



# *DIFFUSION OF AMBULATORY CARE SERVICES*

## **Request for Applications**

RFA #CHA\_DACs071814



**Submission Deadline:**  
**Friday, August 15, 2014 by 4:30 pm**

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH  
COMMUNITY HEALTH ADMINISTRATION

NOTICE OF FUNDING AVAILABILITY  
Request for Applications RFA# **CHA\_DACS071814**

**DIFFUSION OF AMBULATORY CARE SERVICES GRANTS PROGRAM**

The Government of the District of Columbia, Department of Health (DOH) Community Health Administration (CHA) is soliciting applications for funding from established District health care providers to establish or expand primary and/or specialty care services for patients in the catchment area that includes zip codes 20002, 20003, 20019, 20020, 20024, and 20032.

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 \$2,250,000 in local appropriated funds will be available for up to five (5) awards. Award sizes will range from a minimum of \$150,000 up to a maximum of \$2,000,000 per year. The grant period is projected to start October 1, 2014 and end September 30, 2015. The grants may be extended for a maximum of four (4) additional option years – for a total of five years of funding - subject to availability of funds, grantee performance, and continued need.

The following entities are eligible to apply for grant funds under this RFA: not-for-profit public and private organizations in DC with a demonstrated track record of providing comprehensive primary care to medically-vulnerable populations in the District – particularly those located in the 20002, 20003, 20019, 20020, 20024, and 20032 zip codes.

The release date for **RFA# CHA\_DACS071814 is Friday, July 18, 2014**. The RFA will be posted in the District Grants Clearinghouse section of the Office of Partnerships and Grants Services website, <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse>. 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\*.

A Pre-Application Conference will be held at 899 North Capitol St. NE\*, **on Monday, July 28, 2014, from 2:00pm – 4:00 pm**. The deadline for submission of applications will be **Friday, August 15, 2014 at 4:30 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
    - Work Plan
    - Evaluation Plan
  - Combined Project Budget & Budget Justification
  - Other Attachments allowed or requested by the RFA. See page 16.
  - Assurance Package of assurances 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 20 pages**, inclusive of the 1-page work plan. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The Project Narrative includes a Work Plan in the forms and formats provided in Appendix B of the RFA
- The combined Project Budget/Budget Justification is complete and comply with the budget forms provided as Appendix D 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 flash drive with an electronic copy for a total of four (4) packets and one (1) flash drive.
- Complete two copies of the Application Receipt for RFA #CHA\_DACCS071814 (Appendix H)

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 August 15, 2014.

## I. GENERAL INFORMATION

### A. Key Dates

Notice of Funding Announcement:	July 4, 2014
Request for Application Release Date:	July 18, 2014
Pre-Application Meeting Date:	July 24, 2014
Application Submission Deadline:	August 15, 2014
Anticipated Award Start Date:	October 1, 2014

### B. Overview

The Primary Care Bureau of the DC Department of Health’s Community Health Administration is providing funding to established District primary care providers to establish or expand primary and/or specialty care services for patients in the former Ambulatory Care Center/Public Benefit Corporation clinics’ catchment area: primarily zip codes 20002, 20003, 20019, 20020, 20024, and 20032.

The Department of Health (DOH) will award up to five grants for a total of \$2,250,000, with a minimum of \$150,000 up to a maximum of up to \$1,750,000 per grantee. The grant period will extend from the date of the DOH Director’s signature on the grant agreements – and not before October 1, 2014 - through September 30, 2015. The grants may be extended for a maximum of three (3) additional option years – for a total of four (4) years of funding - subject to availability of funds, grantee performance, and continued need. The Primary Care Bureau (PCB) will administer and monitor the grants.

Eligible applicants include: not-for-profit public and private organizations in DC with a demonstrated track record of providing comprehensive primary care to medically-vulnerable populations in the District – particularly those located in the 20002, 20003, 20019, 20020, 20024, and 20032 zip codes. 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 \$2,250,000 in funding for up to five (5) organizations. Grants will range in amounts, with an award ceiling of up to \$1,750,000 per grantee.

### E. Performance and Funding Period

The anticipated performance and funding period is October 2014 - September 2015.

