

Funding Opportunity

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

H A H S T A



Request for Applications

DC Needle Exchange Program

NEX



RFA#: HAHSTA_NEX103114

Pre-Application Meeting: November 4, 2014 10:00 a.m. to 12:00 p.m

Application Due Date: December 1, 2014 by 4:30 PM

Warning: Late Applications cannot be accepted



**DEPARTMENT OF HEALTH (DOH)
HIV/AIDS, HEPATITIS, STD and TUBERCULOSIS ADMINISTRATION (HAHSTA)
NOTICE OF FUNDING AVAILABILITY (NOFA)
HAHSTA_RFA#_NEX103114**

2015 Needle Exchange Services

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

Program Area: Needle Exchange

Total Available - \$720,000.00

Grants will be awarded through the use of District of Columbia appropriated funds as authorized by the FY 15 local budget. All awards will be based on the availability of funds. All awards resulting from this Request for Applications (RFA) are contingent upon the continued availability of funding. Grant awards are projected to begin January 1, 2015 and end September 30, 2015, with two full 12 month option years.

The release date for RFA #_NEX103114 is October 31, 2014. The RFA will be available on the Office of Partnerships and Grant Services website <http://www.opgs.dc.gov/opgd/cwp/view>, under the District Grants Clearinghouse. A limited number of copies of the RFA will be available for pick up at DOH/HAHSTA offices located at 899 North Capitol Street, NE Washington, DC 20002 4th floor.

The Request for Application (RFA) submission deadline is no later than 4:30 p.m. on December 1, 2014. Late applications will not be accepted for funding consideration. A Pre-Application Conference will be held **on November 4, 2014 from 10:00 a.m. to 12:00 p.m.** at 899 North Capitol Street, NE, 4th Floor, Washington, DC in the HAHSTA 4th floor conference room. Please contact Stacey Cooper at 202-671-4900 or Stacey.Cooper@dc.gov for additional information.

DOH Terms and Conditions

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

1. Funding for an award is contingent on continued funding from the DOH grantor or funding source.
2. The RFA does not commit DOH to make an award.
3. 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.
4. DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
5. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.oca.dc.gov (click on Grants) 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.



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OVERVIEW

Purpose

The DC Department of Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) intends to support services for injection drug users (IDU) and those at risk of contracting hepatitis. The primary intervention will be needle exchange services.

This intervention will successfully fill in important gaps in programming and support innovative prevention activities for injection drug users and enhance harm reduction programs in the District of Columbia. **All services are for District residents in District venues ONLY.**

The long term goals of Needle Exchange programs are:

- Increasing the number of District residents who have access to harm reduction services such as needle exchange services;
- Increasing access to other services to support injection drug users, including primary health care, addiction treatment services, and screening and linkage to care for Hepatitis B and C.

Available Funding: Approximately \$720,000.00 will be available for FY 2015 grant awards, with a two year optional, performance-based continuation year. Grants will be awarded through the use of District of Columbia Appropriated Funds as authorized by pending legislation for the FY 15 local budget. Grant awards under this authorization are projected to begin January 1, 2015 and end September 30, 2015, with two option years.

Additional Non-funded Resources and Opportunities

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

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



Applicants may also consider participating in test promotion rather than test provision. HAHSTA has developed a wide social marketing strategy to promote the participation in HIV

screening at the provider as well as at the community level. For example, materials for the “Ask for the test” are readily available for providers to distribute within the community preferably outside of their established client base in order to enhance the impact of this social marketing campaign.

Innovative Testing Strategies: HAHSTA also makes available to funded and non-funded providers, training and skills development in innovative CTRS strategies such as Social Networks. HAHSTA is able to mobilize resources to schedule Social Networks trainings, hosted by CDC and DOH/HAHSTA staff.

