

Funding Opportunity

Government of the District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration

H A H S T A

IMPACT DMV

Improve **M**easurable **P**articipation and **A**ccess to **C**are and **T**reatment
District of Columbia, Maryland, & Virginia

Demonstration Project Application



RFA Number: RFA # HAHSTA_IDMV052716

Application Deadline: Monday June 13, 2016 at 4:45 PM

Late applications cannot be accepted



HAHSTA_IDMV052716





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 award, 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 in accordance with applicable sections within the sub grant award and/or agreement.

Pre-application Conference:

DATE: Thursday, June 2, 2016
TIME: 2:30 PM – 4PM
WHERE: HAHSTA
899 North Capitol Street, NE
Fourth Floor
Washington, DC 20002

Application Deadline:

Monday, June 13, 2016 by 4:45 PM
Applications submitted after 4:45 PM
will not be accepted.

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**DEPARTMENT OF HEALTH (DOH)
HIV/AIDS, HEPATITIS, STD & TB ADMINISTRATION (HAHSTA)
NOTICE OF FUNDING AVAILABILITY (NOFA)
RFA # HAHSTA_IDMV052716**

IMPACT DMV HIV PROGRAM

The Government of the District of Columbia, Department of Health (DOH) HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is soliciting proposals from organizations in the District of Columbia, Suburban Maryland and Northern Virginia to participate in the IMPACT DMV program. IMPACT DMV is a regional public, private, and health department collaborative demonstration project to develop through a health department–led, culturally sensitive and competent community collaboration a comprehensive model of service delivery.

This model is designed to provide a holistic health and wellness system that strengthens and supports Men who have Sex with Men of color and Transgender persons of color in healthy decision making, ensuring equitable access to screening, care and treatment, behavioral health, economic opportunity, peer supports, and other supportive services.

Up to **\$600,000** will be made available through a grant received from the U.S. Centers for Disease Control and Prevention (CDC) for Fiscal Year 2016. This funding aims to increase the capacity and provision of services to the focus populations among three initial program domains: Pre-Exposure Prophylaxis (PrEP) implementation, community wellness (addressing self-efficacy), and behavioral health (related to substance use and mental health). DOH is soliciting proposals for up to 15 awards to support the following program areas:

PrEP	Community Wellness	Behavioral Health
<ul style="list-style-type: none"> • Outreach/Awareness • PrEP Adherence Counseling and Support Services • Integration of PrEP and hormone therapy 	<ul style="list-style-type: none"> • Mandate wellness model • Sexual Health Learning Community 	<ul style="list-style-type: none"> • Rewriting Inner Scripts (RISE) model • Other promising behavioral health interventions for MSM and transgender persons of color.

The release date for RFA # HAHSTA_IDMV052716 is Friday, May 27, 2016. The RFA will be available for pick up at 899 North Capitol Street, NE, 4th Floor, Washington, DC and on the website at <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse> under the District Grants Clearinghouse on Friday, May 16, 2016. Submission deadline is **Monday, June 13, 2016 no later than 4:45 p.m.**

The Pre-Application meeting will be held in the HAHSTA offices on **Thursday, June 2, 2016** from 2:30pm – 4:00pm. Please contact Kenneth Pettigrew at Kenneth.Pettigrew@dc.gov or (202) 741-0797 for additional information.

**District of Columbia Department of Health
RFA Terms and Conditions
v06.2015**

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

- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DOH to make any award.
- Individual persons are not eligible to apply or receive funding under any DOH RFA.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.
- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH

electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- DOH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia, Maryland, Virginia and Federal regulations, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH under OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: [City-Wide Grants Manual](#).

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

How to Apply

Thank you for your interest in applying for the *Improve Measurable Participation and Access to Care and Treatment* (IMPACT) District of Columbia, Maryland, & Virginia (DMV) HIV Demonstration Project. The DC Department of Health (DOH) HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) wants to help you make this application process easy to understand and complete.