## F. Eligible Applicants

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

- Not-for-profit private organizations or consortia in DC that:
- Provide comprehensive primary care to vulnerable populations in the District;
- Participate in the Medicaid (all managed care organization (MCO) contracts), DC Health Care Alliance, Medicare, and private health insurance programs AND bill for all reimbursable services;
- See patients regardless of their ability to pay;
- Have and use a written sliding scale fee policy; and
- 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.

Comprehensive primary care addresses an individual's medical, dental, *and* mental health needs.

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. The populations to be targeted with this grant opportunity are those that reside or receive services in the following zip codes: 20002, 20003, 20019, 20020, 20024, and 20032.

Sliding Scale Fee is a formal, posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Levels (see: <http://aspe.hhs.gov/POVERTY/>). Bad debt write-offs are not considered sliding scale discounts.

## G. Eligible Sites

Applicants' proposed grant sites must meet the following criteria to be considered for funding:

- Located in target zip codes: 20002, 20003, 20019, 20020, 20024, and 20032;
- Currently operational; and

- In space that is privately-owned or leased.

Sites that do not meet all of the site eligibility criteria may submit a request for special consideration with the application. Requests must detail which eligibility criteria the site(s) do not meet and either: how the site(s) will meet the eligibility requirements during the grant period (e.g. site is currently under construction and will be open by October 1, 2014) OR how the application will meet the objectives of the grant despite not meeting eligibility requirements during the grant period.

## II. BACKGROUND & PURPOSE

### A. Background

Since the closure of DC General Hospital (DC General) in 2001, the DC Department of Health has been supporting the continued operation of the former DC General's primary care and specialty care outpatient Ambulatory Care Center (ACC), as well as, multiple outpatient primary care clinics (collectively known as the former Public Benefit Corporation (PBC) clinics. Most recently – since Fiscal Year 2010 - DOH has supported the following sites through a five-year operating grant to Unity Health Care, Inc.:

- ACC at DC General – 1900 Massachusetts Ave. SE
- Anacostia (closed 2011) – 1328 W St. SE
- Congress Heights – 3720 Martin Luther King Junior Ave. SE
- Hunt Place (closed 2013) – 4130 Hunt Pl. NE
- Southwest – 850 Delaware Ave. SW
- Woodridge (closed 2010) – 2146 24<sup>th</sup> St. NE

In FY14, four (4) grant sites remain open and operational: ACC, Congress Heights, Hunt Place, and Southwest. In FY13, these four sites served a total of 26,951 patients through 84,038 patient visits. The majority of these patients were residing in zip codes:

- 20019 (total number of patients: 6,319),
- 20032 (5,809),
- 20020 (4,160) and
- 20002 (2,405).

Approximately sixteen (16) different service types were offered at the four (4) ACC/PBC sites in FY13. Please see Appendix B for a complete breakdown of patients served and services provided at the ACC/PBC sites in FY13.

While safeguarding much-needed access to primary and specialty care services, these clinics, housed primarily in outdated DC-government owned or leased properties, are not adequate to meet the Department's commitment to access to quality health services for all District residents. Accordingly, since 2005, DOH has invested over \$90 million to construct new or substantially expand and update existing privately-owned and managed health access points across the District. To date, the following large-scale DOH-funded

capital projects have been completed:

Health Centers

- Bread for the City – 1525 7<sup>th</sup> St. NW (Expansion)
- Community of Hope – 4 Atlantic Ave SW (New facility)
- Kids Smiles/KIPP DC – 4827 Benning Rd. SE (New facility)
- Mary’s Center – 3910 Georgia Ave NW (New facility)
- Unity-Anacostia – 1500 Galen St. SE (New facility)
- Unity-Parkside – 765 Kenilworth Ter. NE (New facility)

Hospital Projects

- Providence Hospital – Geriatric Clinic Without Walls (GCWW) – 1150 Varnum St. NE (Expansion)
- UMC/CNMC – 1310 Southern Ave SE (New facility)
- WHC – 110 Irving St. NW (Renovation)

And the following final health center project will be completed by 2015:

- Unity-Brentwood – 1251 Saratoga Ave NE (New facility)

Collectively, the health center projects represent capacity for an estimated 250,000 patient visits annually (186,000 in the target zip codes) and capacity to offer new services such as dental, mental health, and specialty care – all in state-of-the-art private facilities. Given this new capacity, DOH has been phasing out its support of the ACC/PBC clinics, and in FY15 will instead fund organizations with privately- owned or -leased sites in the 20002, 20003, 20019, 20020, 20024, and 20032 zip codes (the ACC/PBC clinics’ primarily catchment area) to provide the services previously provided at the ACC/PBC sites and/or other services for which there is a demonstrated need.

