost.

Q10 **What positions shall be included on the Staffing Plan?**

Response: The applicant shall include staff involved with the delivery of services including food and nutrition therapy services.

Q11 **Does the home delivered meal service have to be provided in conjunction with a medical program?**

Response: All services described in the Request for Application including, but not limited to, nutrition therapy, delivered meals, and referrals must be provided. The applicant must describe how these services will be provided and the process used to monitor progress.

Q12 **Is the purchase of a delivery vehicle an allowable cost?**

Response: No. An alternative approach could be to enter into a lease agreement for the duration of the award.



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Attachment G1 Meal Delivery Cost Worksheet and Itemized Budget

Revised 5/16/2013

Agency:

Meal Delivery Costs Worksheet	
Estimated Number of Clients to be Served	Click here to enter text.
Daily Meal Cost Per Client (to include all non-personnel costs associated with meal delivery component)	Click here to enter text.
Total Meal Cost During Award Period	

Budget Category – Direct Costs	Proposed Allocation
Personnel	Click here to enter text.
Fringe Benefits	Click here to enter text.
Administrative Supplies	Click here to enter text.
Total Meal Cost During Award Period	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Subtotal Direct Costs	

Budget Category – Indirect Costs (not to exceed 10%)	Proposed Allocation
Describe in Detail	Click here to enter text.
Describe in Detail	Click here to enter text.
Describe in Detail	Click here to enter text.
Describe in Detail	Click here to enter text.
Subtotal Indirect Costs	

Total Budget Request	Click here to enter text.
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Director Signature: _____

Date: _____



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Attachment F Proposed Staffing Plan

Revised 5/16/2013

Agency:

Name of Employee (If available)	Position Title	Licensed in the District Y/N**	Annual Salary	% of Effort	Total \$ Charged to Project	Start Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

** Agency agrees to furnish copies of all applicable licenses upon request.

Director Signature: _____ Date: _____