



Teen Pregnancy Prevention Program

REQUEST FOR APPLICATIONS

RFA# CHA_TPP_10.14.16

Submission Deadline: Monday, November 14, 2016 by 4:30pm



The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH reserves the right to reject all applications, adjust the total available funds 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 and in accordance with applicable sections within the sub grant award and/or agreement.

**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 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.

DEPARTMENT OF HEALTH (DOH)
 NOTICE OF FUNDING AVAILABILITY (NOFA)
 RFA# CHA_TPP_10.14.16

The District of Columbia, Department of Health (DOH) is soliciting applications from qualified applicants to services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the Department of Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DOH terms and conditions for applying for and receiving funding.

General Information:

Funding Opportunity Title:	Teen Pregnancy Program
Funding Opportunity Number:	FO-CHA-PG-00192-002
Program RFA ID#:	RFA# CHA_TPP_10.14.16
Opportunity Category:	Competitive
DOH Administrative Unit:	Community Health Administration
DOH Program Bureau	Child, Adolescent and School Health
Program Contact:	Charlissa Quick at (202) 442- 9123 Charlissa.Quick@dc.gov
Program Description:	The District of Columbia, Department of Health Community Health Administration (CHA) is the lead agency charged with implementation and coordination of community-wide Teen Pregnancy Prevention initiatives in the District of Columbia. To prevent teen pregnancy and improve adolescent health outcomes, as well as to achieve the purposes of the Temporary Assistance for Needy Families program, CHA is soliciting applications from qualified applicants to implement evidence-based or evidence-informed teen pregnancy prevention initiatives. Qualified applicants will develop and implement programs to strengthen clinical systems to improve adolescent health, to build social-emotional skills and self-efficacy of adolescents, or to mobilize community partners and key stakeholders around community-wide teen pregnancy prevention. Initiatives to strengthen clinical systems must include one or more of the following systems-level changes: increase the availability of adolescent-friendly health services, create sustainable community-clinical linkages for adolescent health services, and increase access to long acting reversible contraceptives among adolescents.
Eligible Applicants	Not- for profit, public and private organizations located and licensed to conduct business within the District of Columbia and experienced in providing adolescent reproductive, primary care, and preventive services for populations at high risk for teen pregnancy

Anticipated # of Awards:	6
Anticipated Amount Available:	\$1,300,000
Floor Award Amount:	\$100,000
Ceiling Award Amount:	\$400,000

Funding Authorization

Legislative Authorization	FY 17 Budget Support Act of 2016
Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing / Match Required?	No
RFA Release Date:	Friday, October 14, 2016
Pre-Application Meeting (Date)	Tuesday, October 25, 2016
Pre-Application Meeting (Time)	11:00 am – 12:30 PM
Pre-Application Meeting (Location/Conference Call Access)	899 North Capitol Street, NE, 3rd Floor conference room 306
Letter of Intent Due date:	Not applicable
Application Deadline Date:	Monday, November 14, 2016
Application Deadline Time:	4:00 PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse http://opgs.dc.gov/page/opgs-district-grants-clearinghouse . DOH EGMS https://dcdoh.force.com/GO_ApplicantLogin2

Notes:

1. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DOH grant funding.
4. Applicants must have a DUNS #, TaxID#, be registered in the federal Systems for Award Management (SAM) and the DOH Enterprise Grants Management System (EGMS)
5. Contact the program manager assigned to this funding opportunity for additional information.
6. DOH is located in a secured building. Government issued identification must be presented for entrance.

**FY 2016 Teen Pregnancy Prevention RFA
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CHECKLIST FOR APPLICATIONS

- Applicants must be registered in the federal Systems for Award Management (SAM) and the DOH Enterprise Grants Management System (EGMS).
- Complete your EGMS registration two weeks prior to the application deadline.
- Submit your application via EGMS.
- Start constructing and uploading your application components into EGMS at least a week prior to the application deadline.
- The applicant has completed a DOH Application for Funding and affixed it to the front of the Application Package.
- The *complete* **Application Package**, includes the following:
 - DOH Application for Funding
 - Project Narrative
 - Project Work Plan
 - Project Budget & Justification
 - Assurances and Certification Documents
 - Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, logic models, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization.
- The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain DUNS number if needed.
- The Project Narrative is printed on **8½ x 11-inch paper, double-spaced**, on one-sided, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application proposal format conforms to the “Application Elements” listed in the RFA.
- The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- The Proposed Work Plan is complete and complies with the forms and format provided in the RFA
- The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- Contact the program manager assigned to this funding opportunity for additional information.

I. GENERAL INFORMATION

A. Key Dates

- Request for Application Release Date: **Friday, October 14, 2016**
- Pre-Application Meeting Date: **Tuesday, October 25, 2016, 11am – 12:30 pm**
- Application Submission Deadline: **Monday, November 14, 2016 by 4:00pm**
- Anticipated Award Start Date: **Thursday, January 1, 2017**

B. Overview

The Government of the District of Columbia, Department of Health Community Health Administration (CHA), in collaboration with public schools in the District, healthcare providers, and community-based partner organizations, has created a network of programs designed to coordinate and deliver school-based health services. These programs include the School Health Services Program, School Based Health Centers, the Health and Sexuality Education (HSE) Program, and other programs. Additionally, CHA supports teen pregnancy prevention through providing administrative oversight for three teen pregnancy prevention initiatives (Crittenton Services SNEAKERS and PEARLS Program, Sasha Bruce, and the DC Campaign to Prevent Teen Pregnancy). The HSE Program provides age-appropriate sexual health education to youth in DC public and public charter schools, aiming to empower youth to make healthy lifestyle decisions, including pregnancy prevention. The HSE program also coordinates with the HIV/AIDS, Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Administration (HAHSTA) to provide condoms for the school nurse suites.

Within CHA, the Family Health Bureau also monitors School-Based Health Centers (SBHCs), comprehensive primary care clinics located within schools. SBHCs bring primary preventive and urgent care to the local school setting, thus reducing barriers for teens to access health services. Each SBHC offers medical, oral, social and mental health services to enrolled students, and children of enrolled students during the school day. SBHCs offer physical exams, sexually transmitted infection (STI) counseling and testing, pregnancy testing, contraceptive management, mental health screening and referral, and health promotion education sessions. SBHC staff also provide individual and group health education and promotion. DOH provides oversight for seven SBHC sites located within District of Columbia Public School (DCPS) senior high schools: Anacostia, Ballou, Cardozo Education Campus, Coolidge, Dunbar, Woodson and Roosevelt.

Other District agencies have supported teen pregnancy prevention initiatives. For example, the Department of Human Services (DHS) Economic Security Administration (ESA) has funded programs to prevent teen pregnancy and to achieve the purposes of the Temporary Assistance for Needy Families program. To achieve greater alignment and impact in the District and to better leverage the experience and expertise of DOH, CHA is now the lead agency charged with implementation and coordination of community-wide Teen Pregnancy Prevention initiatives in the District of Columbia. CHA's approach is based on of the Centers for Disease Control and Prevention's Community-wide Teen Pregnancy Prevention Initiative.