As an applicant for DC public funds, there is documentation you need to provide that is a requirement of DC law and regulation. This package will provide you with some of the paperwork for you to complete and sign. Some of the other materials you most likely already have available and you simply need to copy and attach them to your application.

Requirements for Applications

- The applicant organization/entity has responded to RFA # HAHSTA_IDMV052716 and completed all sections of the IMPACT DMV HIV Demonstration Project Application including the Budget.**
- (DC-based applicants)* **Statements of Certifications, Assurances and Mandatory Disclosures (Appendix E) should be completed and signed. All required certifications and assurances documents on the Assurances Checklist (Appendix E) should be submitted (one copy) in a separate, labeled envelope from the application.**
- (Maryland and Virginia-based applicants)* **Statements of Certifications, Assurances and Mandatory Disclosures (Appendix E) should be completed and signed. Additionally, on the Assurance Check List (Page 17 – 18), submit Items A.2 through A.5 along with your application.** Additionally, certifications and business documents (Items B1 – B6 on page 18) that are specific to the applicant's jurisdiction will be requested, checked and verified prior to funding by DOH with the public health authority for the state or county in which the applicant agency operates.
- The application is to be submitted unbound. The application must be submitted with rubber bands or binder clips only.**
- An electronic version of the application on a CD or flash drive must be submitted with one original and two hard copies.**
- The application must be submitted to HAHSTA, 899 North Capitol St., NE, 4th Floor, Washington, DC 20002 no later than 4:45 p.m. on the deadline date of Monday, June 13, 2016. (Metro Red Line – Union Station)**

Pre-Application Conference

Applicants are encouraged to attend the Pre-Application Conference on **Thursday, June 2, 2016** from 2:30 PM – 4:00 PM, at 899 North Capitol Street, NE - 4th Floor, Washington, DC 20002 (Metro Red Line – Union Station). The meeting will give applicants more information about the training, program components, and requirements. It will also be an opportunity to ask questions about the application.

Background

The Government of the District of Columbia, DOH, HAHSTA seeks to strengthen the infrastructure as well as increase the availability and utilization programs and services for men who have sex with men of color and transgender persons of color in the District of Columbia, Northern Virginia, and Suburban Maryland.

HIV/AIDS across Washington DC, Suburban Maryland, and Northern Virginia

The Washington, DC, region has a complex urban epidemic, with high rates of HIV/AIDS, STDs, and viral and chronic hepatitis. As many as one in five Gay and Bisexual men are living with HIV in the District of Columbia. As of December 31, 2013, there were 16,423 DC residents—2.5% of the population—living with HIV. The epidemic disproportionately impacts African-Americans; adults age 30 to 59, and people living in the District’s Wards 5, 6, and 8. African-Americans account for the majority of living HIV/AIDS cases in the District. At the end of 2013, 3.9% of African-American residents were living with HIV/AIDS. The highest burden of disease is among African-American men (5.8% infected). Washington DC shares borderlines to both Suburban Maryland and Virginia, creating a constant influx of movement among residents in the region. Men who have sex with men continue to be the leading reported mode of transmission for HIV disease. In the DC metropolitan area, Black men who have sex with men in particular are significantly impacted by the disease, accounting for 19.5% of all cases diagnosed with HIV disease at the end of 2014 and 19.6% of all living AIDS cases. Black men are 24% of all diagnosed cases in DC, 18.1% in suburban Maryland, and 16.1% in Northern Virginia. HAHSTA conducted a CDC-funded behavior study among men who have sex with men as part of the National HIV Behavior Surveillance (NHBS) study, which also found older men and men of color had HIV-positive rates nearly three times higher than younger men and White men; and men of color 30 years or older had the highest rates of HIV disease, with an overall positivity as high as 25% compared to 8% of White men. In 2014, the District reported that two-thirds of transgender persons living with HIV are transgender women. High rates of transgender persons were linked to care (96.3%), received care in 2014 (69.9%) and achieved viral suppression (62.2%), which are higher than the District’s average. However, one-third of transgender persons were initially diagnosed with Stage 3 HIV disease, previously known as an AIDS diagnosis. Though some of those persons were able to increase their CD4 counts to Stage 1 or Stage 2, 54% remained at Stage 3.