**B. Purpose**

The purpose of the Diffusion of Ambulatory Services grants is to provide funding to establish or expand primary and/or specialty care services in privately- owned or leased sites in zip codes 20002, 20003, 20019, 20020, 20024, and 20032.

The funding may be used to:

- Expand service hours (related costs);
- Hire or contract for additional providers; and/or
- Purchase equipment (Please see Section V.A.2 for more information on equipment purchases).

The objectives of the grants are to:

- Maintain or increase service availability in the target zip codes;
- Increase the provision of services at privately- owned or leased sites; and
- Increase the number and percent of primary care sites in the target zip codes at which mental health, dental, and/or specialty services are available on site.

### C. Priority Services

Given the District's objective of maintaining currently available/highly utilized services, DOH may prioritize applications that propose one or multiple of the following services:

- Primary Care (Pediatrics, Internal Medicine, Family Practice);
- Dental/Oral Surgery;
- Obstetrics/Gynecology;
- Psychiatry;
- Infectious Disease; and
- Ophthalmology.

Priority may also be given to services that can be directly related to the prevention of morbidity/mortality due to the four most prevalent chronic diseases in the target population: heart disease, cancer, cerebrovascular disease (stroke), and diabetes.

## 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.
- 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- Assurance 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 be expected to have grant-funded services available within 120 days of the start of the grant.

**B. Evaluation:**

All grantees will be expected to develop and implement an evaluation plan that includes both process measures and outcome measures. Process measures will refer to the number of services available/provided and patients served. Outcome measures will refer to the impact of the services provided either with regards to access to care (e.g. wait times, new patients served, etc.) or health outcomes (e.g. HbA1c levels, BMI). Where relevant, grantees measures should conform to industry-accepted quality measures associated with the proposed services.

**C. Sustainability:**

DOH expects funds to be used to implement services that the organization will be able and willing to sustain with other organizational funds at the end of the grant period. DOH cannot guarantee additional funding past the initial grant period.

**V. APPLICATION SECTIONS**

**A. Project Narrative (limit 20 pages)**

**1. Background and Need**

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

**2. Project Description and Work Plan**

- Describe the proposed service(s), including an explanation of how the proposed service(s) will address the need(s) identified in the preceding section.
- Describe how, where, when, and by whom the service(s) will be provided and how the service(s) will be incorporated into the applicant’s current and future operations (e.g. space, staff, billing, etc.).
- For each service, describe the intended patient population, including: defining characteristics or eligibility requirements (e.g. existing patients, all residents with a specific diagnosis, etc.), the overall size of the target population, the estimated number of patients to be served, and the number of patient visits to be provided. Provide data sources and any other justifications for patient/visit calculations.
- Describe any partnerships that will be formed to implement the proposed service(s), and include evidence (letters of agreement, memoranda of understanding, etc.) of all proposed partnerships.
- Describe any equipment that will need to be purchased for the service(s). Please note that applications proposing equipment purchases only will not be approved unless the applicant can provide a plan for having sufficient human resources to

utilize the equipment (e.g. dental staff with a dental chair, radiology staff for X-ray equipment, etc.) within 120 days of grant award.

- Describe the outreach activities that will be implemented to ensure the public's awareness of the service(s).
- Describe any other organizational resources to be used to implement the service(s).
- Describe the sustainability plan for the service(s).
- Provide a work plan (Appendix C) with major milestone activities related to implementing the service(s), with associated start and completion dates and staff responsible for each activity.