DOH is soliciting applications to implement evidence-based or evidence-informed programs to strengthen clinical systems to improve adolescent health, to build social-emotional skills and self-efficacy of adolescents, or to mobilize and educate community partners and key stakeholders around community-wide teen pregnancy prevention. Initiatives to strengthen clinical systems must include one or more of the following systems-level changes to improve youth access to quality health care services: increase the availability of adolescent-friendly health services, create sustainable community-clinical linkages for adolescent health services, and increase access to long acting reversible contraceptives among adolescents.

C. Performance and Funding Period

The anticipated performance and funding period is **January 1, 2017 through September 30, 2017.**

DOH anticipates availability of a maximum of \$1,300,000 to fund up to six (6) awards in FY 2017. Annual awards may be up to \$400,000 per year in total costs (direct and administrative costs).

Proposed budgets cannot exceed the allowable amount \$400,000. Annual continuation of awards for up to five years will depend upon the continued availability of funds and the grantee performance (progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award).

D. Eligible Organizations/Entities

Organizations and entities that are eligible to apply for funding under this announcement include not-for-profit, public and private organizations located and licensed to conduct business within the District of Columbia. Eligible applicants must have demonstrated experience providing adolescent sexual/reproductive health, primary care, or preventive services for populations at high risk for teen pregnancy.

II. BACKGROUND & PURPOSE

A. Background

1. District of Columbia

According to the 2010 Census, the District of Columbia's population is 601,723 residents. Approximately 102,293 children and adolescents under the age of 18 are included in that number, representing 17% of the District's population. In total, the District experienced a 5.2% increase in population over the 572,059 residents recorded in the 2000 Census.

The District is geographically divided into four quadrants: Northeast, Northwest, Southeast, and Southwest). The eight electoral wards and the residents in each ward reflect an increasingly diverse population, particularly



in terms of socioeconomic status and ethnicity.

The Northwest quadrant of the District includes Wards 1 and 4, both of which are home to a substantial number of Hispanic residents. The Northeast quadrant's Wards 5 and 6 residents are predominately middle-class African Americans. While 96% of the residents in Wards 7 and 8 are also African American, the residents of the Southeast quadrant earn lower incomes, have higher poverty rates, and experience higher rates of unemployment than their counterparts in the District's other five wards. (Tables 1 and 2)

TABLE 1: D.C. DEMOGRAPHICS (BY WARD)

Ward	Total Population 2010 ¹	Average Family Income 2006-2010	% Population by Race and Ethnicity 2010				Household Total # 2010	% Children in Population 2010 ²
			Black	White	Hispanic	Asian/PI		
1	76,197	\$ 89,921	33	36	22	5	31,309	12
2	79,915	\$116,794	13	67	9.5	10	34,811	5.8
3	77,152	\$150,629	5.6	78	7.5	8.2	36,040	13
4	75,773	\$97,355	59	20	19	2	29,029	20
5	74,308	\$ 62,420	77	15	6.3	1.7	29,340	17
6	76,598	\$103,014	42	47	4.8	5	34,449	13
7	71,068	\$ 48,305	96	1.4	2.3	.2	29,838	25
8	70,712	\$ 44,550	94	3.3	1.8	.5	25,827	30
DC	601,723	\$92,959	51	38	9	4	n/a	

TABLE 2: D.C. SOCIO-ECONOMIC INDICATORS (BY WARD)

Ward	% Population 16+ Employed 2010	% Population Unemployed 2010	% Population without HS Diploma 2005-2009 ³	% Population in Poverty 2010	% Children in Poverty 2010	# of people receiving Food Stamps 2010	# of People receiving TANF 2010
1	71.4	5	19	13	23	9,807	3,174
2	65.4	3	8.1	4.5	18	3,617	917
3	66.3	3	3.4	2.1	3.1	412	47
4	60.3	6	17	7.0	12	12,644	3,965
5	54	9	19	15	29	18,074	6,256
6	64.4	6	12	15	31	14,798	4,186
7	50	12	20	23.2	40	27,462	11,528
8	43.4	11	21	32.0	48	35,423	16,386
DC	58.0	8.2	7.9	14.1	22.5	86,814	30,073

¹ US Census Bureau 2010 American Community Survey

² US Census 2010 American Community Survey (Note: "Children" is defined as including all persons less than 18 years of age).

³ Neighborhood Change Database, created by GeoLytics and the Urban Institute, with funding from the Rockefeller Foundation. Data on TANF and Food Stamps are from the DC Department of Human Services, Economic Security Administration; Neighborhood Info DC, a partnership of the Urban Institute and the Washington, DC Local Initiatives Support Coalition (LISC); (information accessed on 07.15.12 at <http://neighborhoodinfodc.org/wards/wards.html>)

2. Teen Pregnancy in the District of Columbia

Adolescents are among the highest risk groups for unplanned and unintended pregnancies; and among adolescents, black and Latino youth experience disproportionately higher rates of teen pregnancy and childbirth. Teen pregnancy can have many negative social and economic impacts, including increased school drop-out rates, increased health care costs and increased incarceration rates among teen parents and their children. Reducing teen pregnancy can have a positive impact for both teen mothers and their children on school achievement, employment, birth outcomes, preparation for the workforce and costs to taxpayers⁴.

According to the 2013 Youth Risk Behavior Survey, 36.6 % of high school students were sexually active. In that same survey, 53.5% of high school students and 18.5% of middle school students reported that they ever had sexual intercourse. In 2012, the teen pregnancy rate was 49.4 pregnancies per 1,000 women aged 15-19 years, which was higher than the teen birth rate in that year (38.5 births per 1,000)⁵. Although the overall rate of births to mothers aged 15-19 has decreased in the District, disparities persist between races and Wards. In 2012, the highest teen births were in Ward 8 followed by Ward 7, 5 and 4. Wards 2 and 3 had the lowest number of teen births. Predominantly black Wards 7 and 8 had significantly higher teen births than other Wards.

Table 3: Number of Reported Teen Pregnancies: District of Columbia, 2008-2012⁵

Age of Women	Reported Pregnancies				
	2008	2009	2010	2011	2012
Total	10,630	10,889	11,133	11,291	11,285
Under 15 years	39	40	35	39	21
15-19 years	1,306	1,281	1,238	1,119	1,013

Source: Data management and Analysis Division, Center for Policy, Planning, and Evaluation, DC Department of Health.