About the Project and Purpose

IMPACT DMV is a regional public, private, and health department collaborative CDC funded demonstration project. The goal is to create an integrated comprehensive whole-person health

system model for prevention, care and treatment that supports men who have sex with men and transgender persons of color. It addresses the health and wellness needs of the individual in a culturally appropriate approach for individual and community success.

IMPACT DMV –The Coalition

The DC Department of Health with the Maryland and Virginia Departments of Health established the IMPACT DMV Coalition. The Coalition is made up of service providers, community members, private entities, and health department staff from each of the three regions to provide a holistic health and wellness system that strengthens and supports men who have sex with men and transgender persons of color in healthy decision making. The project ensures equitable access to screening, care and treatment, behavioral health, economic opportunity, peer support, and other supportive services. The Coalition has identified three initial priority program areas: Pre-Exposure Prophylaxis (PrEP) expansion, community health and wellness, and behavioral health.

HAHSTA seeks to support implementation projects. Such projects are more fully conceived or have already started. They are appropriate for organizations (or multi-sectorial collaborations of several organizations) that are ready to implement a defined plan of action, with goals and outcomes.

Eligible Organizations and Funding Categories/Activities

Community organizations, educational institutions, other not-for-profit and for-profit organizations in the District of Columbia, Suburban Maryland, and Northern Virginia which provide services to men who have sex with men of color and transgender persons of color are eligible to apply. Funding cannot be awarded to individuals. Up to **\$600,000** will be made available for Fiscal Year 2016. DOH is soliciting proposals for up to 15 awards to support the following program areas.

During this funding period, organizations are asked to only apply for activities listed among the three categories below. The applicant may apply for one or multiple categories. The applicant should only apply for the program service categories and activities they can effectively implement and support during this period. That is, if an organization applies for multiple program areas, the organizational site visit evaluation will be based on the ability to realistically implement all of the proposed plans, in keeping with the resource and scale-up approaches of the application. Only one application per organization is required even if covering multiple regions within the DC, Northern Virginia, and Suburban Maryland Metropolitan Area. However, if implementing different categories and/or activities within different regional areas, please clearly describe in the narrative portion of your application. The submission of more than one application per organization will be deemed ineligible and will not be reviewed.

PrEP Expansion	Community Wellness/Health Equity	Behavioral Health
<ul style="list-style-type: none"> • Outreach/Awareness • PrEP Adherence 	<ul style="list-style-type: none"> • Economic Opportunity <ul style="list-style-type: none"> ○ IMPACT Health 	<ul style="list-style-type: none"> • Rewriting Inner Scripts (RISE) model

<p>Counseling and Support Services</p> <ul style="list-style-type: none"> • Integration of PrEP and hormone therapy 	<p>Specialist</p> <ul style="list-style-type: none"> • ManDate wellness model 	<ul style="list-style-type: none"> • Other promising behavioral health interventions for men who have sex with men and transgender persons of color.
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PrEP Expansion

Pre-exposure prophylaxis (PrEP) is an evidence-based prevention intervention that prevents HIV infection. To scale up the use of PrEP, this focus area seeks to fund projects that address social, psychological, cultural, and structural factors and barriers that influence PrEP access and utilization. These strategies should address current knowledge, attitudes and beliefs among men who have sex with men of color and transgender persons of color. Organizations are strongly encouraged to propose innovative strategies to increase access and PrEP utilization, particularly in Suburban Maryland and Northern Virginia.