PROGRAM ACTIVITY DETAILS

Needle Exchange Services

****Approximately \$720,000 available, up to four (4) awards***

Program Period, January 1, 2015-September 30, 2015, with two option years

The purpose of this program area is to fund up to four (4) providers to deliver comprehensive HIV prevention and education services to the District’s injection drug users using Needle Exchange (NEX) as the core intervention. Applicants must provide detailed descriptions for programmatic approaches that ensure access to a full range of complimentary services. HAHSTA’s strategy for implementing needle exchange remains to be centered on employing existing health and social services providers that serve the IDU population to integrate needle exchange into their portfolio of services. The applicant must describe their ability to reach a large number of the core activities must be included in the program description:

- Delivery of comprehensive HIV prevention and education services to the District’s injection drug users utilizing the NEX model
- Improvement of relationships with community residents (i.e., community clean-ups, education sessions, etc.)
- Delivery of complementary services, such as linkage to HIV Counseling and Testing, linkage to viral hepatitis vaccination & screening, linkage to Substance abuse detox and treatment, linkage to primary medical care, linkage to overdose prevention services, linkages to and/or direct access to wound care and overdose prevention/treatment (i.e., Naloxone).

The 2013 *Annual Epidemiology & Surveillance Report* identified an 81% decrease in newly diagnosed HIV cases where the reported mode of transmission was injection drug use. Between 2008 and 2013, the District saw a decline of 109 cases of HIV infection attributed to injection drug use in 2008 to 21 in 2012. HAHSTA attributes this marked decline to the work of the District’s NEX providers. In FY13, HAHSTA funded NEX providers distributed over 683,597 syringes to injection drug users and collected over 94% from their enrolled clients.

HAHSTA participates in the National HIV Behavioral Surveillance (NHBS) system and commissions The George Washington University Milken Institute School of Public Health to conduct the studies, including injection drug use. In the soon to be published third cycle of the

NHBS IDU study, HAHSTA found significant findings for prospective NEX providers. Though 75% of study participants were 50 years old and older, the average age of when participants started injecting drugs was 22 years old. Women shared needles at twice the rate of men among study participants. These factors should be considered in program plans.

The District of Columbia is experiencing along with the rest of the country an increase in opioid overdose. The District has a drug overdose death rate at 13.5 per 100,000, which is higher than the national average of 13.2 per 100,000. There has also been a 50% increase in Narcan administration by District first responders between 2013 and 2014. Of recent administrations, the majority have been among African-American men older than 50 years of age. HAHSTA is developing an initiative to train and certify community members to administer Narcan. HAHSTA will be seeking participation from prospective NEX providers.



HAHSTA seeks to continue innovative programming for injection drug users in the District and to recruit a variety of provider types. HAHSTA is seeking fixed locations of existing providers, outreach efforts, and pharmacy-based models either directly provided by pharmacies or through collaboration with a community-based provider.

Applicants must clearly demonstrate how their existing services provide an adequate platform for engaging active injection drug users and detail how that engagement will occur. Applicants must describe plans for staff training and retention. Applicants must demonstrate how they will support any needed culture change within their organization to accommodate the specific needs of NEX clients. Applicants must describe how their current and proposed services relate to the establishment of a continuum of care for NEX clients. Basically, applicants must demonstrate how their current program portfolio enhances and expands service delivery for injection drug users participating in a needle exchange program.

A key component for measuring the quality of the applicant's program plan will be demonstration of a clear understanding that engaging NEX clients in complementary services other than needle exchange is critical to conducting an effective program. The plan for linkage to services must be detailed and include steps that enhance the potential for positive health outcomes for clients.

Applicants must provide a scope of work, identify a program approach, include the number of clients to be served, and the service units to be delivered. Applicants must complete a 12 month budget and service plan that clearly outlines a plan for delivery of a package of services for IDU's. Applicants must establish, document, and maintain formal linkages internally and/or externally for provision of comprehensive services to clients, including HIV counseling and testing, HIV medical care linkages, hepatitis risk and prevention education, hepatitis screening, hepatitis vaccination, overdose prevention/treatment, case management, primary medical care services, residential and outpatient substance abuse treatment programs, methadone programs, mental health services, and other support services.

Applicants may choose additional program elements from the following list and are encouraged to propose other HIV and Hepatitis related services not listed below. These elements may be provided directly or indirectly by establishing avenues and protocols for supported linkages. **Programs demonstrating evidence of effective methods for ensuring linkage will be given preference over programs whose only evidence of contact with complimentary services is a written memorandum of agreement.**

- Comprehensive individual assessment
- Traditional case management (linkages to detox, substance use treatment, medical care, mental health, social services, HIV and/or hepatitis treatment adherence) and
- Direct access to hepatitis screening, education, treatment, vaccinations and prevention.