Table 4: Teen Births 15-19 by Ward: District of Columbia 2012⁵

Ward	Number
1	59

⁴ “Reproductive Health: Teen Pregnancy”. 2015. Centers for Disease Control and Prevention, May 19, 2015. <http://www.cdc.gov/teenpregnancy/about/index.htm>

⁵ Roundtree, M., Roy, N., Samala, R., Siaway, G. (2014). Reported Pregnancies And Pregnancy Rates In The District Of Columbia. Department of Health, Center for Policy, Planning, and Evaluation, State Center For Health Statistics. Retrieved from: [http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported%20Pregnancy%20Rates%20in%20DC%202008-2012%20Final%20\(9%2025%2014\).pdf](http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported%20Pregnancy%20Rates%20in%20DC%202008-2012%20Final%20(9%2025%2014).pdf)

2	14
3	3
4	77
5	113
6	67
7	192
8	265
Total	790

Source: District of Columbia, Department of Health, State Center for Health Statistics, Center for Policy, Planning and Evaluation

B. Purpose

DOH seeks to improve life opportunities of District adolescents facing significant health disparities, through soliciting applications from qualified entities to implement teen pregnancy prevention initiatives. Qualified applicants will develop and implement programs to strengthen clinical systems to improve adolescent health, to build social-emotional skills and self-efficacy of adolescents, or to mobilize community partners and key stakeholders around community-wide teen pregnancy prevention. Initiatives to strengthen clinical systems must include one or more of the following systems-level changes: increase the availability of adolescent-friendly health services, create sustainable community-clinical linkages for adolescent health services, and increase access to long acting reversible contraceptives among adolescents.

It is not expected for a single applicant to have expertise in all three performance areas given the different skills and experience required. If applicants are interested in more than one area, though, **applicants may address one or multiple performance areas in a single application. However, the application must clearly specify the plans, outcomes, and budget for each performance area.** Where appropriate, the program shall incorporate components that reflect principles of the Life Course Health Development (LCHD) approach.

III. ADMINISTRATIVE REQUIREMENTS

A. Award Uses

The award under this RFA will be used exclusively to pay costs associated with the implementation of the award. Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan.

B. Conditions of Award

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

- Revise and resubmit a work plan and budget in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre-

award negotiations with assigned DOH project and grants management personnel.

- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Adhere to mutually agreed upon terms and conditions of an award agreement and Notice of Award issued by the Director of the Department of Health and accepted by the awardee organization. The award agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by District agreements.
- Develop a sustainability plan for the proposed initiative

C. Administrative Cost

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

D. Insurance

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

E. Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. The non-federal entity must submit the most recent single audit or A133 reports to DOH personnel upon request. Under the 2 CFR 200-Uniformed Guidance: Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Subpart F-Audit Requirements, 200.501 Audit Requirements, a non-federal entity that expends \$750,000 or more in Federal awards during the non-federal entity's fiscal year must have a single or program specific audit (also known as the A-133).

Please reference <http://www.ecfr.gov/cgi-bin/text-idx?node=sp2.1.200.f&rgn=div6> for additional guidance on audit requirements.

F. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

G. Quality Assurance

DOH will use a risk-based management and monitoring assessment to establish a monitoring plan for the awardee. Awardees will submit an interim and final report on progress, successes and barriers.

Funding is contingent upon the awardee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and performance plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The awardee will receive a performance rating and be subject to review at any time during the budget period.

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

IV. PERFORMANCE REQUIREMENTS

A. PERFORMANCE AREAS

1. CLINICAL SYSTEMS IMPROVEMENT

(a) Adolescent-Friendly Health Services

Access to and utilization of preventive services is a critical component of maintaining good health across the lifespan. A recent study published in *Pediatrics* finds that adverse adult health conditions were 13 to 52 percent higher among those who reported unmet health needs as adolescents, versus those who did not but were otherwise comparable.⁶ The study's authors posited the discrepancy may be attributed to teenagers who do not take care of their health following the same habits as adults.⁷

The District has made significant investments to expand pregnancy prevention programs, however, there has not been a great focus on encouraging the appropriate utilization of preventive services. In the District of Columbia, approximately 89% of youth ages 0-17 received one or more preventive medical visits in the past year.⁸ The World Health Organization recognizes adolescent friendly health services as a key strategy to reduce death and disease among adolescents and reduce disease burden later in life. Adolescent friendly health services need to be accessible, equitable, acceptable,

⁶ Gillespie, L. (2015, August 27). Bad Health Outcomes for Adults Who Don't Get Help As Teens. Retrieved from <http://khn.org/news/bad-health-outcomes-for-adults-who-dont-get-help-as-teens/>

⁷ *Id.*

⁸ National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 09/15/15 from www.childhealthdata.org.

appropriate, comprehensive, effective, and efficient.⁹ Many surveys of adolescents reveal their views about what they want from health services; which includes a welcoming facility where they can ‘drop in’ and be attended to quickly, privacy and confidentiality without the need for parental permission to attend, a convenient place at a convenient time that is free or affordable, availability of a range of services without the need to come back or be referred elsewhere, and staff who treat them with respect and without judgment.¹⁰

Implementation of adolescent-friendly strategies may require staff training to ensure adolescents receive clear information about their rights to confidentiality and to consent to treatment. Provider staff should also be trained to recognize personal biases against adolescent sexual activity in order to better relate to adolescents with respect. Various uses of technology have also proven effective in making health services more adolescent friendly. For example, providers may collect cell phone or pager numbers and/or private email contact information because adolescent patients may be more quickly and reliably reached through text messaging, paging, or e-mail than through more traditional methods.¹¹ Use of smartphones, tablets, and other devices can also improve physician assessment and counseling for health risk behaviors and adolescent perceptions of their preventive health visits. For example, the Healthy Teens Project, which was implemented in five primary care practices in New England, created a screening tool adapted from the Guidelines for Adolescent Preventive Services which was administered using personal digital assistants (PDAs). The screening results were reviewed by the patient’s physician prior to the preventive health visit.¹² With a clear summary of the issues that needed to be addressed and the adolescent’s motivation to change, more discussion occurred for 3 of 5 health risks.¹³ In addition, adolescents who had PDA-enhanced visits viewed interactions more positively than did adolescents seen before the adoption of the Healthy Teens Project.¹⁴

Thus, funding under this performance area shall be used to implement strategies to encourage a more adolescent friendly clinic environment, with an emphasis toward empowering adolescents to adopt responsible sexual behaviors.