### **3. Organizational Capacity**

- Briefly describe experience in serving DC residents residing or receiving services in the target zip codes.
- Describe the organization's system for maintaining patient medical records, and in particular whether medical records are paper- or electronic- based and any health information exchange activities in which the organization is engaged.
- Describe the resources the applicant plans to commit to the implementation of the grant-funded service(s).
- For applications that propose partnerships to implement the service(s), 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.).
- Provide the organization's current annual operating budget and projected operating budget for the organization's next fiscal year, including revenue and expenditures by source.
- 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.)
- 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 an evaluation plan with process and outcome measures (see Appendix D for Evaluation Plan Template), including industry-accepted quality measures.
- Describe plans for collecting and analyzing data.

- Describe corrective action processes if evaluation and quality targets are not being met.

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

- Include a combined budget/budget justification as a separate attachment using the form provided as Appendix E of this RFA. The budget/budget justification should be directly aligned with the work plan and project description.

## **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 (20 points)**

- Clearly identifies need(s) to be addressed by proposed service(s)
- Provides a data-informed justification for why identified need(s) is(are) priority for DOH grant funding

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

- Services reflect preferences outlined in Section II.C.
- Anticipated impact of proposed service(s) on identified need(s) is clearly outlined and evidence-based
- Patient eligibility requirements maximize access to grant-funded service(s) for residents in target zip codes.
- The scope of the service(s) description is detailed and projected utilization numbers are reasonable.
- Clearly demonstrates how grant funding will result in expanded access to/continuity of care and patient choice
- Clearly demonstrates how service(s) will be incorporated into existing operations
- Implementation work plan is complete and reasonable to ensure services are available within 120 days of the start of the grant.
- Includes a robust plan to ensure utilization of proposed service(s)
- Demonstrates an organizational commitment to sustaining the service(s) at the site in the long-term

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

- Demonstrates experience in providing comprehensive primary care in the target zip codes.
- Has access to aggregated patient data through use of electronic health records and health information exchanges

- Operating budget indicates success in billing for reimbursable services
- Demonstrates sufficient resources to implement grant-funded service(s) (e.g. staff, space, etc.)
- As applicable, has previous experience collaborating with proposed partner organization(s) to provide services
- Has a history of successfully achieving DOH grant award deliverables

**4. Performance Monitoring and Evaluation (15 Points)**

- Process, outcome, and quality measures are logical and related to proposed service(s)
- Data collection and analysis plan is realistic; applicant has access to data and sufficient resources to conduct necessary analyses
- Demonstrates commitment to implementing mid-grant corrective action to ensure grant outcomes are achieved

**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 capita costs of providing the service(s) 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 (Appendix F)
- Project Narrative (See Section VII.B. Application Elements and VII.C. Format)
- Budget/Budget Justification (See Section VII.B. - Application Elements)
- Attachments (See Section VII.B. – Application Elements)
- Assurance and Certification Documents Package (See Section VII.D. – Assurances)

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

- Project Narrative (limit 20 pages, inclusive of Work Plan)
  - Background & Need
  - Project Description
    - Work Plan
  - Organizational Capacity
  - Performance Monitoring & Evaluation

- Budget/Budget Justification (required template – 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 unreduced
- Spacing: Double-spaced
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

### D. **Assurance 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 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 likely make the application either ineligible for funding consideration [required to submit 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 DOH, copies must be submitted with the application.

#### 1. **Assurances Required to Submit Applications (Pre-Application Assurances)**

- Signed Assurances and Certifications
  - a. Certifications (Attachment: G3),
  - b. Federal Assurances (Attachment: G2)
  - c. DOH statement of Certification (Attachment: G1)
- Current Certification of Clean Hands from the Office of Tax and Revenue
- 501 (c) 3 Certification or Articles of Incorporation
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)

- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

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

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

**E. Pre-Application Conference**

A Pre-Application Conference will be held at 899 North Capitol Street NE on the third floor on Monday, July 28, 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, July 24, 2014 via an email to [geraldine.pierce@dc.gov](mailto:geraldine.pierce@dc.gov) will be required to participate in the meeting. The email must contain at least the following information:

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

**F. Submission**

Submit 4 hard copies (1 marked original, 3 copies) and one electronic copy via a flash drive to the Community Health Administration (CHA) at or before 4:30 pm on August 15, 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 consultants who shall be responsible for making recommendations for award, and include recommendations for funding levels, 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.