Program Required Elements and Specific Evaluation

Criteria for Program Area A

Target Population: The applicant must include a full description of their target population (i.e., people who inject drugs) and the cultural competency required to serve the population. Applicants must demonstrate an understanding of the barriers to service utilization that are often the case for injection drug users and give a thorough plan for increasing the potential for successful linkage. Using a client advocacy, navigation or a short term case management approach are accepted ways of addressing supported linkages that provides potential for greater success. This section should also include the number of individuals to be targeted and served, how the applicant will engage younger injection drug users, as well as how they will ensure adequate coverage across the District.

Needle Exchange Services: Applicants must describe their ability to establish programmatic protocols for NEX service delivery, recruitment of new clients, including younger injection drug users, and retention of existing clients, expand and/or continue the existing level of needle exchange services throughout the District, record keeping regarding interactions with new and returning clients, protocols for exchanging sterile injection equipment for used equipment, proper disposal of used needles and syringes and training of needle exchange personnel. Applicants should describe how they will provide particular services to women injection drug users to address higher rates of needle sharing.

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

Prevention Activities: The applicant must describe their ability to link enrolled clients into additional prevention services (i.e. behavioral interventions, STI screenings, and complementary services) as needed.

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

Community Engagement: Applicant must describe their ability to improve community relationships by conducting community clean up days, accessing community leaders (i.e., ANC commissioners, block captains, police officers, neighborhood watch, etc.) to provide education about harm reduction activities, and resolving issues related to NEX services delivered within various communities. The applicant must also describe how they will work other funded NEX providers to navigate service delivery, schedules and locations.

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

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

Hepatitis Prevention & Screening: The application must include a detailed description of how the applicant will provide either direct services or supported linkage to hepatitis screening, prevention, vaccinations, and education. The application should demonstrate an extensive understanding of hepatitis infection as it pertains to the IDU community and should provide a clearly outlined strategy for linking hepatitis positive clients to a medical home where their disease can be managed. **Due to heightened concerns regarding hepatitis infection among injection drug users in the District, attention to this program element will be given special attention during review of applications for this request for applications.**

Stigma Reduction: The applicant must describe how they will address stigma associated with accessing HIV and hepatitis treatment services. The applicant must describe how they will address stigma related to physical appearance (i.e., track marks and/or wounds attributed to injecting drugs). The applicant must include a plan that details the steps that will be taken to ensure fear of rejection and/or stigma do not cause a barrier to participants accessing services.

Narcan Initiative: HAHSTA will be developing a Community Narcan Pilot Program that will train and certify staff and select volunteers from HAHSTA's harm reduction program partners to administer intra-nasal naloxone as opioid overdose prevention. HAHSTA will prepare a training curriculum for the program participants. The training session will cover administration of naloxone, responding to possible side effects and program requirements, including reporting to HAHSTA. HAHSTA will purchase naloxone and atomizers and distribute supplies to community partners. Applicants interested in participating in this pilot must include how they will recruit and supervise staff and



volunteers to be trained, certified and administer Narcan and the populations they would target for this service.

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



Other Supported Linkage Services: The application must include a detailed description of how the applicant will provide supported linkage to services such as; drug detox and treatment, mental health services, wound care services, overdose prevention, STD screening and other social service needs of the IDU population. Supported linkage refers to a “hands on” approach for ensuring successful linkage and involves documented follow up on the clients’ progress in securing needed services.

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

Application Elements

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

VII. Attachments

APPLICATION SUBMISSION PROCEDURES

1. Pre-application Conference

A Pre-Application Conference will be held on **November 4, 2014 from 10:00 a.m. to 12:00 p.m.** The meeting will provide an overview of HAHSTA's RFA requirements and address specific questions about the RFA.

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

2. Internet

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

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

This information shall be used to provide updates and/or addenda to the RFA # HAHSTA_NEX_10.31.14 (Needle Exchange Program).

3. Letter of Intent (LOI)

A LOI is not required, but is highly recommended. This information will assist HAHSTA in planning for the review process. Please fax only one LOI per application to HAHSTA, using the template in Attachment A, no later than 4:45 p.m. on November 4, 2014. The letter of intent should be faxed to Stacey L. Cooper at (202) 671-4860.

4. Assurances

It is recommended that the Assurance Packet be submitted to the Financial Management and Administration Services Division by Friday, November 7, 2014 to allow for review and evaluation. Applicants with complete assurance packets will receive a receipt that they should bring with them along with their application in lieu of the assurance documents at the time they submit their application. Proposals from organizations that do not have the complete required assurances will not be considered for funding.