PRIORITY STRATEGIES

Applicants are encouraged to use a multi-pronged strategy to implement adolescent-friendly health services for purposes of increasing appropriate healthcare service utilization among teens. Proposed strategies may include use of technology and social media, training staff to work competently and sensitively with adolescents, integration of peer counselors or educators into the program model, and other interventions that otherwise encourage the appropriate use of healthcare services among teens. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period)

⁹ McIntyre, P. (October 2002). Adolescent Friendly Health Services- An Agenda for Change. Retrieved 09/14/15 from http://apps.who.int/iris/bitstream/10665/67923/1/WHO_FCH_CAH_02.14.pdf

¹⁰ *Id.*

¹¹ Best Practices for Youth Friendly Clinical Services (Advocates for Youth). Retrieved 9/15/15 from <http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services>

¹² Olson, A., Gaffney, C., Hedberg, V., Gladstone, G., Use of Inexpensive Technology to Enhance Adolescent Health Screening and Counseling. *Arch Pediatr Adolesc Med.* 2009; 163 (2): 172-177. Retrieved 09/14/15 from http://cancer.dartmouth.edu/documents/pdf/technology_screening.pdf

¹³ *Id.*

¹⁴ *Id.*

and should be adaptable - for use with other patient populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

PRIORITY POPULATIONS

- Reproductive age males and females under age 20

PRIORITY SETTINGS

- Primary care settings; including FQHCs, FQHC look-alikes, or school-based health centers, located in or serving Wards 7 and 8, or where a demonstrated need is shown

(b) Community Clinical Linkages for Adolescent Health

Creating community-clinical linkages play a vital role in increasing access to contraceptive and reproductive health care for adolescents. Widening the circle of support creates a network of care that adolescents can rely upon for sexual health services.¹⁵ Community-clinical linkages can also allow school systems to establish partnerships with providers from various health and social service organizations within the community to deliver a continuum of health care services and support that are not available on school grounds; such as transportation, convenient hours, affordable cost, cultural competence for the needs of teens and confidentiality.

In 2010, the US Department of Health and Human Services' Office of Adolescent Health and the Center for Disease Control partnered to provide funding for nine state and community based organizations to support community wide initiatives to reduce teen pregnancy and birth rates.¹⁶ Increasing linkages between teen pregnancy prevention programs and community-based clinical services were included as one of the community wide initiatives goals. For example, one of the grantees, the Bronx Teen Connection (BxTC) program of the New York City Department of Health and Mental Hygiene used the Clinic Linkage Model.¹⁷ Linkages were formed between clinics and schools or organizations that serve youth, connecting youth to high quality clinical sexual health services through clinic tours and trained health educators from the clinics. Partners were able to adopt a strategy that best fit their resources and capacity. BxTC tracked linkage efforts by health educators, evaluated changes in teens' knowledge about reproductive health, and attained feedback on clinic tours. The Bronx Teen Connection programs successes included: partnering with 21 high schools and 10 organizations that serve youth while linking each with one of 7 community-based clinics or 4 school-based health centers and teens seen by 7 partnering clinics increased an average of 21% from

¹⁵ Gaston, B., Wisby, C. (2011). CDC Teen Pregnancy Prevention Project: Integrating Services, Programs, and Strategies through Community-wide Initiatives Clinical Component. Cicatelli Associates. Retrieved from: <http://www.cicatelli.org/tpp/files/LinkagesRetentionAndSupportFinal.pdf>

¹⁶ TPP Resource Center, Office of Adolescent Health (2015). Teen Pregnancy Prevention Communitywide Initiative. Retrieved from: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/about/communitywide.html

¹⁷Public Health Practice Stories From the Field. (2014). Bronx Teens Connection's Clinic Linkage Model Connecting Young People with Clinical Sexual and Reproductive Health Services. Retrieved from: http://www.cdc.gov/stlpublichealth/phpracticestories/pdfs/PHPSFF_BronxTeen_July2014.pdf

2011 to 2012. Creating community-clinical linkages in target communities for adolescent health is a promising strategy to decrease teen pregnancy rates in the District.

Another example is the Massachusetts Alliance On Teen Pregnancy “Youth First” teen pregnancy prevention initiative in Holyoke and Springfield, Massachusetts funded by the Centers for Disease Control. Youth First has a goal of reducing teen pregnancy in both Holyoke and Springfield, Massachusetts by 10% over a 5 year period, 2010-2015.¹⁸ In 2010 Holyoke had the highest teen birth rate in the state of Massachusetts while Springfield was ranked 3rd. A primary goal of the initiative is to increase community linkages to increase youth access to reproductive health services. During 2010-2013, achievements included serving over 14,000 youth by youth first partner clinics, initiating a collective impact process to mobilize Springfield and Holyoke stakeholders, and developing a community of support for youth by creating formalized linkages and a referral network between providers.¹⁹ By 2012, Holyoke had the largest decrease in teen birth rates of any city in Massachusetts with a decline of 32%. In addition, Springfield’s rate dropped by 14%.

PRIORITY STRATEGIES

Applicants are encouraged to use strategies that encourage increasing linkages between community-based clinical services and teen pregnancy prevention or other youth-serving programs. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period) and should be adaptable for use with other patient populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

PRIORITY POPULATIONS

- Reproductive age males and females under age 20

PRIORITY SETTINGS

- Primary care settings; including FQHCs, FQHC look-alikes, or school-based health centers, located in or serving Wards 7 and 8, or where a demonstrated need is shown
- Community-based organizations/community centers located in or serving Wards 5, 7 or 8

(c) LARC Utilization Among Teens

The teenage pregnancy rate in DC was 49.4 pregnancies per 1,000 women aged 15-19 years in

¹⁸ (2013) Youth First A Community-Wide Teen Pregnancy Prevention Initiative in Springfield and Holyoke, Massachusetts. Retrieved from: <http://www.massteenpregnancy.org/sites/default/files/providers/youthfirst-fact-sheet-1-23-14.pdf>

¹⁹ (2014). Massachusetts Alliance On Teen Pregnancy, Youth First, A Community-Wide Teen Pregnancy Prevention Initiative In Holyoke and Springfield (PowerPoint Slides). Retrieved from: <http://www.massteenpregnancy.org/sites/default/files/What%20We%20Do//Youth%20First%20Overview%20for%20CDC%20Site%20Visit%209%209%2014%20small.pdf>

2012.²⁰ There has been a decrease of 9.4 percent for teen pregnancy in the District from 2011-2012.²¹ An analysis by the Guttmacher Institute found that increasing use of contraception among adolescents accounted for an 86% decrease in U.S. teen pregnancies from 1995 to 2002. Among contraceptive options, Long-Acting Reversible Contraception (LARC), intrauterine devices (IUDs), and implants are among the safest and most effective methods at preventing pregnancy, with pregnancy rates of less than 1% annually for perfect and typical use. Short-acting contraceptives (condoms, oral contraceptives, patch, the vaginal ring, and depot injections) are more popular among adolescents, however, these have higher discontinuation and pregnancy rates compared with LARCs. National physician and public health organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and the Centers for Disease Control recommend LARCs as a first line of contraceptive choice for adolescents and a key strategy to reducing teen pregnancies. LARC methods offer adolescents many advantages in preventing pregnancy, including little ongoing maintenance, high satisfaction rates, and long term protection (up to ten years with the copper IUD). Researchers at Washington, University in St. Louis, Missouri, are conducting a program, the Contraceptive CHOICE Project which showed promising results after evaluation. The project aims to remove financial barriers to LARC and increase acceptance and use of LARCS to reduce teen pregnancy and repeat abortions. Among teens that participated in the study, 72 percent chose a LARC method as their contraceptive. As a result, pregnancy, birth and abortion rates were significantly lower than national rates among all U.S. teens, particularly when compared with sexually experienced U.S. teens.