Integration of PrEP and hormone therapy: There have been limited studies on PrEP for transgender persons and particularly transgender persons of color. From the clinical trials that did include some transgender persons, there were inconclusive findings, mostly attributable to low adherence. Questions have been raised about the potential interactions between the PrEP medication and hormone therapy. Currently, research has not shown any drug interactions between these medications. Funding is made available to implement models that would support individuals to successfully co-manage both PrEP and hormone therapy.

Community Wellness/Health Equity

Community wellness is about the ability and willingness of people to act together – in good times and in bad to actively and meaningfully learn from and share information with different segments of the community to enhance knowledge, skills and behaviors that promote optimal mental, social, economic and physical outcomes regardless of where people live, learn, work, play or age. Healthy communities are built on the relationships that are nurtured and the efforts that are made to work through the problems that are encountered along the way. It is also about celebrating successes among the community and addressing the most impactful strategies that affect health. According to the CDC, socioeconomic (poverty, education, housing, inequality) factors have the largest impact on an individual’s health.

Although there are a number of strategies that are available to address these socioeconomic factors, below are the only strategies and activities that you can select from for your proposed focus community that will be funded during this budget period.

Community Wellness

ManDate is a home-grown intervention that embodies the framework of community wellness. Through monthly discussion and activities, ManDate addresses the needs of men who have sex with men of color using a whole health model that includes mind, body and spirit. The overarching goal of ManDate is to build a sense of community and to promote healthy behaviors. While

reducing HIV acquisition, reducing community viral load and staying in care are an important aspect of ManDate, just as important, ManDate seeks to help individuals make decisions for healthy living, which will have an impact on the overall health and wellness of the community of men of color.

To accomplish this, ManDate sessions are conducted monthly and are facilitated by skilled facilitators. The meetings are held in an individual's home, which provides a safe and comfortable place for these discussions (optional). The sessions typically take one of three forms:

- 1) What's on Your Mind/Fishbowl question sessions (Open Discussion)
- 2) Themed sessions (May or may not be facilitated by an outside expert)
- 3) Ask the Doctor sessions (facilitated by doctor or nurse practitioner)

The goals of the ManDate sessions are:

- Improve health outcomes through increased knowledge and awareness
- Strengthen sense of community and reduce stigma
- Increase engagement in healthcare services
- Identify barriers to optimal health and provide strategies to address them
- Increase discussion of health information in social and sexual networks
- Financial Wellness
- Home Ownership
- Business Entrepreneurship
- Family Planning for Same Sex Couples
- LGBTQ Foster Parenting and Adoption
- Pre-Exposure Prophylaxis (PrEP)
- Coming Out
- Professional Leadership

During the monthly session health screenings such as HIV, STD and Hep C are offered in a confidential setting.

Economic Opportunity

IMPACT Health Specialist provides the opportunity to hire community members to support targeted activities. The use of peer based education and support systems have been proven to be an effective mechanism to mobilize, educate, support and engage communities to make healthier choices. Additionally, the creation of job opportunities helps to build the economic status and livelihood of individuals in the community.

Health IMPACT Specialist can contribute by:

- Providing accurate and current health and wellness information and resources to peers using a variety of delivery strategies including:
 - Social media (i.e., Facebook, Twitter, Instagram, Snapchat, et al)
 - One-on-one and group interactions
 - Presentations to community organizations as well as displays at exhibits and expos.
- Assisting in the design and development of health and wellness promotional materials.

- Assessing program and provider effectiveness and cultural competency
- Mentoring peers by providing support, direction and feedback as well as assist in developing solutions to health, social and career issues.

Behavioral Health

Behavioral health covers the broad spectrum of emotional and mental wellness. It addresses one’s ability to manage and cope with the challenges of everyday life. Issues like depression, trauma, anxiety, and mental health impede one’s ability have healthier overall outcomes. Behavioral health programs and services may intervene as prevention or treatment. HAHSTA is seeking project proposals that implement this strategy or any other behavioral health interventions or strategies that will address emotional, social, substance use, and mental health within the DC, Virginia, and Suburban Maryland region. HAHSTA also encourages providers to adapt project activities to various subpopulations within the focus populations.