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

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

5. Prepare application according to the following format:

- a. Font size: 12-point un-reduced
- b. Spacing: Double-spaced
- c. Paper size: 8.5 by 11 inches
- d. Page margin size: 1 inch
- e. Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.
- f. Printing: Only on one side of page
- g. Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

6. Application Submission: Submit one original and five hardcopies (in separate envelopes) of your application to HAHSTA by 4:30 p.m. on December 1, 2014. Applications delivered after that deadline will not be reviewed or considered for funding. The original must have attached a copy of the Application Receipt (Attachment C) affixed to the front of the envelope.

Applications must be delivered to:

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

7. Application Sections:

The application must have the following components:

- I. Executive Summary
- II. Applicant Profile
- III. Background, Need and Impact Description
- IV. Organizational Capacity Description
- V. Partnership, Linkages and Referral Description

- VI. Program Activity Plan (one for each activity)
 - a. Program Activity Narrative, including evaluation plan
 - b. Work Plan (Required Template)
- VII. Budget (Required Template) Attachments

Application Evaluation Criteria

HAHSTA Assurance Packet

Required, not scored. [1 packet in good standing is required from the applicant organization]

Executive Summary (Required Template)

Required, not scored
Template includes Summary Budget

Background, Need, and Impact Description

5 points

The extent to which the applicant:

- a. Demonstrates a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program activities;
- b. Includes data and other supporting evidence to justify the proposed approach and target audience(s) and presents sources of such data;
- c. Demonstrates the potential for significant impact and success in achieving the selected goal for the selected priority population;
- d. Describes how the proposed activities enhance or complement existing or planned activities of the applicant's organization.
- e. Demonstrates that services will only be used for District residents in District venues.

Organizational Capacity Description

5 points

Demonstrated experience in serving the target population(s).

- a. Explain how long you have provided services. Describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.

- b. Evidence of staff and organizational expertise and performance in activities and services related to those proposed in this application. Present any relevant performance results from prior or related activities.
- c. Structure, management and staffing, and administrative/fiscal management supports: Describe how you will ensure that staff members reflect the target population and have a history of experience working with the proposed target population or can demonstrate proven effectiveness in working with the target population or on the proposed interventions. Describe, as a group, the characteristics of your key program staff in terms of experience working with the target population, gender, race/ethnicity, HIV serostatus, area of risk expertise, or other relevant factors). Describe past management of governmental grant funds, and/or current administrative structure in place to support effective management.
- d. Overall monitoring & evaluation system and expertise— Describe the current system of data collection and methods for reporting HIV prevention activities including data system specifications and data management information systems; capacity to collect and report client-level data for HIV prevention services and the effect of those services on client HIV risks and health service utilization; any barriers and facilitators to the collection of client level demographic and behavioral characteristics; plans to ensure data quality and security; any technical assistance needs to meet evaluation and monitoring requirements.
- e. Services Checklist—describe the core services your agency directly provides and the core services for which direct linkages to other service providers currently exist. This checklist will be kept on file as part of cataloguing available services and service providers in DC.

Partnership, Linkages, and Referrals Description

25 points

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

We do, however, encourage organizations to be aware of critical partnerships that are available and can provide complementary services to clients. Inclusion of

Memorandums of Agreement (MOA) and/or Memorandums of Understanding (MOU) will not suffice as proof of partnerships. In this section, we are NOT looking for general information on referrals to each and every service that might be available. Instead, we ARE looking for you to identify the complementary services that are most often most critical to the clients you serve, and to describe the direct linkages you have established or plan to establish with a handful of close providers to serve your clients' needs.



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

- Provide copies of sub-contracts and agreements with providers and other agencies where your clients may be linked. Organizations should develop sub-contracts with core collaborating agencies that will support prevention activities.
- Explain how you will track linkages and their outcomes, as well as how you will collect and report data on referrals.

Specific areas of comment should include:

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

Program Activity Plan*

65 points

The Program Activity Plan should consist of the following components:

- a. Program Activity Narrative, including Evaluation Plan (10 points for performance and evaluation plan component)
- b. Work Plan (Required Template Attachment D)
- c. Budget(Required Template Attachment E)—not scored

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

The Program Activities Details section of this RFA should highlight specific required elements for your Program Activity Plan and you should consider the specific evaluation criteria that will be applied in scoring. The Program Activities Details section provides a thorough description of best practices and required elements for strong programs, upon which the technical evaluation of your application will be based.