- Review of applications may result in recommendations of approval for partial scopes of services based upon need and funding considerations.
- Applicants approved for pre-award review will receive Notices of Intent to Fund. The notices will outline pre-award requirements and propose any revisions and conditions of award. Successful applicants will receive letters confirming their awards. The letters will also outline the next steps as a sub grantee with the Department of Health.
- The NOGA shall be the only binding, authorizing document between the recipient and DOH.

## IX. APPENDICES

- A. Definitions**
- B. ACC/PBC Services – Fiscal Year 2013**
- C. Work Plan Template**
- D. Evaluation Plan Template**
- E. Budget/Budget Justification Template**
- F. DOH Application for Grant Funding Form**
- G. Assurance Package**

**H.**

**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>Comprehensive Primary Care</b>	Comprehensive primary care addresses an individual’s medical, dental, <i>and</i> mental health needs.
<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>Provider</b>	Health care professional delivering direct patient care services in a primary care setting
<b>Specialty Care</b>	Specialized health care provided by physicians whose training focused primarily in a specific field, such as neurology, cardiology, rheumatology, dermatology, oncology, orthopedics, ophthalmology, etc.
<b>Sliding Fee Scale</b>	Sliding Scale Fee is a formal, posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Levels (see: <a href="http://aspe.hhs.gov/POVERTY/">http://aspe.hhs.gov/POVERTY/</a> ). Bad debt write-offs do not qualify as sliding scale discounts.
<b>Target Zip Codes</b>	Zip codes: 20002, 20003, 20019, 20020, 20024, and 20032.
<b>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

**APPENDIX B: ACC/PBC SERVICES – FISCAL YEAR 2013**

Age	Patients
0-5	1,807
06-12	1,202
13-18	1,301
19-25	3,323
26-35	4,434
36-45	3,457
46-55	5,603
56-65	4,057
65+	1,767
<b>Total</b>	<b>26,951</b>

Race	Patients
AI/AN	33
Asian	94
Black	25,230
More than One Race	268
Other	110
Unknown	698
White	518
<b>Total</b>	<b>26,951</b>

Preferred Language	Patients
English	26,292
Other	268
Spanish	164
Unknown	227
<b>Total</b>	<b>26,951</b>

Gender	Patients
Female	15,332
Male	11,593
Transgender	26
<b>Total</b>	<b>26,951</b>

Medical Services	Encounters	Patients
Primary Care	49,376	16,093
Dental	13,597	11,509
Infectious Disease	5,439	4,912
OB/GYN	4,947	3,694
Podiatry	3,329	529
Psychiatry	2,202	2,117
Ophthalmology	1,554	1,534
Pediatrics	1,275	1,218
Gastroenterology	1,012	960
Oral Surgery	661	633
Neurology	413	169
Urology	135	135
Cardiology	46	46
General Surgery	29	28
Orthopedics	21	21
Rheumatology	2	2
<b>Total Visits</b>	<b>84,038</b>	
Social Services	5,952	4,773
Health Education	2,357	1,640

Zip Codes ≥ 10	Patients
20001	652
20002	2,405
20003	1,384
20005	82
20007	13
20008	22
20009	337
20010	302
20011	837
20012	106
20013	13
20016	19
20017	297
20018	771
20019	6,319
20020	4,160
20024	1,795
20032	5,809

Zip Codes ≥ 10	Patients
20706	18
20710	54
20712	22
20735	32
20737	12
20743	240
20744	99
20745	165
20746	114
20747	139
20748	125
20770	12
20772	25
20774	40
20782	19
20783	16
20784	35
20785	92
<b>Total</b>	<b>26,582</b>

<b>Staff Sessions and Visits Totals</b>		
<b>Medical Services</b>	<b>Staff Sessions</b>	<b>Visits</b>
Cardiology	20	46
Dental Services	4,109.00	13,602.00
Dermatology	-	-
Endocrinology/Nephrology	-	-
ENT	-	-
Primary Care (Includes Internal Medicine)	10,770.15	47,593
Pediatrics	339.5	1,028.00
Gastroenterology	572.5	1,001.00
General Surgery	3	28
Hematology/Oncology	-	-
Infectious Disease	1587	5,349
Neurology	122	412
OB/GYN	1065	4,890
Ophthalmology	460.5	1,555.00
Oral Surgery	303	620
Orthopedics	4	20
Podiatry	704	3,322
Psychiatry	600.5	2,187
Pulmonology	-	-
Rheumatology	3	2
Urology	48	139
<b>Total</b>	<b>20,711.15</b>	<b>81,794</b>



**APPENDIX D: EVALUATION PLAN TEMPLATE**

<b>Measure</b>	<b>Indicator</b>	<b>Target</b>	<b>Calculation</b>	<b>Data Source (and Frequency of Collection)</b>	<b>Timeline for Achievement</b>
<b>Process Measures</b>					
EXAMPLE: Increased number of dental sessions at site	Total # of additional dental sessions	40	Total # of dental sessions in grant year minus (-) total # of dental sessions in year preceding grant	Management Information System	September 30, 2014
<b>Outcome Measures</b>					
EXAMPLE: Decreased wait times for dental appointments	Change in average wait times for dental appointment	Decrease by 3 business days	Average wait time for dental sessions in year preceding grant minus (-) average wait time for dental sessions in grant year	Scheduling system	September 30, 2014



**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**

		<b>Department of Health District of Columbia</b> <b>Application for Grant Funding</b>	
<b>RFA #:</b>	CHA_DACS071814	<b>RFA Title:</b>	FY2015 Diffusion of Ambulatory Services Grants
<b>Release Date:</b>	July 18, 2014	<b>DOH Administrative Unit:</b>	Community Health Administration
<b>Due Date:</b>	August 15, 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			
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>	\$ _____		
<b>Proposal Description (200 word limit):</b>			
Enter Name & Title of Authorized Representative		Date	



**APPENDIX G: ASSURANCES PACKAGE**

**Attachment G.1 – Department of Health Certification**

**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.

\_\_\_\_\_  
Applicant /Grantee Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Application Number and/or Project Name Grantee IRS/Vendor Number

\_\_\_\_\_  
Typed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature Date



**Attachment G.2: Federal Assurances**

**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. 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.

\_\_\_\_\_  
Applicant /Grantee Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Application Number and/or Project Name

\_\_\_\_\_  
Grantee IRS/Vendor Number

\_\_\_\_\_  
Typed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Attachment G.3: Certifications**

**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:

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.

\_\_\_\_\_  
Applicant/Grantee Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Application Number and/or Project Name

\_\_\_\_\_  
Grantee IRS/Vendor Number

\_\_\_\_\_  
Typed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPENDIX H: Application Receipt



### Application Receipt for RFA #CHA\_DACS071814

*The Applicant shall prepare two copies of this sheet. The DOH representative will date-stamp both copies and return one copy to you for your records. The stamped receipt shall serve as documentation that the Department of Health is in receipt of your organization's application for funding. The receipt is not documentation of a review by DOH personnel. Please accept and hold your receipt as confirmation that DOH has received and logged-in your application. Note: Receipts for late applications may be provided upon delivery of your application, but late applications will not be forwarded to the review panel for consideration.*

**The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to RFA #CHA\_DACS071814. The application package has been submitted by an authorized representative for the following organization:**

\_\_\_\_\_  
(Applicant Organization Name)

\_\_\_\_\_  
(Address, City, State, Zip Code)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(E-mail Address)

Submitted by: \_\_\_\_\_

(Contact Name/Please Print Clearly)

(Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: \_\_\_\_\_
2. Amount Requested: \_\_\_\_\_
3. Program / Service Area for which funds are requested in the attached application: *(check one)*  
 Diffusion of Ambulatory Care Services

#### District of Columbia Department of Health Use Only

ORIGINAL APPLICATION PACKAGE AND _____ (NO.) OF COPIES	Date Stamp
Received on this date: ____/_____/ 2014	
Time Received: _____	
Received by: _____ Tracking # _____	