One barrier to teens utilizing LARCS is the high cost associated with using the devices. As a result, teens may opt for low cost options such as condoms or birth control. A solution is to provide LARCS at no cost to the client. Medicaid reimbursement for LARC is a recommended policy strategy from the Centers for Disease Control (CDC) for teen pregnancy prevention²². One of CDC's key highlights for 2014 included supporting Medicaid reimbursement for immediate postpartum insertion of LARCS to prevent repeat unintended teen pregnancies. Medicaid in DC currently provides reimbursement for LARCs. Increasing the utilization of LARC among teens is an effective strategy to decrease teen pregnancy in the District of Columbia.

PRIORITY STRATEGIES

Applicants are encouraged to use a multi-pronged strategy to increase LARC use among teens. Proposed strategies may include provider education/training around Tier 1 contraceptive methods for adolescents, training regarding Medicaid reimbursement practices for LARC, standing orders for LARC at birthing facilities for secondary teen pregnancy prevention, or orders/decision support prompts in electronic health records at adolescent health visits (either preventive visits or postpartum visits). Additional strategies may include social media or outreach to increase adolescent demand for

²⁰ Roundtree, M., Roy, N., Samala, R., Siaway, G. (2014). Reported Pregnancies And Pregnancy Rates In The District Of Columbia. Department of Health, Center for Policy, Planning, and Evaluation, State Center For Health Statistics. Retrieved from: [http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported%20Pregnancy%20Rates%20in%20DC%202008-2012%20Final%20\(9%2025%2014\).pdf](http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported%20Pregnancy%20Rates%20in%20DC%202008-2012%20Final%20(9%2025%2014).pdf)

²¹ Department of Health, Community Health Administration. (2015). Best Practice Approaches to Increase Long-Acting Reversible Contraception (LARC) Use Among Teens

²² Center for Disease Control (2015). Winnable Battles 2010-2015 Progress Report, Teen Pregnancy. Retrieved from: <http://www.cdc.gov/winnablebattles/targets/pdf/teenpregnancy-winnablebattles-progressreport.pdf>

LARC. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period) and should be adaptable for use with other patient populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

PRIORITY POPULATIONS

- Reproductive age females under age 20, including mothers

PRIORITY SETTINGS

- Inpatient or outpatient clinical settings, including FQHCs, FQHC look-alikes, and birthing facilities serving Wards 7 and 8

2. YOUTH SOCIAL-EMOTIONAL DEVELOPMENT

Adolescence is a critical stage in a person's life course. After the fetal period and infancy, adolescence is the time of most rapid and pervasive growth and development. Biological and psychosocial developments occur in parallel, and there is increasing evidence that exposures during this period, either positive or negative, can impact health and well-being later in life across multiple outcomes. Interventions during this time period have the potential to protect and ensure a healthy trajectory.

A key component of Community-wide Teen Pregnancy Prevention Initiatives is providing teens with evidence-based teen pregnancy prevention programs, including youth development and curriculum-based programs. Evidence-based teen pregnancy prevention programs are programs that have been shown, in at least one program evaluation, to have a positive effect on preventing teen pregnancies, sexually transmitted infections, or sexual risk behaviors. Evidence-informed and promising programs do not meet the criteria of an evidence-based program but are grounded in public health or social science theory and have contextual or experiential evidence of effectiveness. The most impactful programs employ strategies to strengthen youth development and social-emotional skills and to build resiliency, in the context of sexual and reproductive health. Programs that rely solely on education, peer education, and changes in knowledge have less demonstrated impact than programs that build life skills and focus on changes in behavior and decision-making.

PRIORITY STRATEGIES

Applicants are encouraged to use evidence-based or evidence-informed strategies to promote youth development, specifically social-emotional skills and coping skills, and to increase self-efficacy. Proposed strategies should include the following Core Elements:

1. Recruitment and Retention Strategies

Schools/Sites

The basis for successful implementation of these Teen Pregnancy Prevention Programs is having strong relationships with both the members of the target population/communities and the sites from which the primary recruitment activities will occur. As such, applicants that

have a history of implementing similar programs must provide evidence of previously identified sources of program participants. Applicants with no prior history of program implementation must have potential recruitment sites identified and engaged. Evidence of formal agreements with recruitment sites must be provided in the application. Examples of these agreements include, but are not limited to, signed Memoranda of Understanding (MOU) and Letters of Intent. Each must detail the nature of the applicant-site relationship, the names of the individuals from the applicant organization and recruitment site who will monitor the program activities, and the length of the agreement.

Participants

The applicant must demonstrate an ability to identify, recruit and retain adolescents who have a history of successful or unsuccessful pregnancy or 2) have no pregnancy history. Recruitment strategies must be outlined in the applicant's first draft of the Program Work Plan. The applicant must also develop strategies to ensure that they retain at least 85% of their participants over the life of the program. Upon being awarded, applicants must submit to DOH a Recruitment and Retention plan. This plan will outline the mechanisms by which the applicant will maintain the required number of enrolled participants/clients.

2. Program implementation

Models

The applicant must illustrate prior experience in planning, implementing and/or evaluating primary and/or secondary pregnancy prevention programs within the listed target communities. The applicant shall utilize the funding from this grant award to 1) continue implementation of a primary and/or secondary pregnancy prevention program utilizing an evidence based/evidence informed model or 2) plan and implement a program that will increase the capacity of targeted communities and client populations to promote and engage in primary and secondary pregnancy prevention strategies.

Strategies that ensure that there are measurable changes in participant attitudes, behavior and knowledge should be developed, planned and implemented within the target population during the funding period. Applicants with no prior experience implementing the above-mentioned programs must identify a culturally appropriate, evidence based or evidence informed curriculum/model that will be implemented in the participant/client population.

Prior to program implementation applicants must complete a Work Plan. The Work Plan must contain the following components:

- Recruitment activities
- Retention activities
- Staff responsible for recruitment and retention activities
- Timelines for recruitment activities
- Step-wise implementation plan
- Timelines for the start and end of program activities.
- Staff Responsible for implementing program activities.
- Evaluation/Data Collection targets, tools and timelines.

- Staff responsible for undertaking data collection and program evaluation activities.