There are a number of strategies that are available to address behavioral health. Below is one example of a strategy that we strongly suggest for you to select if it fits the focus community in your proposed area(s). However, you can propose other strategies that you know will also address similar types of activities for behavioral health.

Rewriting Inner Scripts (RISE) is a two-day small group intervention that helps same gender loving men identify oppressive experiences in their lives, recognize similarities between oppression linked to racial and sexual identities, and recognize the impact of internalized oppression on self-perception and perceptions of other men. RISE introduces and explores the concept of inner scripts. Using storytelling, journaling, reflection, and small- and large-group discussion, RISE provides opportunities for participants to identify their own inner scripts and the origin of those scripts. RISE then uses the same tools to invite participants to explore the consequences of these inner scripts on partner attraction and selection, and the norms and patterns that characterize their relationships and risk taking behaviors. Through engaging in group activities and exercises on topics of race, sexuality, shame, and healing, the intervention fosters the development of coping and self-parenting skills. RISE concludes with individual motivational interviews, during which the facilitator reinforces learning and helps bridge each client into other needed services.

Other behavioral health interventions could include direct referrals and collaborations with outpatient treatment providers for substance use and mental health issues among the focus community.

APPLICATION ELEMENTS

- I. **HAHSTA Assurance Packet**
- II. **Program Activity Plan (up to 5 pages)**
 - a. Program Activity Narrative
 - i. Describe in detail your proposed project and any collaborating partners to successfully implement the selected category(ies) and activities.

- ii. Describe the benefits of the project to the community.
- b. Work Plan (Required Template)
- c. Budget (Required Template)

III. Attachments

APPLICATION SUBMISSION PROCEDURES

1. Pre-application Conference

A Pre-application Conference will be held **Thursday, June 2, 2016** from 2:30 PM – 4:00 PM, at 899 North Capitol Street, NE - 4th Floor, Washington, DC 20002 (Metro Red Line – Union Station). The meeting will give applicants more information about the training, program components, and requirements. It will also be an opportunity to ask questions about the application.

2. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting Kenneth.Pettigrew@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 # HAHSTA_IDMV052716 - IMPACT DMV HIV Demonstration Project**.

3. Assurances

For **DC-based applicants**, it is recommended that the Assurance Packet be submitted to the Financial Management and Administration Services Division by **June 8, 2016** to allow for review and evaluation. Applicants with complete assurance packets will receive a receipt that they should bring with them along with their application in lieu of the assurance documents at the time they submit their application. Proposals from organizations that do not have the complete required assurances will not be reviewed or considered for funding. **The envelope with the assurances must have attached a copy of the Assurance Checklist or the receipt that confirms a complete assurance packet was received.** Please contact April Richardson on 202-671-4828 regarding assurance submission.

For **Maryland and Virginia-based applicants**, please check with the public health authority for

the state or county in which your agency operates to ensure that your compliance and assurances are in good standing. HAHSTA will seek verification from these public health authorities regarding this status prior to award.

4. Prepare application according to the following format:

- a) Page length: No more than five (5) pages excluding all attachments
- b) Font size: 12-point un-reduced
- c) Spacing: Double-spaced
- d) Paper size: 8.5 by 11 inches
- e) Page margin size: 1 inch
- f) Numbering: Sequentially from page 1 (Application Profile, Attachment A) to the end of the application, including all charts, figures, tables, and appendices.
- g) Printing: Only on one side of page
- h) Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

Applications must be delivered to:

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

One original and two hard copies and a copy on a CD or flash drive must be submitted in an envelope. The original must have attached a copy of the Application Receipt (Attachment B) affixed to the front of the envelope.

APPLICATION EVALUATION CRITERIA

PRE-SCREENING - All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded the next phase of review. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the next phase of review described below. Applicants will be notified that their applications did not meet eligibility.

TECHNICAL REVIEW - The overall evaluation will consist of an application and site visit scored assessment based on the criteria listed below. Please review the criteria carefully. The site visit will serve as the **primary score** of the application. The evaluation assessment will be conducted by staff members from the Virginia, Maryland, and District of Columbia Departments of Health.

20% of Total Score

Program Activity Plan (Written proposal) – 100 points

Overall, the program activity plan will be scored on the feasibility of being fully and successfully implemented and having an impact on the focus population(s). Focus population(s) must be clearly identified for each activity. The approach includes overcoming barriers to reaching participants effectively over time, and a reasonable plan to assess performance and effect. Proven capacity to deliver same or related services strengthens the feasibility of successful performance.

Plan should explicitly include organizational and/or client level targets.

- a. Program Activity Narrative – 40 points
- b. Work Plan (Required Template Attachment C) – 50 points
- c. Budget (Required Template Attachment D) – 10 points

Proposed Program

- *The proposed program design includes all of the elements which ensure that programs services will be implemented and delivered without interruption or gaps in services. In addition, program design ensures proper monitoring and evaluation of program quality and performance. Evidence of a sound program design may include:*
 - Proposed program structure
 - Implementation plan
 - Proposed targets
 - Proposed program oversight
 - Policies and procedures
 - Written protocols
 - Staffing plan/staff background and expertise
 - Evidence of collaborations

80% of Total Score

Pre-Decisional Site Visit

The site visit will be an agency assessment in the follow areas:

- **Organization Structure and Standards– 100 points**
 - *The organization shows evidence of sufficiently basic standards to operate publicly funded programs. Evidence may include but is not limited to:*
 - Logic model/Yearly work plan
 - Annual reports
 - Policies and Procedures manual
 - Existing programing for focus population
 - Quality management/outcomes data
 - Organizational chart (To include proposed program)
 - Hiring practice
 - Job/position descriptions
 - Human Resources Policies and Procedures
 - Staff retention/turnover rate

- Organizational Cultural Flexibility– 200 points
 - *The organization shows evidence of expertise in the provision of services to the proposed focus population. In addition, the organization has demonstrated to possess an ability to change and respond to the needs of the populations being served. Evidence of cultural flexibility may include but is not limited to:*
 - Engagement–how the client is reached: The organization’s marketing materials, outreach efforts reflect the focus population. Evidence of engagement was provided.
 - Point of Care – the clients experience during the visit: The organization’s first contact with client, staffing is reflective of the focus population, level of interaction and responsiveness reflects the understanding of focus population.
 - Retention/Appeal – how the organization maintains relationship after visit: The organization’s patient retention systems in places such as follow ups, appointment reminders, check-ins and assist in navigation. Evidence of effective patient retention rates was provided.
 - Voice– clients are offered opportunities to express their satisfaction with programs and services. The organization provided evidence of mechanisms in place in which the client can be heard.
- Organizational Business Practices– 100 points
 - *Organization showed evidenced of sound fiscal and business management. The organizations infrastructure reflects capacity to develop and track budget activities, sound legal business practices, and financial stability. Evidence of sound fiscal management may include:*
 - Agency budget
 - Program budget
 - Previous performance
 - Audit records (if applicable)
 - Billing invoicing capacity/ previous performance
 - Cash flow/reserves
 - Insurance
 - Finance Policies and procedures
 - Assurances/Compliances (clean hands, other assurances e.g. tax, licenses etc.)
 - *Organization has an appropriate environment to address and meet with clients. Space is accessible to clients; it ensures confidentiality and meets clients’ special needs.*

INTERNAL REVIEW & DETERMINATION - Based on the total scores from the site visit and written proposal, HAHSTA will prepare and submit a formal recommendation of prospective awardees, proposed funding levels and service/activities to the DOH Director for approval. The final funding recommendations will ensure that the overall portfolio of funded activities for this initiative meets the overall programming needs of the Demonstration Project. The portfolio of awards will target the District’s capacity to meet all requirements of the federal funding agreement

with CDC, including targets defined by demographics and types of organizations engaged to provide services. Funded applicants will be balanced in terms of geographic distribution.