Additionally, the following questions will guide you in the preparation of your application, as they also address key areas that should be addressed for a needle exchange program and are aligned with the review criteria upon which your application will be scored:

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

Review Process and Funding Decisions

Applications will be reviewed by HAHSTA staff and a panel of external reviewers. The applications will be reviewed and scored based on the criteria below. The review the criteria will provide guidance on what constitutes a successful application.

Technical Review Panel

The technical review panel will be composed of HAHSTA staff members who will examine each application for technical accuracy and program eligibility prior to the application's evaluation by external reviewers.



External Review Panel

The external review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/HAHSTA shall make the final funding determinations. Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

In addition to your application's comprehensive objective review, the following factors may affect the funding decision to ensure that the overall portfolio of funded activities best meet the overall programming needs of the District. Specifically:

- Considerations will be given to both high and lower prevalence areas: the number of funded organizations may be adjusted based on the burden of infections in the jurisdiction as measured by HIV or AIDS reporting.
- Funded applicants are balanced in terms of targeted racial/ethnic minority group. (The number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in terms of geographic distribution. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)
- Funded organizations have substantial experience serving the proposed target population.
- **All services are for District residents in District venues ONLY.**

Grants will be awarded through the use of District of Columbia Appropriated Funds as authorized by pending legislation for the FY 15 local budget.

POSTAWARD ACTIVITIES

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

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

Continuation of funding for Years 2 and 3 are dependent upon the availability of funds for the stated purposes, fiscal and program performance under the Year 1 grant agreement, and willingness to incorporate new District-level directives, policies, or technical advancements that

arise from the community planning process, evolution of best practices, or other locally relevant evidence.

BUDGET DEVELOPMENT AND DESCRIPTION

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

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

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

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

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

Indirect Costs

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

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

ASSURANCES

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

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

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

- Signed Assurances and Certifications
 - a. DOH statement of Certification (attachment F1)
 - b. Federal Assurances (attachment F2)
 - c. Certifications regarding Lobbying...(attachment F3),
- Current Certification of Clean Hands from Office of Tax & Revenue (OTR)
- 501 (c) 3 certification
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- Medicaid Certifications (if applicable)
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

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

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements, including the most recent A133 mandated audit report (if applicable to the organization)

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

It is recommended that the Assurance Packet be submitted to the **Financial Management and Administration Services Division by Friday, November 7, 2014** to allow for review and evaluation. Applicants with complete assurance packets will receive a receipt that they will bring with them in lieu of the assurance documents at the time they submit their application. Proposals from organizations that do not have the complete required assurances will not be considered for funding.

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

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

HAHSTA CONTACTS

Applicants are encouraged to e-mail or fax their questions to the contact person(s) listed below on or before November 11, 2014. Questions submitted after the deadline date will not receive responses. Please allow ample time for questions to be received prior to the deadline date.

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

Direct Budget Questions to Anthony Young:
Anthony.Young@dc.gov

Glossary of Terms

Target Population: A particular group of people that is identified as the intended recipient of a service, activity or program (i.e. appropriate to the designated service area: injection drug users, people living with Hepatitis B and C). **All services are intended for District residents only.**

Program Area: The particular service area available for funding.

Needle Exchange Services: Needle exchange services provide injection drug users with clean needles, safe disposal of used needles, and sometimes other resources such as condoms, health advice, and access to treatment services.

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



RFA #: HAHSTA_NEX103114

List of Attachments

Attachment A: Letter of Intent

Attachment B: Applicant Profile

Attachment C: Applicant Receipt

Attachment D: Work Plan

Attachment E: Budget Format and Guidance

Attachment F1: Department of Health statement of Certifications

Attachment F2: Federal Assurance

Attachment F3: DOH Statement of Certification

Attachment G: Application Checklist

Attachment H: Organizational Services Summary

Attachment I: Executive Summary

Attachment J: Assurances Checklist

Attachment A: Letter of Intent

Letter of Intent to apply for 2015 Needle Exchange Program Funding from HAHSTA. Although a letter of intent is not required, this information will assist the HIV/AIDS, Hepatitis, STD and TB Administration in planning for the review process.

Please fax your letter of intent to Stacey Cooper at (202) 671-4860 by November 4, 2014.

The purpose of this letter is to inform you that our organization is interested in applying for funding under **RFA#HAHSTA_NEX103114**

Name of Organization _____

Mailing Address _____

City _____ **State** _____ **Zip** _____ **Ward** _____

Contact Name _____

E-mail _____

Phone: _____ **Ext:** _____ **Fax:** _____

Category Applying Under

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

_____ **Program Area A: Needle Exchange Services**



District of Columbia Department of Health

ATTACHMENT B - Applicant Profile

Applicant Name: _____

Application # _____

TYPE OF ORGANIZATION

Small Business _____ Non-Profit Organizations _____ Other _____

Contact Person:

Office Address:

Telephone: _____

E-Mail Address:

Program Description:

DUNS#

Program Area:

BUDGET

Total Funds Requested: \$ _____

ATTACHMENT C: Applicant Receipt

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

RFA #: HAHSTA_NEX103114

**THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH
HAHSTA PREVENTION AND INTERVENTION SERVICES 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: Needle Exchange Services

[District of Columbia, Department of Health USE ONLY]
ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES
RECEIVED ON THIS DATE: _____/_____/ 2014
TIME RECEIVED: _____ RECEIVED BY: _____

Please duplicate this page as needed for each Program Goal. Ensure that there are goals and objectives linked to each of the interventions covered under this grant.			
Grant #:		Submission Date:	
Target Population /Service:		Submitted by:	
Total Budget \$		Telephone #	
GOAL 1:			
Measurable Objectives/Activities:			
Process Objective #1:[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]			
<u>Key activities needed to meet this objective:</u>		<u>Start Date/s:</u>	<u>Completion Date/s:</u>
<div style="font-size: 4em; font-weight: bold; letter-spacing: 0.5em;">SAMP</div> <div style="font-size: 4em; font-weight: bold; letter-spacing: 0.5em;">LE</div>			
Process Objective #2:			
<u>Key activities needed to meet this objective:</u>		<u>Start Dates:</u>	<u>Completion Dates:</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>
<ul style="list-style-type: none"> • • • 			

ATTACHMENT E: Budget Format and Guidance

HAHSTA_NEX103114

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					-

Other Direct Costs Schedule

Item	Unit	Unit Cost	Number	Budget
TOTAL				

Indirect Costs

TOTAL							

Attachment F1: DOH Statement of Certification

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



Department of Health Statement of Certification

- 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. 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. That 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 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 applicant has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an applicant'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

Attachment F2: Federal Assurances

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH



Federal Assurances

The applicant 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 Applicant 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 applicant'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 applicant 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.
12. 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 IX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. 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.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. 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.
16. In addition to the above, the applicant 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.)

As the duly authorized representative of the applications, I hereby certify that the applicant will comply with the above Federal statutes, regulations, policies, guidelines and requirements:

Applicant/Grantee Name

_____ City _____ State __ Zip Code _____
Street Address

Application Number and / or Project Name

Grantee IRS/Vendor Number

Signature: _____
 {Insert Name}, Executive Director

Date: _____

HAHSTA_NEX103114

Attachment F3: 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

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants 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 applicant 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.

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 applicant 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 applicant 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 applicant 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 applicant'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 applicant'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 Grants Management

and Resource Development, 899 North Capitol St. NE, 4th Floor (Contact: Chief, Office of Grants Management), 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 including 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 applicant 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 67615 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 North. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the Applicant organization, I hereby certify that the Applicant will comply with the above certifications.

Applicant/Grantee Name _____ **City** _____ **State** __ **Zip Code** _____

Street Address

Application Number and / or Project Name _____ **Grantee IRS/Vendor Number** _____

Signature: _____ **Date:** _____
{Insert Name}, Executive Director

HAHSTA_NEX103114

Attachment G: Application Checklist

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

Attachment H: Organizational Services Summary

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

Attachment H: Organizational Services Summary

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

Attachment I: Executive Summary

Organization _____

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

Check Applicable Service Areas	Prevention Activities	Target Population(s)*	New Activity/Continuing Activity	\$\$ Requested
Area A: Needle Exchange Services				

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



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

Name of Organization _____

ASSURANCES CHECKLIST

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

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

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

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

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

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

**For more information contact April Richardson, Grants Management Specialist (HAHSTA) -
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