3. Data Collection and Program Evaluation

Evaluation of public health programs provides relevant data on the effectiveness of interventions, and allows for evidence based, data driven decision-making. In an effort to empirically monitor the efficiency of program activities and program implementation, applicants must include evidence of internal capacity to collect, store, analyze and report data related to their intervention. Applicants should also demonstrate use of the Centers for Disease Control and Prevention’s comprehensive guide entitled Promoting Science-Based Approaches to Teen Pregnancy Prevention Using Getting to Outcomes (PSBA-GTO).

The proposed interventions to promote youth social-emotional development should aim to not only address the three Core Elements above, but they should also seek to:

- Ensure programs and services are culturally and linguistically appropriate for intended participants
- Implement innovative (evidence based/ evidence informed) approaches to address the long-standing causes of the high incidence of Teen Pregnancy in the District of Columbia, and failures in prior Teen Pregnancy Prevention interventions;
- Maintain institutional capacity to implement the selected evidence-based/evidence informed model in the targeted neighborhoods or settings, and;
- Facilitate linkages and leverage community and government resources within priority settings and populations.
- Raise awareness of community partners about the link between teen pregnancy and social determinants of health
- Identify/Explore sustainable strategies that can be shared, duplicated and/or expanded with minimal resources beyond the life of the grant;

PRIORITY POPULATIONS

- Reproductive age males and females under age 20, including mothers and fathers, who reside in Wards 5, 7, or 8

PRIORITY SETTINGS

- Community-based organizations/community centers located in or serving Wards 5, 7 or 8

3. COMMUNITY AND STAKEHOLDER MOBILIZATION

The Centers for Disease Control and Prevention’s approach to community-wide teen pregnancy prevention initiatives includes 5 components. Two of the key components of communitywide initiatives are community mobilization and stakeholder education. Community mobilization involves engaging all sectors of the population in a communitywide effort to address teen pregnancy prevention. Community mobilization supports the sustainability of teen pregnancy prevention efforts

by empowering community members and groups to take action to facilitate change. This component includes mobilizing necessary resources, disseminating information, generating support, and fostering cooperation across public and private sectors in the community. Stakeholder mobilization and education entails educating civic leaders, parents, and other community members about evidence-based strategies to reduce teen pregnancy and improve adolescent reproductive health. Educating the community on the needs and available resources in the community is also a central part of this work. Both components should utilize strategies guided by best practices.

PRIORITY STRATEGIES

Applicants are encouraged to use community mobilization and stakeholder education strategies guided by best practices consistent with the Centers for Disease Control and Prevention standards. Proposed strategies should:

- Identify/Explore sustainable strategies that can be shared, duplicated and/or expanded with minimal resources beyond the life of the grant;
- Empower and mobilize targeted community residents with training, education, activities, and resources to address both primary and secondary Teen Pregnancy Prevention;
- Raise awareness of community partners about the link between teen pregnancy and social determinants of health;
- Increase access to information and resources related to preventing Teen Pregnancy in the target community;
- Facilitate linkages and leverage community and government resources within priority settings and populations.

PRIORITY POPULATIONS

- Reproductive age males and females under age 20
- Key public and private stakeholders (community, clinical, government) located in or serving Wards 5, 7 or 8

PRIORITY SETTINGS

- Community-based organizations or associations located in or serving Wards 5, 7 or 8

V. APPLICATION SECTIONS

1. Background and Need

Describe the area in which the project will be located and the intervention population to be served, including population size, and other characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population.

2. Organizational Capacity

- Describe experience in serving the target population(s).
- Describe past experience implementing interventions to make health services more adolescent friendly, enabling community-clinical linkages for adolescent services, and/or making long acting reversible contraceptive (LARC) use more accessible in adult or adolescent women.
- Describe existing and additional required staff (if any), qualifications, and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment and time-limited hiring. CV, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe how funding will support strategies that align with the goals of the initiative.
- Describe fiscal practices to capture funds leveraged from other sources.
- Describe the agency's experience with Plan-Do-Study-Act (PDSA) or other quality improvement activities.
- Describe sustainability for continuation of the initiative; including additional sources of funding the program will pursue.

3. Partnerships, Linkages, and Referrals

- Describe past successes working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.
- Provide letters of commitment and evidence of connections with other agencies and organizations pertinent to the accomplishment of the selected outcome measures.
- Explain the process for tracking linkages and their outcomes, and how collecting and reporting data on referrals.

4. Implementation Narrative and Work Plan

- Describe selected strategies/interventions and how they will be implemented to achieve program goals, objectives and outcome measures.
- Outline the reasoning for selecting the proposed objectives and activities, including an assessment of the current needs and assets in the community and indicate plans for sustainability and leveraging resources. Describe how objectives will maximize public health impact of Teen Pregnancy Prevention funding (as measured by strength of proposed strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced or healthy equity achieved, or contribution to innovation of viable new approaches).
- Include a Work Plan that includes all of the elements found in the work plan example provided in Appendix B. The work plan should propose Process and Outcome Objectives; identify selected activities; describe key milestones/indicators, and timelines; estimate reach, identify lead individuals or organizations, and data sources for performance monitoring. Objectives should be SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-Framed). [Include your Work Plan as Attachment A.]

- Describe plans for collecting data on the selected outcome measures cited in the work plan.
- Describe how lessons learned will be captured and disseminated.

5. Evaluation Plan

- Describe how the evaluation will be conducted, which should include evaluation questions and evaluation design.
- Articulate the proposed evaluation methods, measurement, data collection, sample and sampling (if appropriate) and analysis.
- Your Evaluation Plan must include both process and outcome evaluation components.
- Include a logic model that demonstrates the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve.
- Demonstrate evidence of organizational experience and capability to coordinate, support planning, and implementation of a comprehensive evaluation of a program.

6. Budget Justification and Narrative

Include the budget justification and narrative as separate attachments, not to be counted in the narrative page limit. The line item budget justification and narrative should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the work plan, and training requirements.

VI. EVALUATION CRITERIA

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

1. Background and Need (10 Points)

- Does the application demonstrate a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program interventions?
- Does the application demonstrate current capacity to perform the work of the RFA as described in the application submitted, including past successes in improving health outcomes?

2. Organizational Capacity (30 Points)

- Does the application demonstrate experience in serving the target population(s), including at least two (2) years' experience providing services to adolescents and/or reproductive age teen women between the ages of 15-19 years of age? Does the applicant emphasize past experiences within the District of Columbia, family-centered and strength-based service provision; experience in providing services to culturally diverse communities/families; and experience in LCHD approaches (Please explain

how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)?

- Does the application demonstrate that proposed staff or key persons and recruitment and training plans are consistent with the applicant's ability to carry out proposed activities?
- Does the application demonstrate how funding will align to provide adequate resources to accomplish the goals of the initiative?
- Does the application demonstrate adequate fiscal management plans and reporting systems to comply with the reporting requirements?
- Has the applicant provided a strong sustainability plan which identifies additional sources of funding to leverage and the ability to capture and report that information?