Once the DOH Director approves HAHSTA's recommendations, HAHSTA will proceed with pre-award negotiations and eligibility reviews. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct an DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status. Note: Maryland and Virginia applicants under consideration for award will be asked for additional certifications from the state or county for verification of compliance status and eligibility.

The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

Grants will be awarded through the use of the United States Centers for Disease Control and Prevention funding Grant Number – 1U62PS005036-01 for the Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral Health, and Social Services for men who have sex with men of color at risk for or living with HIV.

POSTAWARD ACTIVITIES

Successful applicants will receive a letter confirming their award. The letter will also outline the next steps as a sub-grantee with the Department of Health, including registration of the agency, primary and secondary points of contact into the DOH Enterprise Grants Management System. Program contacts will be directed to submit any requested revision documents (e.g. budgets, work plans, spending plans) for start-up of the award and to continue to use the system to maintain records, make requests, prior approvals and submission or report and payment requests.

Grantees must accept the DOH Standard Terms of Agreement (See APPENDIX)

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

Continuation of funding is dependent upon the availability of funds for the stated purposes, fiscal and program performance under the grant agreement, and willingness to incorporate new project directives, policies, or technical advancements that arise from the coalition planning process, evolution of best practices, or other relevant evidence.

Additionally, all awardees will be required to participate in the IMPACT DMV HIV Coalition.

BUDGET DEVELOPMENT AND DESCRIPTION

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

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

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

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

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

Indirect Costs

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

If your organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs are captured in your indirect cost line not to exceed 10% of the total projected direct cost of your program.

ASSURANCES

HAHSTA requires all DC-based applicants to submit various Certifications, Licenses, and Assurances. For the District of Columbia, this is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package. HAHSTA classifies assurances packages as two types: those “required to submit applications” and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

HAHSTA will request information regarding tax verification, compliances and prior performance on all Maryland and Virginia-based applicants from the public health authority for the state in which the agency operates.

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

1. Current Certification of Clean Hands from Office of Tax & Revenue (OTR) (**DC-based applicants only**)
2. 501 (c) 3 certification, if applicable

3. List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
4. A current business license, registration, or certificate to transact business in the relevant jurisdiction
5. Signed applicant/grantee Assurances, certifications & disclosures (attachment E),

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

1. Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
2. Certification of current/active Articles of Incorporation from DCRA. (*DC-based applicants only*)
3. Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
4. Certificate of Occupancy
5. Most Recent Audit and Financial Statements (if applicable)
6. Other specialized certifications and licenses may be required

It is recommended that the Assurance Packet be submitted to the Financial Management and Administration Services Division by **Wednesday, June 8, 2016** to allow for review and evaluation. Applicants with complete assurance packets will receive a receipt that they will bring with them in lieu of the assurance documents at the time they submit their application. Proposals from organizations that do not have the complete required assurances will not be reviewed or considered for funding. The envelope with the assurances must have attached a copy of the Assurance Checklist or the receipt that confirms a complete assurance packet was received. Please contact **April Richardson, Grants Management Specialist at 202-671-4828** regarding assurance submission.

HAHSTA CONTACTS

Applicants are encouraged to e-mail or fax their questions to the contact person listed below on or before June 13, 2016. Questions submitted after the deadline date will not receive responses. Please allow ample time for questions to be received prior to the deadline.

Contact Persons:

Kenneth Pettigrew
 IMPACT DMV Project Manager
 Government of the District of Columbia, Department of Health
 HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
 899 North Capitol Street, NE 4th Floor
 Washington, D.C. 20002
 E-Mail: Kenneth.Pettigrew@dc.gov
 Phone: 202.671.4900
 Fax: 202.671.4860

DOH RFA# HAHSTA_IDMV052716

APPENDICES

ATTACHMENT A - Applicant Profile

Applicant Name: _____

TYPE OF ORGANIZATION

Small Business _____ Non-Profit Organizations _____ Other _____

Contact Person: _____

Office Address: _____

Telephone: _____

E-Mail Address: _____

Program Description: _____

DUNS#: _____

Program Area(s): _____

BUDGET

Total Funds Requested: \$ _____

ATTACHMENT B: Applicant Receipt

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

HAHSTA_IDMV052716

**THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH
HAHSTA – IMPACT DMV DEMONSTRATION PROJECT IS IN RECEIPT OF:**

(Contact Name/Please Print Clearly)

(Organization Name)

(Address)

(City, State)

(Zip Code)

(Telephone)

(Fax)

(E-mail Address)

(Program Title- If applicable)

\$ _____
(Amount Requested)

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

_____ **Program Area: Implementation of PrEP**

_____ **Program Area: Community Wellness**

_____ **Program Area: Behavioral Health**

[District of Columbia, Department of Health USE ONLY]
ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES
RECEIVED ON THIS DATE: _____ / _____ / 2016
TIME RECEIVED: _____ RECEIVED BY: _____

ATTACHMENT C: WORK PLAN

Agency:	Program Period:		
Grant #:	Submission Date:		
Focus Population /Service:	Submitted by:		
<i>Total Budget \$</i>	Telephone #		
GOAL 1:			
Measurable Objectives/Activities:			
Process Objective #1: <i>[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]</i>			
<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • 	<p style="text-align: center; font-size: 48px; font-weight: bold; letter-spacing: 0.5em;">SAMPLE</p> <ul style="list-style-type: none"> • • • • 		
Process Objective #2:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			
Process Objective #3:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			

ATTACHMENT D: Budget Format and Guidance

Provider Name

Service Area Name _____

Service Area Budget Summary

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

TOTAL	-
--------------	---

Personnel Schedule

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

Consultant/Contractual

Item	Unit	Unit Cost	Number	Budget
				-
TOTAL				-

Occupancy Schedule

Facility	Site	Unit	Unit Cost	Number	Budget
----------	------	------	-----------	--------	--------

Rent					-
Utilities (Gas/Electric/Water)					-
TOTAL					-

Travel / Transportation Schedule

Item	Unit	Unit Cost	Number	Budget
				-
TOTAL				-

Supplies

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Capital Equipment Schedule

Item	Site	Unit	Unit	Cost	Number	Budget
TOTAL						

Client Cost Schedule

Item	Site	Unit	Unit	Cost	Number	Budget
						-
TOTAL						-

Communications Schedule

Item	Site	Unit	Unit	Cost	Number	Budget
						-
						-
TOTAL						-

APPENDIX E. APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

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

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by DOH, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
8. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
9. The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.
11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;

12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

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

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C. 201 et seq.);
5. The Clean Air Act (Subgrants over \$100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat. 56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
 - 2) Establish a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
 - 3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
 18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
 19. Title VI of the Civil Rights Act of 1964;
 20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
 21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
 22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

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

1. Applicant/Grantee Mandatory Disclosures

A. Per OMB 2 CFR §200.501– any recipient that expends \$750,000 or more in federal funds within the recipient’s last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee’s last fiscal year, were you required to conduct a third-party audit?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
B. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel	<input type="checkbox"/> YES

<p>of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.</p>	<input type="checkbox"/> NO
<p>C. Executive Compensation: For an award issued at \$25,000 or above, do Applicant/Grantee's top five executives <u>do not receive</u> more than 80% of their annual gross revenues from the federal government, Applicant/Grantee's revenues are greater than \$25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission. <i>If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>D. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: _____ If yes, insert the name of the cognizant federal agency? _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>E. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DOH award.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

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

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

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

Sign:

Date:

NAME: INSERT NAME
AGENCY NAME:

TITLE: INSERT TITLE