3. Partnerships, Linkages, and Referrals (10 Points)

- Does the application demonstrate the applicant's experience and past success collaborating with other organizations (in multiple sectors such as public health, health care delivery, education, transportation, etc.) to make health services more adolescent friendly, enabling community-clinical linkages for adolescent services, and/or making long acting reversible contraceptive (LARC) use more accessible in adult or adolescent women?
- Does the application demonstrate how organization activities support the applicant's ability to carry out activities under this program?
- Does the application demonstrate partnership and linkages support the applicant's ability to implement the described program?
- Are appropriate letters of support included, clearly outlining a commitment to proposed activities?

4. Implementation Narrative & Work Plan (35 points)

- Does the implementation plan include an annual work plan; to include a chronological list and description of activities to be performed, the responsible person and target dates for completion, and anticipated outcomes?
- Does the applicant's proposed plan present a cohesive set of strategies/activities? How well do the proposed strategies address the selected outcome measures for the intervention population, including in relation to health disparities and/or health equity?
- Does the implementation plan demonstrate the proposed strategies strive to maximize public health impact of Teen Pregnancy Prevention funding (as measured by strength of proposed strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced or healthy equity achieved, or contribution to innovation of viable new approaches)?
- Does the applicant demonstrate proven ability to effectively engage and involve the targeted populations or communities, including implementation of culturally and age appropriate strategies?
- Does the applicant provide estimated population reach for selected outcomes and objectives?
- Demonstrate that the proposed plan provides a foundation for sustainability efforts.

- Are outcome objectives SMART and do milestones represent a logical and realistic plan of action for timely and successful achievement of outcome objectives?

5. Evaluation Plan (15 points)

- Does the applicant's evaluation plan demonstrate how the proposed intervention will be evaluated from both a process and an outcome perspective?
- Does the applicant's proposal identifies methods for conducting process evaluations related to the objectives and how the organization will use this information to make changes in the proposed intervention?
- Does the proposed evaluation design appropriately address the question or questions of interest?
- Does the project plan include sufficient resources to effectively carry out the proposed evaluation?
- Did the applicant submit a well-conceived logic model?

6. Budget and Budget Narrative (Reviewed, but not scored)

- Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives and planned program activities?

VII. APPLICATION SUBMISSION

Effective October 2016, all application submissions must be done electronically via Department of Health's **Enterprise Grants Management System (EGMS)**, DOH's web-based system for grant-making and grants management. In order to submit an application under this funding opportunity, the applicant organization must register in the Enterprise Grants Management System (EGMS) and establish an account for the authorized representative. If you have an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of your organization and his/her account is active. Currently, Secondary Account Users do not have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

Register in EGMS

DOH recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the DOH Office of Grants Management in time for submission. You can register by doing the following:

IMPORTANT: WEB BROWSER REQUIREMENTS

1. **Check your web browser requirements for EGMS** - The DC DOH EGMS Portal is supported by the following browser versions:
 - Microsoft® Internet Explorer® Version 11

- Apple® Safari® version 8.x on Mac OS X
 - Mozilla® Firefox® version 35 & above (Most recent and stable version recommended)
 - Google Chrome™ version 30 & above (Most recent and stable version recommended)
2. **Access EGMS:** The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO_ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the [EGMS External User Guide](#).
 3. Determine the Primary User for your agency (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.
 4. Your EGMS registration will require your legal organization name, your **DUNS # and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).
 5. When your Primary Account User request is submitted in EGMS, the DOH Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DOH Office of Grants Management will make an additional request for the Executive Director to send an email to DOH to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER __AGENCYNAME.** Note: The email will help to support the validation of authorized users for EGMS. DOH official grant records will also be used. Please reply asap to any requests from Office of Grants Management to provide additional information, if needed.
 6. Once you register, your Primary Account User will get an auto-notice to upload a “DUNS Certification” – this will provide documentation of your organization’s DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

EGMS User Registration Assistance:

Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: LaWanda Pelzer (202) 442-8983 and Clara McLaughlin (202) 442-9237. Here are the most common registration issues:

- Validation of the authorized primary account user
- Wrong DUNS, Tax ID or expired SAM registration
- Web browser

Review the EGMS External User Recorded Webinar for information on the submission process and navigation of EGMS.

Click here: <https://dcnet.webex.com/dcnet/ldr.php?RCID=957d2b20dd173112ea7c2bb1025fcb33>
(If you have trouble linking, try Google Chrome and not Internet Explorer)

VIII. APPLICATION PACKAGE COMPONENTS

1. Application Package

A complete Application Package shall contain the following:

- A DOH Application for Funding
- Project Narrative
- Attachments
- Assurance & Certification Packet

2. Application Elements - Project Narrative & Attachments

- Executive Summary
- Background & Need
- Organizational Capacity Description
- Partnership, Linkages and Referrals Description
- Implementation Plan
- Attachments
 - Work Plan (Attachment - Required Template)
 - Budget (Attachment - Required Template – Not Scored)
 - Letters of Support
 - Position Descriptions (if applicable)

3. Pre-Application Conference

A Pre-Application Conference will be held on Tuesday, October 25, 2016, from 11:00 a.m. to 1230 p.m. The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

The Pre-Application conference will be held at the **Department of Health, 899 North Capitol Street, NE, 3rd Floor Conference Room, 306, Washington, DC 20002.**

4. Assurances & Certifications

DOH requires all applicants to submit various certifications, licenses, and assurances to help ensure all potential awardees are operating with proper D.C. licenses. The complete compilation of the requested documents is referred to as the **Assurances Package**.

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

Assurances and certifications are of two types: those required to submit the application and those required to sign grant agreements. Failure to submit the required assurance package will make the application ineligible for funding consideration (required to submit applications) or in-eligible to sign/execute grant agreements (required to sign grant agreements).

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

Signed Assurances and Certifications

- a. DOH statement of Certification
 - b. Federal Assurances
 - c. Certifications
- Current Certification of Clean Hands from the Office of Tax and Revenue
 - 501 (c) 3 Certification or Articles of Incorporation
 - List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
 - All Applicable Medicaid Certifications
 - A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

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

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements
- Other specialized licenses, etc. required by federal and District laws to conduct business this RFA supports.

Failure to submit the required assurance package may result in the application being either ineligible for funding consideration or in-eligible to sign/execute award agreements.

5. Format

Applicants should prepare the application in accordance with the following guidelines:

- Font size: Times New Roman or Arial 12-point unreduced
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches

- Page margins: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way.
- Page limit: 80 pages including all attachments

6. Submission

Applicants must have a DUNS #, Tax ID#, be registered in the federal Systems for Award Management (SAM) and the DOH Enterprise Grants Management System (EGMS)
 Contact the program manager assigned to this funding opportunity for additional information.

7. Contact Information

Grants Management

Brenda Ramsey-Boone
 Office of Grants Monitoring & Program Evaluation
 DC Department of Health
 Community Health Administration
 Government of the District of Columbia
 899 North Capitol Street, N.E., 3rd Floor, Washington, DC 20002
 Email: brenda.ramsey-boone@dc.gov

Program Contact

Charlissa Quick
 School Health Division
 DC Department of Health
 Community Health Administration
 Government of the District of Columbia
 899 North Capitol Street, N.E., 3rd Floor, Washington, DC 20002
 Email: Charlissa.quick@dc.gov

IX. APPLICATION REVIEW & SELECTION INFORMATION

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

by an internal DOH review panel for the purpose of determining recommendations for award. The panel may be composed of DOH staff and consultants who shall be responsible for making recommendations for award, and include recommendations for funding levels, service scopes and targets, project designs, evaluation plans and budgets.

- In the review phase, applicants may be asked to answer questions or to clarify issues raised during the technical review process. No external review panel member will contact the applicant.
- DOH may request an in-person presentation to answer questions or clarify issues raised during the review process.
- Applicants approved for pre-award review will receive a Notice of Intent to Fund. The notice will outline pre-award requirements and propose any revisions and conditions of awards.
- Successful applicants will receive a Notice of Award (NOA) from the Department of Health. The NOA shall be the only binding, authorizing document between the recipient and DOH. The NOA will be signed by an authorized Grant Management Officer and e-mailed to the program director. A hard copy of the NOA will be mailed to the recipient fiscal officer identified in the application.

REVIEW AND SCORING OF APPLICATION

Technical Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

External Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

Internal Review

DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. 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 a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

X. APPENDICES

1. Appendix A: Definitions

For purposes of this RFA, the following terms shall have the meanings ascribed below:

Implementation Plan - Plan that describes the process and resources needed to carry out a program. The plan contains brief description of the major tasks involved in carrying out the program; and, the overall resources needed to support the program effort (such as hardware, software, facilities, materials, frameworks and personnel)

LARC-Long-acting reversible contraceptives (LARC) are methods of birth control that provide effective contraception for an extended period without requiring user action. They include injections, intrauterine devices (IUDs) and sub-dermal implants.

Program Staff - All the people employed by a particular organization to carry out a program. Also included in the term Program Staff is DOH administrative staff and sub-contracted direct service staff.

2. Appendix B: Work Plan Template

Applicant Organization:
Contact Person:
Telephone:
Email Address:
Estimated Reach:

DOH RFA#
RFA Title:
Project Title:
Total Request \$:
Cost Per Participant:

CHA_TPP091815

PROPOSED WORK PLAN

GOAL 1: Insert in this space one proposed project goal. *Proceed to outline administrative and project objectives, activities and targeted dates in the spaces b*

Measurable Objectives/Activities:

Objective #1.1:

Key Indicator(s):

Key Partner(s):

Key Activities Needed To Meet This Objective:

- 1.
- 2.
- 3.

Objective #1.2:

Key Indicator(s):

Key Partner(s):

Key Activities Needed To Meet This Objective:

- 1.
- 2.
- 3.

Continue with this format to outline additional goals and related process objectives

3. Appendix C: Budget Format

For additional guidance <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

The following is a sample format to complete you budget narrative

A. Salaries and Wages

Total: \$

Name	Position Title	Annual Salary	Time	Months	Amount Requested
		\$			\$
		\$			\$

Position Descriptions/Justifications:

Program Director

Brief description of role and key responsibilities.

Position Title # 2

Brief description of role and key responsibilities.

Position Title # 3

Brief description of role and key responsibilities.

B. Fringe Benefits

Total: \$

Fringe benefits are applicable to direct salaries and are treated as direct costs.

C. Consultants/Contracts

Total: \$

Contractor #1		
Name of Contractor		
Method of Selection (check appropriate box)	Sole Source*	Competitive
*If Sole Source - include an explanation as to why this institution is the only one able to perform contract services		
Period of Performance	Start Date of	End Date of Contract

Scope of Work Written as outcome measures Specify deliverables Relate to program objectives/activities	
Method of Accountability (describe how the contract will be monitored)	
Budget	

D. Equipment **Total: \$**

E. Supplies **Total: \$**

Example: General office supplies (pens, paper, etc.) (Example: 18 months x \$300/year x 2 staff) \$1,200.00

The funding will be used to furnish the necessary supplies for staff to carry out the requirements of the award.

F. Travel **Total: \$**
Provide details and rationale for proposed in-state and out of state travel

G. Other **Total: \$**
Provide details and rationale for any other items required to implement the award.

H. Total Direct Cost **Total: \$**

Salary and Wages	\$
Fringe	\$
Contracts	\$
Equipment	\$
Supplies	\$
Travel	\$
Other	\$
TOTAL DIRECT	\$

I. Total Indirect Cost

Total: \$

Indirect cost is calculated as a percentage of total direct costs (Direct Costs \$ x 10%)

J. Total Financial Request Summary

Salary and Wages	\$
Fringe	\$
Contracts/Consultant	\$
Equipment	\$
Supplies	\$
Travel	\$
Other	\$
Total Direct	\$
Indirect Cost	\$
Total Financial Request	\$

4. Appendix D: Application for Funding



RFA # Release Date: Due Date:	CHA_TPP_10.14.16 October 14, 2016 November 14, 2016 2015	RFA Title: Teen Pregnancy Program	Teen Pregnancy Prevention Program
		DOH Administrative Unit:	Community Health Administration
		Fund Authorization:	FY 2017 Budget Support Act of 2016

New Application **Supplemental** **Competitive Continuation** **Non-competitive Continuation**

- The following documents must be submitted to complete the Application Package:
- DOH Application for Funding (including DOH & Federal Assurances & Certifications)
 - Project Narrative (as per the RFA Guidance)
 - Project Work Plan (per the RFA Guidance)
 - Budget and Narrative Justification
 - All Required attachments
 - Assurances and Certification Package

Complete the Sections Below. All information requested is mandatory.

1. Applicant Profile:		2. Contact Information:	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS No.:			

3. Application Profile:		
	Program Area:	Funding Request:
Select One Only:	<input type="checkbox"/> Adolescent-Friendly Health Services	\$
	<input type="checkbox"/> Community-Clinical Linkages	\$
	<input type="checkbox"/> Long Acting Reversible Contraception	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$

Proposal Description: 200 word limit

Name & Title of Authorized Representative

Date

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

1. 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 changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification

2. 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 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.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
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.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
<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>	
D. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate	<input type="checkbox"/> YES

Agreement. If yes, insert issue date for the IDCR: _____ If yes, insert the name of the cognizant federal agency? _____	<input type="checkbox"/> NO
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.	<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

TITLE: INSERT TITLE

AGENCY NAME: